

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name City of Manhattan Beach			California Form 806
Division, Department, or Region (If Applicable)			For Official Use Only
Designated Agency Contact (Name, Title) Liza Tamura, City Clerk			Date Posted:
Area Code/Phone Number 310-802-5056	E-mail ltamura@citymb.info	Page 1 of 1	_____ (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	▶ Name <u>Richard Montgomery</u> <small>(Last, First)</small> Alternate, if any <u>Suzanne Hadley</u> <small>(Last, First)</small>	▶ <u>03 / 17 / 20</u> <small>Appt Date</small> ▶ <u>9 months</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>125.00</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
South Bay Cities Sanitation District	▶ Name <u>Richard Montgomery</u> <small>(Last, First)</small> Alternate, if any <u>Suzanne Hadley</u> <small>(Last, First)</small>	▶ <u>03 / 17 / 20</u> <small>Appt Date</small> ▶ <u>9 months</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>62.50</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
	▶ 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
	▶ 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.

 _____ <small>Signature of Agency Head or Designee</small>	Liza Tamura _____ <small>Print Name</small>	City Clerk _____ <small>Title</small>	1-27-22 _____ <small>(Month, Day, Year)</small>
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Comment: _____