

**Agency Report of:  
Public Official Appointments**

**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)

Melissa Crowder, City Clerk

Area Code/Phone Number

323-848-6356

E-mail

mcrowder@weho.org

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California Form **806**

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Date Posted:

2/1/23

(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
California Joint Powers Association	▶ Name <u>Lauren Meister</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1</u> / <u>23</u> / <u>23</u> <small>Appt Date</small>  ▶ <u>1 Year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100.00</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
Sanitation District No. 4	▶ Name <u>Sepi Shyne</u> <small>(Last, First)</small>  Alternate, if any <u>John Erickson</u> <small>(Last, First)</small>	▶ <u>1</u> / <u>23</u> / <u>23</u> <small>Appt Date</small>  ▶ <u>1 Year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>125.00</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
	▶ Name _____ <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ ____ / ____ / ____ <small>Appt Date</small>  ▶ _____ <small>Length of Term</small>	▶ Per Meeting: \$ _____  ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
	▶ Name _____ <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ ____ / ____ / ____ <small>Appt Date</small>  ▶ _____ <small>Length of Term</small>	▶ Per Meeting: \$ _____  ▶ Estimated Annual: <input 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 18702.5. 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

Melissa Crowder  
Print Name

City Clerk  
Title

2/1/23  
(Month, Day, Year)

Comment: \_\_\_\_\_

**Print**

**Clear**