## Agency Report of: Public Official Appointments

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Agency Name				California 806			
City of La Puente				. 51111			
Division, Department, or Regi	ion (If Applicable)			For Official Use Only			
Designated Agency Contact (	(Name,Title)						
Martha Torres, City Clerk							
Area Code/Phone Number	E-mail			Date Posted:			
626-855-1500	mtorres@lapuente.org	Page 1	of <u>2</u>	1/25/2024			
	Thiories & lapacine.org			(Month, Day, Year)			
	ppointments						
Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Tern		eeting/Annual Salary/Stipend			
Foothill Transit Governing Board	Name Munoz, Valerie (Last, First)	1 NOOT	→ Estima	eeting: \$ 150.00			
	Alternate, if any Klinakis, Charlie (Last, First)	1 year  Length of Term	\$0-\$	1,000			
San Gabriel Valley Council of Governments	Name Argudo, David  (Last, First)  Alternate, if any Quinones, Gabriel  (Last, First)	1/9/2024  Appl Date  1 year  Length of Term	<b>▶</b> Estimation	eeting: \$ 50.00  ated Annual:  1,000			
San Gabriel Valley Mosquito & Vector Control	Name Klinakis, Charlie (Last, First)  Alternate, if any N/A (Last, First)	11/14/2023  Appt Date  2 years  Length of Term	<b>▶</b> Estimate	ated Annual: 1,000			
Los Angeles County Sanitation Districts 15 and 21	Name Klinakis, Charlie (Last, First)  Alternate, if any Munoz, Valerie (Last, First)	1/9/2024  Appt Date  1 year  Length of Term	<b>▶</b> Estima	ated Annual: 1,000			
Verification							
I have read and understand FPPC Regu	llation 18702.5. I have verified that the appointment ar Martha Torres	nd information identified above City Clerk	e is true to the be	est of my information and belief. 1/25/2024			
MTorrer.							

## Agency Report of: Public Official Appointments Continuation Sheet



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1. Agency Name	Date Posted: 1/25/2024
City of La Puente	(Month, Day, Year)

## 2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Southern California Joint Powers Insurance Authority	Name Quinones, Gabriel  (Last, First)  Alternate, if any All Council  (Last, First)	1/9/2024  Appt Date  1 year  Length of Term	▶ Per Meeting: \$
	▶Name(Last, First)  Alternate, if any(Last, First)	Appt Date  Appt Date  Length of Term	▶ Per Meeting: \$
	Name	Appt Date  Appt Date  Length of Term	▶ Per Meeting: \$
	Name	Appt Date  Length of Term	▶ Per Meeting: \$
	Name(Last, First)  Alternate, if any(Last, First)	Appt Date  Appt Date  Length of Term	▶ Per Meeting: \$
	Name	Appt Date  Appt Date  Length of Term	▶ Per Meeting: \$