Agency Report of: Public Official Appointments

A Public Document

| | | | | T | | Parameter School State of the S | |
|-------------------------|---|--|----------------|---------------------------------|-----------------------------------|--|--|
| 1. | Agency Name | | | | | California 806 | |
| | City of Manhattan Beach | | | | | Form OUO | |
| | Division, Department, or Region (If Applicable) | | | 1 | | For Official Use Only | |
| | | | | | | | |
| | Designated Agency Contact (Alexa Title) | | | | | | |
| | Designated Agency Contact (Name, Title) | | | | | | |
| Liza Tamura, City Clerk | | | | | | Date Posted: | |
| | Area Code/Phone Number | E-mail | | Page 1 | of 1 | | |
| | 310-802-5056 | Itamura@citymb.info | | | | (Month, Day, Year) | |
| 2. | Appointments | | | | | | |
| | Agency Boards and Commissions | Name of Appointed Person | | Appt Date and Length of Term | Per Meeting/Annual Salary/Stipend | | |
| | Los Angeles County Sanitation District 5 | | | | | 125 00 | |
| | | Name Richard Montgomery (Last, First) | 03 /17 /20 | | ▶ Per Meeting: \$ 125.00 | | |
| | | (Last, First) | | Appt Date | ▶ Estima | ated Annual: | |
| | | Suzanne Hadley | 9 | months | \$0-\$ | 1,000 | |
| | | Alternate, if any Suzanne Hadley | — • <u> </u> | Length of Term | | | |
| | | | | | \$1,00 | 01-\$2,000 | |
| | | | | | | | |
| | South Bay Cities Sanitation District | | | 0 47 00 | Per Meeting: \$ 62.50 | | |
| | | Name Richard Montgomery (Last, First) | <u> </u> | 3 /17 /20 Appt Date | | | |
| | | (Eddi, 7 md) | | Appt Date | | | |
| | | Alternate, if any Suzanne Hadley (Last, First) | 9 | months | \$0-\$1 | 1,000 | |
| | | (Last, First) | | Length of Term | □ \$1.00 | 01-\$2,000 | |
| | , 1 | | - | | J - 41,00 | Other · | |
| | | | - | | - | | |
| | | | | | ▶ Per Meeting: \$ | | |
| | | ▶Name(Last, First) | — ' – | Appt Date | Perivie | eeung. ¥ ———— | |
| | | | | | ▶ Estima | ted Annual: | |
| | | Alternate, if any(Last, First) | ▶ | Length of Term | \$0-\$1 | ,000 \$2,001-\$3,000 | |
| | | (===, ===, | | | ☐\$1.00 | 01-\$2,000 🔲 | |
| | | | | | | Other | |
| | (a) | | | , | | | |
| | | ▶Name | - | _ •/ | | eeting: \$ | |
| | | (Last, First) | | Appt Date | ▶ Estimat | ted Annual: | |
| | | Alternate if any | | | \$0-\$1 | - | |
| | | Alternate, if any(Last, First) | _ | Length of Term | | | |
| | | - | | | \$1,00 | 1-\$2,000 | |
| | | | | | | | |
| | Verification 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. | | | | | | |
| 1 | I have read and understand FPPC Regu | | ie to the bes | 1 44 - 17 | | | |
| | 45 | | | / Clerk | | 1-27-24 | |
| | Signature of Agency Head or Designed | gnature of Agency Head or Designee Print Name | | Title | | (Month, Day, Year) | |
| | | | | | | | |
| (| Comment: | | | | | | |