Agency Report of:
Public Official Appointments

A Public Document

1. Agency Name

City of Lynwood

California Form 806

For Official Use Only

Division, Department, or Region *(If Applicable)*

City Clerk's Office

Designated Agency Contact *(Name, Title)*

Maria Quinonez, City Clerk

Area Code/Phone Number	**E-mail**	Page __1__ of __2__	**Date Posted:** 7/27/16 *(Month, Day, Year)*
310.603.0220 ext. 214	mquinonez@lynwood.ca.us		

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
County Sanitation District #1	▶Name **Hernandez, Edwin** *(Last, First)* Alternate, if any **Solache, Jose Luis** *(Last, First)*	▶ 12 / 1 / 15 *Appt Date* ▶ **1 Year** *Length of Term*	▶ Per Meeting: $ **125.00** ▶ Estimated Annual: ☒ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ ____ *Other*
Gateway Cities Council of Government (SELAC)	▶Name **Alatorre, Salvador** *(Last, First)* Alternate, if any **Hernandez, Edwin** *(Last, First)*	▶ 12 / 1 / 15 *Appt Date* ▶ **1 Year** *Length of Term*	▶ Per Meeting: $ **125.00** ▶ Estimated Annual: ☒ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ ____ *Other*
Greater LA Vector Control District	▶Name **Alatorre, Salvador** *(Last, First)* Alternate, if any **Solache, Jose Luis** *(Last, First)*	▶ 12 / 1 / 15 *Appt Date* ▶ **1 Year** *Length of Term*	▶ Per Meeting: $ **100.00** ▶ Estimated Annual: ☒ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ ____ *Other*
Hub Cities Consortium	▶Name **Santillan-Beas, Maria** *(Last, First)* Alternate, if any **Solache, Jose Luis** *(Last, First)*	▶ 12 / 1 / 15 *Appt Date* ▶ **1 Year** *Length of Term*	▶ Per Meeting: $ **250.00** ▶ Estimated Annual: ☒ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ ____ *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.

Signature of Agency Head or Designee	Maria Quinonez *Print Name*	City Clerk *Title*	7/27/2016 *(Month, Day, Year)*

Comment: _____

Agency Report of:
Public Official Appointments
Continuation Sheet

1. Agency Name

City of Lynwood

Date Posted: __7/27/16__
(Month, Day, Year)

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Independent Cities Finance Authority	▶Name __Hernandez, Edwin__ (Last, First) Alternate, if any __Solache, Jose Luis__ (Last, First)	▶ 12 / 1 / 15 Appt Date ▶ __1 Year__ Length of Term	▶ Per Meeting: $ __150.00__ ▶ Estimated Annual: ☒ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ _____ Other
	▶Name _____ (Last, First) Alternate, if any _____ (Last, First)	▶ __ / __ / __ Appt Date ▶ _____ Length of Term	▶ Per Meeting: $ _____ ▶ Estimated Annual: ☐ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ _____ Other
	▶Name _____ (Last, First) Alternate, if any _____ (Last, First)	▶ __ / __ / __ Appt Date ▶ _____ Length of Term	▶ Per Meeting: $ _____ ▶ Estimated Annual: ☐ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ _____ Other
	▶Name _____ (Last, First) Alternate, if any _____ (Last, First)	▶ __ / __ / __ Appt Date ▶ _____ Length of Term	▶ Per Meeting: $ _____ ▶ Estimated Annual: ☐ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ _____ Other
	▶Name _____ (Last, First) Alternate, if any _____ (Last, First)	▶ __ / __ / __ Appt Date ▶ _____ Length of Term	▶ Per Meeting: $ _____ ▶ Estimated Annual: ☐ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ _____ Other
	▶Name _____ (Last, First) Alternate, if any _____ (Last, First)	▶ __ / __ / __ Appt Date ▶ _____ Length of Term	▶ Per Meeting: $ _____ ▶ Estimated Annual: ☐ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ _____ Other