Agency Report of:
Public Official Appointments

A Public Document

1. Agency Name

City of Covina

Division, Department, or Region *(If Applicable)*

Designated Agency Contact *(Name, Title)*

Catherine LaCroix, Sr. Deputy City Clerk

Area Code/Phone Number	E-mail
(626) 384-5430	clacroix@covinaca.gov

California Form **806**

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Page 1 of 1

Date Posted: 04/03/2014 *(Month, Day, Year)*

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Foothill Transit Zone 100 S. Vincent Ave., Suite 200 West Covina, Ca 91780 (909) 967-2274	Name: Delach, Peggy (Last, First) Alternate, if any: King, John (Last, First)	04 / 03 / 14 (Appt Date) 1 year (Length of Term)	Per Meeting: $ 50.00 Estimated Annual: ☒ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ ____ Other
San Gabriel Valley Council of Governments 1000 S. Fremont Ave., Unit #42 Alhambra, CA 91803 (626) 457-1800	Name: Stapleton, Kevin (Last, First) Alternate, if any: Marquez, Jorge (Last, First)	04 / 03 / 14 (Appt Date) 1 year (Length of Term)	Per Meeting: $ 50.00 Estimated Annual: ☒ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ ____ Other
Sanitation Districts of Los Angeles County 1955 Workman Mill Road Whittier, CA 90607 (562) 908-4288	Name: Allen III, Walter (Last, First) Alternate, if any: King, John (Last, First)	04 / 03 / 14 (Appt Date) 1 year (Length of Term)	Per Meeting: $ 125.00 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: $ ____ Estimated Annual: ☐ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ ____ 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.

Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
	Daryl Parrish	City Manager	4/16/14

Comment: ____