Agency Report of:

| Agency Name | | | | | California Onc | |
|---|--|-------|--|---------------------|-------------------------------------|--|
| • | | | RECEIVED | | California 806 | |
| Division, Department, o | r Region (If Applicable) | | CEIVED | | For Official Use Only | |
| | | | APR 22 2024 | | /1 III | |
| Designated Agency Contact (Name, Title) | | | | | | |
| Kathleen Sessman, Ci | ty Clerk/Communications Director | | CITY CLERKS OFFICE CITY OF GLENDORA | | | |
| Area Code/Phone Numb | | | | | Date Posted: | |
| (626) 914-8210 | KSessman@cityofglendora.org | | Page 1 c | of <u>~</u> | (Month, Day, Year) | |
| Appointments | | | | | | |
| Agency Boards and Commissions | Name of Appointed Person | | Appt Date and Length of Term | Per Me | Per Meeting/Annual Salary/Stipend | |
| Sanitation District of L County, District No. 22 | | | | ▶ <i>Estima</i> | ted Annual: 1,000 | |
| Foothill Transit (Governing Board) | Name Boyer, Gary (Last, First) Alternate, if any Allawos, Michael (Last, First) | | / 13 / 24 Appt Date Year Length of Term | ▶ Estima □ \$0-\$^ | ted Annual: 1,000 | |
| Metro Gold Line Footh Extension Constructio Authority (JPA) | | | / 13 / 24 Appt Date Year Length of Term | ▶ Estima □ \$0-\$ | neeting: \$ 100 ated Annual: 1,000 | |
| San Gabriel Valley Council of Governmen (COG) Governing Boa | I Name | \2_ | /13 /24 Appt Date Year Length of Term | \$0-\$ | nted Annual: | |
| Verification | 100 Danielier 40700 5 1 hours and 5 1 h 1 h | linta | identification in the second | | -4 -6 | |
| Thave read and understand FPF | C Regulation 18702.5. I have verified that the appointment and Kathleen Sessman, MMC | | Clerk/Commu | | | |
| Signature of Agency Head or | | | Title | | (Month, Day, Year) | |

Comment:_

Agency Report of: Public Official Appointments Continuation Sheet



| | | Page <u>2</u> of <u>2</u> | | | | | | |
|----|--|--|---------------------------|---|--|--|--|--|
| | Agency Name ty of Glendora | Date Posted: 4/22/2024 (Month, Day, Year) | | | | | | |
| 2. | Appointments | | | | | | | |
| | Agency Boards and Commissions | ency Boards and Commissions Name of Appointed Person Appt Date a | | Per Meeting/Annual Salary/Stipend | | | | |
| | Southern California Association of Governments (SCAG) Board | Name Boyer, Gary (Last, First) Alternate, if any (Last, First) | | ▶ Per Meeting: \$ 120 ▶ Estimated Annual: \$0-\$1,000 \$2,001-\$3,000 ■ \$1,001-\$2,000 Other | | | | |
| | | ►Name(Last, First) Alternate, if any(Last, First) | Appt Date Length of Term | ▶ Per Meeting: \$ | | | | |
| | | Name(Last, First) Alternate, if any(Last, First) | Appt Date Length of Term | ▶ Per Meeting: \$ | | | | |
| | | Name(Last, First) Alternate, if any(Last, First) | Appt Date Length of Term | ▶ Per Meeting: \$ | | | | |
| | | Name(Last, First) Alternate, if any(Last, First) | Appt Date Length of Term | ▶ Per Meeting: \$ | | | | |
| | | ►Name(Last, First) Alternate, if any(Last, First) | Appt Date Length of Term | ▶ Per Meeting: \$ | | | | |