

**Agency Report of:  
Public Official Appointments**

CITY OF WHITTIER  
CITY CLERK

**A Public Document**

<b>1. Agency Name</b> City of Whittier		2024 JUL 25 AM 10: 21	<b>California Form 806</b> For Official Use Only
Division, Department, or Region (If Applicable)			Page 1 of 2
Designated Agency Contact (Name, Title) Brian Saeki, City Manager			
Area Code/Phone Number (562) 567-9300	E-mail bsaeki@cityofwhittier.com	Date Posted: <u>7/25/2024</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
Gateway Cities Council of Governments (COG)	▶ Name <u>Dutra, Fernando</u> <small>(Last, First)</small>  Alternate, if any <u>Warner, Cathy</u> <small>(Last, First)</small>	▶ <u>05 / 28 / 24</u> <small>Appt Date</small>  ▶ <u>1 yr</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>125</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
Greater Los Angeles Vector Control District	▶ Name <u>Pacheco, Mary Ann</u> <small>(Last, First)</small>  Alternate, if any <u>Martinez, Octavio</u> <small>(Last, First)</small>	▶ <u>05 / 28 / 24</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
Los Angeles County - Sanitation District Nos. 2, 15, and 18	▶ Name <u>Vinatieri, Joe</u> <small>(Last, First)</small>  Alternate, if any <u>Warner, Cathy</u> <small>(Last, First)</small>	▶ <u>05 / 28 / 24</u> <small>Appt Date</small>  ▶ <u>1 yr</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>125</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
Southeast Water Coalition (SEWC)	▶ Name <u>Martinez, Octavio</u> <small>(Last, First)</small>  Alternate, if any <u>Warner, Cathy</u> <small>(Last, First)</small>	▶ <u>05 / 28 / 24</u> <small>Appt Date</small>  ▶ <u>1 yr</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>150</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.

 Signature of Agency Head or Designee	Brian Saeki Print Name	 Assistant City Manager Title	<u>7/25/2024</u> (Month, Day, Year)
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Comment: \_\_\_\_\_

**Print**

**Clear**

Agency Report of:  
Public Official Appointments  
Continuation Sheet

<b>1. Agency Name</b>	Date Posted: _____ <small>(Month, Day, Year)</small>
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Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
SR 91/I-605 Corridor Cities  <div style="text-align: right;">+</div>	▶ Name <u>Dutra, Fernando</u> <small>(Last, First)</small>  Alternate, if any <u>Pacheco, Mary Ann</u> <small>(Last, First)</small>	▶ <u>05 / 28 / 24</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"/> <u>          </u> 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
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	▶ 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