

**Agency Report of:
Public Official Appointments**

A Public Document

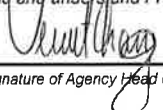
1. Agency Name City of Monterey Park		CITY CLERK 2020 MAY 13 P 2:19 CITY OF MONTEREY PARK	California Form 806 For Official Use Only
Division, Department, or Region (If Applicable)			Date Posted: 5/7/2020 <small>(Month, Day, Year)</small>
Designated Agency Contact (Name, Title) Vincent D. Chang, City Clerk		Page <u>1</u> of <u>1</u>	
Area Code/Phone Number 626-307-1359	E-mail mpclerk@montereypark.ca.gov		

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>Liang, Hans</u> <small>(Last, First)</small> Alternate, if any <u>Chan, Peter</u> <small>(Last, First)</small>	▶ <u>4 / 15 / 20</u> <small>Appt Date</small> <u>15 wks</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
San Gabriel Valley Council of Governments	▶ Name <u>Chan, Peter</u> <small>(Last, First)</small> Alternate, if any <u>Lo, Henry</u> <small>(Last, First)</small>	▶ <u>4 / 15 / 20</u> <small>Appt Date</small> <u>1 yr.</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>50.00</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
San Gabriel Valley Mosquito & Vector Control District	▶ Name <u>Leon, Joseph</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>4 / 15 / 20</u> <small>Appt Date</small> <u>1 yr.</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
League of California Cities	▶ Name <u>Sornoso, Fred</u> <small>(Last, First)</small> Alternate, if any <u>Yiu, Yvonne</u> <small>(Last, First)</small>	▶ <u>4 / 15 / 20</u> <small>Appt Date</small> <u>1 yr.</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>travel reimbursement only</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

3. Verification

I have read and understand FPPC Regulation 18705.5. 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	Vincent D. Chang Print Name	City Clerk Title	5/7/2020 (Month, Day, Year)
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Comment: _____