

**Agency Report of:
Public Official Appointments**

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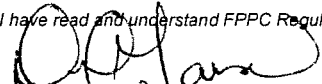
1. Agency Name City of Carson		2018 JAN 31 PM 5: ^{AK} CITY OF CARSON	California Form 806 For Official Use Only
Division, Department, or Region (If Applicable) City Clerk's Office			
Designated Agency Contact (Name, Title) Donesia Gause-Aldana, MMC			
Area Code/Phone Number 310-952-1720	E-mail cityclerk@carson.ca.us	Page <u>1</u> of <u>1</u>	Date Posted: 01-31-2018 (Month, Day, Year)

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Gateway Cities Council of Governments	Name <u>Hicks, Sr., Cedric</u> <small>(Last, First)</small> Alternate, if any <u>Davis-Holmes, Lula</u> <small>(Last, First)</small>	<u>06 / 06 / 17</u> <small>Appt Date</small> Reassignment <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
Greater Los Angeles County Vector Control District	Name <u>Santarina, Elito</u> <small>(Last, First)</small> Alternate, if any <u>Robles, Albert</u> <small>(Last, First)</small>	<u>10 / 03 / 17</u> <small>Appt Date</small> 2 years <small>Length of Term</small>	Per Meeting: \$ <u>100*</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
County Sanitation Districts of Los Angeles County (District No. 8)	Name <u>Robles, Albert</u> <small>(Last, First)</small> Alternate, if any <u>Santarina, Elito</u> <small>(Last, First)</small>	<u>07 / 21 / 15</u> <small>Appt Date</small> Reassignment <small>Length of Term</small>	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 _____ <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

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

Donesia Gause-Aldana, MMC
Print Name

City of Carson
Title

01-31-2018
(Month, Day, Year)

Comment: *Receive an in-lieu travel expense for attending regularly scheduled meetings