

**Agency Report of:
Public Official Appointments**

A Public Document


1. Agency Name City of Monrovia			California Form 806 For Official Use Only
Division, Department, or Region (If Applicable)			
Designated Agency Contact (Name, Title) Alice D. Atkins, City Clerk			
Area Code/Phone Number (626) 932-5505	E-mail aatkins@ci.monrovia.ca.us	Page <u>1</u> of <u>2</u>	Date Posted: <u>05/02/2018</u> <small>(Month, Day, Year)</small>

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Foothill Transit Executive Board	Name <u>Becky Shevlin</u> <small>(Last, First)</small> Alternate, if any <u>N/A</u> <small>(Last, First)</small>	<u>5 / 1 / 18</u> <small>Appt Date</small> <u>1 yr</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>150</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
Gold Line Phase II Joint Powers Authority	Name <u>Larry Spicer</u> <small>(Last, First)</small> Alternate, if any <u>Gloria Crudgington</u> <small>(Last, First)</small>	<u>5 / 1 / 18</u> <small>Appt Date</small> <u>1 yr</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
San Gabriel Council of Governments	Name <u>Becky Shevlin</u> <small>(Last, First)</small> Alternate, if any <u>Gloria Crudgington</u> <small>(Last, First)</small>	<u>5 / 1 / 18</u> <small>Appt Date</small> <u>1 yr</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>50</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 Districts of Los Angeles County, No. 15 (Mayor automatically appointed)	Name <u>Tom Adams</u> <small>(Last, First)</small> Alternate, if any <u>Becky Shevlin</u> <small>(Last, First)</small>	<u>5 / 1 / 18</u> <small>Appt Date</small> <u>1 yr</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>125</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

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.

 <small>Signature of Agency Head or Designee</small>	<u>Alice D. Atkins</u> <small>Print Name</small>	<u>City Clerk</u> <small>Title</small>	<u>5/1/2018</u> <small>(Month, Day, Year)</small>
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Comment: _____

