

**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
Division, Department, or Region (If Applicable) City Clerk's Office			For Official Use Only
Designated Agency Contact (Name, Title) Donesia Gause-Aldana, MMC			Date Posted: 01-31-2018 <small>(Month, Day, Year)</small>
Area Code/Phone Number 310-952-1720	E-mail cityclerk@carson.ca.us	Page <u>1</u> of <u>1</u>	

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> ▶ <u>Reassignment</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
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> ▶ <u>2 years</u> <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> ▶ <u>Reassignment</u> <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>	▶ <u> / / </u> <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.


Donesia Gause-Aldana, MMC
City of Carson
01-31-2018

Signature of Agency Head or Designee
Print Name
Title
(Month, Day, Year)

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