

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name City of Lawndale Division, Department, or Region (If Applicable) Designated Agency Contact (Name, Title) Yvette Hall, Assistant City Clerk Area Code/Phone Number E-mail 310-973-3213 yhall@lawndalecity.org		<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;"> California Form 806 </div> <div style="text-align: center; font-size: 0.8em;">For Official Use Only</div> Date Posted: 1/17/2024 <small>(Month, Day, Year)</small>
Page 1 of 1		

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Los Angeles County West Vector Control District	▶ Name <u>Pat Kearney</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 16 / 24</u> <small>Appt Date</small> ▶ <u>2 years</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100</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"/> Other _____
	▶ Name _____ <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ ____ / ____ / ____ <small>Appt Date</small> ▶ _____ <small>Length of Term</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"/> Other _____
	▶ Name _____ <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ ____ / ____ / ____ <small>Appt Date</small> ▶ _____ <small>Length of Term</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"/> Other _____
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3. Verification

I have read and understand FPPC Regulation 18702.5. I have verified that the appointment and information identified above is true to the best of my information and belief.

 <small>Signature of Agency Head or Designee</small>	<u>Yvette Hall</u> <small>Print Name</small>	<u>Assistant City Clerk</u> <small>Title</small>	<u>1/17/2024</u> <small>(Month, Day, Year)</small>
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Comment: _____

Print

Clear

Agency Report of:
Public Official Appointments

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1. Agency Name City of Lawndale		California Form 806 For Official Use Only
Division, Department, or Region (If Applicable)		
Designated Agency Contact (Name, Title) Yvette Hall, Assistant City Clerk		
Area Code/Phone Number 310-973-3213	E-mail yhall@lawndalecity.org	Page 1 of 1
		Date Posted: 2-13-23 (Month, Day, Year)

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
California Joint Powers Insurance Authority	Name <u>Robert Pullen-Miles</u> (Last, First) Alternate, if any <u>Rhonda Hofmann Gorman</u> (Last, First)	12 / 19 / 22 Appt Date 2 years Length of Term	Per Meeting: \$ <u>100</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"/> Other
Continued from above	Name <u>Alternate-Bernadette Suarez</u> (Last, First) Alternate, if any <u>Alt-Sean M. Moore, CM</u> (Last, First)	12 / 19 / 22 Appt Date Length of Term	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"/> Other
Los County Sanitation Districts, No. 5 Board of Directors	Name <u>Robert Pullen-Miles</u> (Last, First) Alternate, if any <u>Pat Kearney</u> (Last, First)	12 / 19 / 22 Appt Date 2 years Length of Term	Per Meeting: \$ <u>125</u> Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
	Name _____ (Last, First) Alternate, if any _____ (Last, First)	/ / Appt Date Length of Term	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"/> Other

3. Verification

I have read and understand FPPC Regulation 18702.5. I have verified that the appointment and information identified above is true to the best of my information and belief.

 Yvette Hall Assistant City Clerk 2/13/22
 Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____

Print

Clear

FPPC Form 806 (1/18)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)