Agency Report of: Public Official App

۲	ublic Official Appoint	ments			ΑF	ublic Document				
1. Agency Name Califo										
	City of Montebello				California 806					
	Division, Department, or Region (If Applicable)					For Official Use Only				
	Office of the City Clerk									
	Designated Agency Contact									
	Lillian Guzman, Deputy City	Lillian Guzman, Deputy City Clerk								
	Area Code/Phone Number	IE-mail				Date Posted:				
	323-887-1367	Iguzman@cityofmontebello.com		Page1_ of	2	01/30/2013 (Month, Day, Year)				
2	Appointments	1000				(монин, Бау, Теаг)				
۵.	Agency Boards and	·	Appt Date and	D - 11	-1:10-1101:1					
	Commissions	Name of Appointed Person		Length of Term	Per Me	eting/Annual Salary/Stipend				
	County of Los Angeles Sanitation Districts 2 and 15	Name CORTEZ, Christina (Last, First) MOLINARI, William M. (Last, First)	<u>1</u>	1 / 28 / 12 Appt Date 1 year Length of Term	▶ Per Meeting: \$					
	Southeast Area Animal Control Authority	Name BARAJAS, Art (Last, First) Alternate, if any(Last, First)	<u>}_3</u>	3 / 24 / 10 Appl Date n/a Length of Term	▶ <i>Estima</i>	225.00 ted Annual: ,000				
	San Gabriel Valley Council of Governments	Name HADJINIAN, Jack (Last, First) MOLINARI, William M. Alternate, if any (Last, First)	<u>}_</u>	3 / 28 / 12 Appl Date n/a Length of Term						
	Alameda Corridor East Construction Authority	Name HADJINIAN, Jack (Last, First) Alternate, if any MOLINARI, William M. (Last, First)	<u>}_</u>	3 / 28 / 12 Appt Date n/a Length of Term	▶ Per Me ▶ Estima □ \$0-\$1	ted Annual: ,000				
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 be										
Francesca Tucker-Schuyler City Adm						01/30/2013				
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)										
	Comment:									

Agency Report of: Public Official Appointments Continuation Sheet



Page	2	of _	2
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1.	Agency Name City of Montebello	Date Posted: 01/30/2013 (Month, Day, Year)					
2.	Appointments						
	Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend			
	Gateway Council of Governments	Name HADJINIAN, Jack (Last, First) MOLINARI, William M. Alternate, if any (Last, First)		▶ Per Meeting: \$			
	Los Angeles County Vector Control District	Name CORTEZ, Christina (Last, First) Alternate, if any (Last, First)		▶ Per Meeting: \$			
		▶Name(Last, First) Alternate, if any(Last, First)	Appt Date Length of Term	▶ Per Meeting: \$			
		Name(Lost, First) Alternate, if any(Lost, First)	Appl Date Length of Term	▶ Per Meeting: \$			
		▶Name(Last, First) Alternate, if any(Last, First)		▶ Per Meeting: \$			
		Name(Last, First) Alternate, if any(Last, First)		▶ Per Meeting: \$			