Agency Report of:
Public Official Appointments

A Public Document

California Form 806
For Official Use Only

1. Agency Name

CITY OF HERMOSA BEACH

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

Designated Agency Contact *(Name, Title)*

ELAINE DOERFLING, CITY CLERK

Area Code/Phone Number	E-mail
301-318-0203	edoerfling@hermosabch.org

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Date Posted: _____ *(Month, Day, Year)*

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
LOS ANGELES COUNTY SANITATION DISTRICT #5/SOUTH BAY CITIES BOARD OF DIRECTORS	Name: PETER TUCKER *(Last, First)* Alternate, if any _____ *(Last, First)*	Appt Date: 04 / 10 / 12 Length of Term: 10 months	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
	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

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)
Elaine Doerfling	Elaine Doerfling	City Clerk	

Comment: _____