

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name City of West Covina <hr/> Division, Department, or Region (If Applicable) City Clerk <hr/> Designated Agency Contact (Name, Title) Lisa Sherrick, Assistant City Clerk <hr/> Area Code/Phone Number E-mail 626-939-8433 lsherrick@westcovina.org		<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;"> California Form 806 </div> For Official Use Only <hr/> Date Posted: 12/11/2024 <small>(Month, Day, Year)</small>
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2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Foothill Transit Board	▶ Name <u>Gutierrez, Brian</u> <small>(Last, First)</small> Alternate, if any <u>Diaz, Rosario</u> <small>(Last, First)</small>	▶ <u>12/17/2024</u> <small>Appt Date</small> ▶ <u>Annual</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>150</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
San Gabriel Valley Council of Governments	▶ Name <u>Wu, Tony</u> <small>(Last, First)</small> Alternate, if any <u>Lopez-Viado, Letty</u> <small>(Last, First)</small>	▶ <u>12/17/2024</u> <small>Appt Date</small> ▶ <u>Annual</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>75.00</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"/> Other
Las Angeles County Sanitation District	▶ Name <u>Wu, Tony</u> <small>(Last, First)</small> Alternate, if any <u>Lopez-Viado, Letty</u> <small>(Last, First)</small>	▶ <u>12/17/2024</u> <small>Appt Date</small> ▶ <u>Annual</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>125.00</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 <u>San Gabriel Valley Mosquito and Vector Control</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12/17/2024</u> <small>Appt Date</small> ▶ <u>4 Years</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100.00</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

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>	Lisa Sherrick <small>Print Name</small>	Assistant City Clerk <small>Title</small>	12.11.2024 <small>(Month, Day, Year)</small>
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Comment: _____

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Clear