

**Agency Report of:
Public Official Appointments**

A Public Document

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|---|---|----------------------------|---|
| 1. Agency Name City of Manhattan Beach | | California Form 806 | For Official Use Only |
| Division, Department, or Region (If Applicable) Management Services | | | |
| Designated Agency Contact (Name, Title) Liza Tamura, City Clerk | | | |
| Area Code/Phone Number 310-802-5056 | E-mail ltamura@manhattanbeach.gov | Page <u>1</u> of <u>1</u> | Date Posted: 10/2/2024 <small>(Month, Day, Year)</small> |

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>Howorth, Amy</u> <small>(Last, First)</small> Alternate, if any <u>Lesser, David</u> <small>(Last, First)</small> | ▶ <u>10/15/2024</u> <small>Appt Date</small> ▶ <u>9.5 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"/> <u> </u> Other |
| South Bay Cities Sanitation District | ▶ Name <u>Howorth, Amy</u> <small>(Last, First)</small> Alternate, if any <u>Lesser, David</u> <small>(Last, First)</small> | ▶ <u>10/15/2024</u> <small>Appt Date</small> ▶ <u>9.5 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"/> <u> </u> 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"/> <u> </u> 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"/> <u> </u> 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> | 10/21/2024 _____ <small>(Month, Day, Year)</small> |
|--|---|---|--|

Comment: _____

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Clear