

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name		California Form 806 For Official Use Only	
City of Montebello			
Division, Department, or Region <i>(If Applicable)</i>			
Office of the City Clerk			
Designated Agency Contact <i>(Name, Title)</i>		Page <u>1</u> of <u>2</u>	Date Posted: <u>01/30/2013</u> <i>(Month, Day, Year)</i>
Lillian Guzman, Deputy City Clerk			
Area Code/Phone Number	E-mail		
323-887-1367	lguzman@cityofmontebello.com		

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
County of Los Angeles Sanitation Districts 2 and 15	▶ Name <u>CORTEZ, Christina</u> <i>(Last, First)</i> Alternate, if any <u>MOLINARI, William M.</u> <i>(Last, First)</i>	▶ <u>11 / 28 / 12</u> <i>Appt Date</i> ▶ <u>1 year</u> <i>Length of Term</i>	▶ Per Meeting: \$ <u>125.00</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input checked="" type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
Southeast Area Animal Control Authority	▶ Name <u>BARAJAS, Art</u> <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ <u>3 / 24 / 10</u> <i>Appt Date</i> ▶ <u>n/a</u> <i>Length of Term</i>	▶ Per Meeting: \$ <u>225.00</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input checked="" type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
San Gabriel Valley Council of Governments	▶ Name <u>HADJINIAN, Jack</u> <i>(Last, First)</i> Alternate, if any <u>MOLINARI, William M.</u> <i>(Last, First)</i>	▶ <u>3 / 28 / 12</u> <i>Appt Date</i> ▶ <u>n/a</u> <i>Length of Term</i>	▶ Per Meeting: \$ <u>50.00</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
Alameda Corridor East Construction Authority	▶ Name <u>HADJINIAN, Jack</u> <i>(Last, First)</i> Alternate, if any <u>MOLINARI, William M.</u> <i>(Last, First)</i>	▶ <u>3 / 28 / 12</u> <i>Appt Date</i> ▶ <u>n/a</u> <i>Length of Term</i>	▶ 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 18705.5. I have verified that the appointment and information identified above is true to the best of my information and belief.

	Francesca Tucker-Schuyler	City Administrator	01/30/2013
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _____

