

# Agency Report of: Public Official Appointments

A Public Document

<b>1. Agency Name</b> City of Artesia			<b>California Form 806</b> For Official Use Only
Division, Department, or Region (If Applicable)  Office of the City Clerk			
Designated Agency Contact (Name, Title) Jennifer Alderete, Acting City Clerk			Page <u>1</u> of <u>1</u>
Area Code/Phone Number 562-865-6262	E-mail jalderete@cityofartesia.us		

## 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	▶ Name <u>Monica Manalo</u> <small>(Last, First)</small>  Alternate, if any <u>Ali Taj</u> <small>(Last, First)</small>	▶ <u>1 / 17 / 23</u> <small>Appt Date</small>  ▶ <u>1 year</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
Los Angeles Vector Control Mosquito Abatement	▶ Name <u>Melissa Ramoso</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 22 / 22</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
Southeast LA County Workforce Development Board (SELACOWDB)	▶ Name <u>Rene Trevino</u> <small>(Last, First)</small>  Alternate, if any <u>Monica Manalo</u> <small>(Last, First)</small>	▶ <u>1 / 17 / 23</u> <small>Appt Date</small>  ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>75.00</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
GATEWAY CITIES (COG)	▶ Name <u>Tony Lima</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 17 / 23</u> <small>Appt Date</small>  ▶ <u>1 year</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.

\_\_\_\_\_  
Signature of Agency Head or Designee

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
(Month, Day, Year)

Comment: \_\_\_\_\_

**Print**

**Clear**

FPPC Form 806 (1/18)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)