Agency Report of: Public Official Appointments

A Public Document

1. Agency Name

CITY OF PARAMOUNT

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

CITY CLERK'S OFFICE

Designated Agency Contact *(Name, Title)*

HEIDI LUCE, CITY CLERK

Area Code/Phone Number	E-mail
(562) 220-2225	HLUCE@PARAMOUNTCITY.COM

California Form **806**

For Official Use Only

Date Posted: 07/09/2024 *(Month, Day, Year)*

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
CALIFORNIA JOINT POWERS INSURANCE AUTHORITY	Name: STALLINGS, VILMA CUELLAR *(Last, First)* Alternate, if any: AGUAYO, ISABEL *(Last, First)*	07 / 09 / 24 *Appt Date* 1 YEAR *Length of Term*	Per Meeting: $ 100 Estimated Annual: ☑ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ Other
LOS ANGELES COUNTY SANITATION DISTRICTS (DISTRICT 1 AND 2)	Name: *(Last, First)* Alternate, if any: AGUAYO, ISABEL *(Last, First)*	07 / 09 / 24 *Appt Date* 1 YEAR *Length of Term*	Per Meeting: $ 125 Estimated Annual: ☐ $0-$1,000 ☑ $2,001-$3,000 ☐ $1,001-$2,000 ☐ Other
GATEWAY CITIES COG BOARD OF DIRECTORS	Name: STALLINGS, VILMA CUELLAR *(Last, First)* Alternate, if any: AGUAYO, ISABEL *(Last, First)*	07 / 09 / 24 *Appt Date* 1 YEAR *Length of Term*	Per Meeting: $ 125 Estimated Annual: ☐ $0-$1,000 ☐ $2,001-$3,000 ☑ $1,001-$2,000 ☐ Other
GATEWAY CITIES COG SR-91/I-605/I-405 CORRIDOR CITIES COMMITTEE	Name: DELGADILLO, ANNETTE C *(Last, First)* Alternate, if any: STALLINGS, VILMA C. *(Last, First)*	07 / 09 / 24 *Appt Date* 1 YEAR *Length of Term*	Per Meeting: $ 100 Estimated Annual: ☐ $0-$1,000 ☐ $2,001-$3,000 ☑ $1,001-$2,000 ☐ 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	Print Name	Title	(Month, Day, Year)
Heidi Luce	HEIDI LUCE	CITY CLERK	07/09/2024

Comment:

Agency Report of: Public Official Appointments Continuation Sheet

California Form **806**
A Public Document

1. Agency Name
CITY OF PARAMOUNT

Date Posted: JULY 9, 2024 (Month, Day, Year)

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
GATEWAY CITIES COG SOUTHEAST GATEWAY LINE CORRIDOR CITIES COMMITTEE	Name: AGUAYO, ISABEL (Last, First) Alternate, if any: DELGADILLO, ANNETTE (Last, First)	07 / 09 / 24 (Appt Date) 1 YEAR (Length of Term)	Per Meeting: $ 100 Estimated Annual: ☐ $0-$1,000 ☐ $2,001-$3,000 ☑ $1,001-$2,000 ☐ _____ Other
SOUTHEAST AREA ANIMAL CONTROL AUTHORITY (SEAACA)	Name: LEMONS, PEGGY (Last, First) Alternate, if any: STALLINGS, VILMA C. (Last, First)	07 / 09 / 24 (Appt Date) 1 YEAR (Length of Term)	Per Meeting: $ 225 Estimated Annual: ☐ $0-$1,000 ☑ $2,001-$3,000 ☐ $1,001-$2,000 ☐ _____ Other
SOUTHEAST LOS ANGELES COUNTY WORKFORCE DEVELOPMENT BOARD	Name: OLMOS, BRENDA (Last, First) Alternate, if any: LEMONS, PEGGY (Last, First)	07 / 09 / 24 (Appt Date) 1 YEAR (Length of Term)	Per Meeting: $ 100 Estimated Annual: ☐ $0-$1,000 ☐ $2,001-$3,000 ☑ $1,001-$2,000 ☐ _____ Other
SOUTHEAST WATER COALITION	Name: AGUAYO, ISABEL (Last, First) Alternate, if any: DELGADILLO, ANNETTE (Last, First)	07 / 09 / 24 (Appt Date) 1 YEAR (Length of Term)	Per Meeting: $ 150 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
	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