

**Agency Report of:
Public Official Appointments**

RECEIVED
CITY OF WEST HOLLYWOOD

A Public Document

1. Agency Name

City of West Hollywood

Division, Department, or Region (if Applicable)

City Clerk's Division

Designated Agency Contact (Name, Title)

Yvonne Quarker, City Clerk

Area Code/Phone Number

323-848-6400

E-mail

yquarker@weho.org

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OFFICE OF THE CITY CLERK

California Form **806**

For Official Use Only

Date Posted:

6/8/17

(Month, Day, Year)

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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 #4	<p>Name <u>Heilman, John</u> <small>(Last, First)</small></p> <p>Alternate, if any <u>Horvath, Lindsey</u> <small>(Last, First)</small></p>	<p><u>06 / 05 / 17</u> <small>Appt Date</small></p> <p><u>1 Year</u> <small>Length of Term</small></p>	<p>Per Meeting: \$ <u>125.00</u></p> <p>Estimated Annual:</p> <p><input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000</p> <p><input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other</p>
	<p>Name _____ <small>(Last, First)</small></p> <p>Alternate, if any _____ <small>(Last, First)</small></p>	<p>_____/_____/_____ <small>Appt Date</small></p> <p>_____ <small>Length of Term</small></p>	<p>Per Meeting: \$ _____</p> <p>Estimated Annual:</p> <p><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000</p> <p><input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other</p>
	<p>Name _____ <small>(Last, First)</small></p> <p>Alternate, if any _____ <small>(Last, First)</small></p>	<p>_____/_____/_____ <small>Appt Date</small></p> <p>_____ <small>Length of Term</small></p>	<p>Per Meeting: \$ _____</p> <p>Estimated Annual:</p> <p><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000</p> <p><input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other</p>
	<p>Name _____ <small>(Last, First)</small></p> <p>Alternate, if any _____ <small>(Last, First)</small></p>	<p>_____/_____/_____ <small>Appt Date</small></p> <p>_____ <small>Length of Term</small></p>	<p>Per Meeting: \$ _____</p> <p>Estimated Annual:</p> <p><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000</p> <p><input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other</p>

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.

Yvonne Quarker Yvonne QUARKER CITY CLERK 6-8-17
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____