

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name City of Lomita			California Form 806
Division, Department, or Region <i>(If Applicable)</i> Council			For Official Use Only
Designated Agency Contact <i>(Name, Title)</i> Sandra Medina, City Clerk			
Area Code/Phone Number 310 325-3110	E-mail s.medina@lomitacity.com	Page <u>1</u> of <u>1</u>	Date Posted: <u>5/13/15</u> <small><i>(Month, Day, Year)</i></small>

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Los Angeles County Sanitation District No. 5	▶ Name <u>Sanchez, Henry, Jr.</u> <small><i>(Last, First)</i></small> Alternate, if any <u>Gazeley, Jim</u> <small><i>(Last, First)</i></small>	▶ <u>1 / 14 / 15</u> <small><i>Appt Date</i></small> ▶ <u>1 yr</u> <small><i>Length of Term</i></small>	▶ Per Meeting: \$ <u>125.00</u> ▶ Estimated Annual: <input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u>Other</u>
Joint Powers Insurance Authority	▶ Name <u>Waronek, Mark</u> <small><i>(Last, First)</i></small> Alternate, if any <u>Traina, Ben</u> <small><i>(Last, First)</i></small>	▶ <u>1 / 14 / 15</u> <small><i>Appt Date</i></small> ▶ <u>1 yr</u> <small><i>Length of Term</i></small>	▶ Per Meeting: \$ <u>100.00</u> ▶ Estimated Annual: <input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u>Other</u>
Los Angeles County Vector Control	▶ Name <u>Gazeley, Jim</u> <small><i>(Last, First)</i></small> Alternate, if any _____ <small><i>(Last, First)</i></small>	▶ <u>1 / 14 / 15</u> <small><i>Appt Date</i></small> ▶ <u>1 yr</u> <small><i>Length of Term</i></small>	▶ Per Meeting: \$ <u>50.00</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u>Other</u>
	▶ Name _____ <small><i>(Last, First)</i></small> Alternate, if any _____ <small><i>(Last, First)</i></small>	▶ _____ <small><i>Appt Date</i></small> ▶ _____ <small><i>Length of Term</i></small>	▶ Per Meeting: \$ _____ ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u>Other</u>

3. Verification

I have read and understand FPPC Regulation 18705.5. I have verified that the appointment and information identified above is true to the best of my information and belief.

Sandra Medina
Signature of Agency Head or Designee

Sandra Medina
Print Name

City Clerk
Title

5/13/15
(Month, Day, Year)

Comment: _____