Agency Report of:
Public Official Appointments

A Public Document

1. Agency Name

City of La Cañada Flintridge

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

Dept of Administration

Designated Agency Contact *(Name,Title)*

Tania Garcia, City Clerk

Area Code/Phone Number

818-790-8880

E-mail

tgarcia@lcf.ca.gov

California Form 806

For Official Use Only

Date Posted: 02/21/2025 *(Month, Day, Year)*

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
CA Joint Powers Insurance Auth. Board of Dir. Rep.	Name: Hobson, Jeanne K. *(Last, First)* Alternate, if any: Fossan, Stephanie *(Last, First)*	02/18/2025 *Appt Date* 1 year *Length of Term*	*Per Meeting:* $ 100 *Estimated Annual:* ☒ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ _____ *Other*
L.A. County Sanitation District 28	Name: Davitt, Michael T. *(Last, First)* Alternate, if any: Eich, Keith *(Last, First)*	6/18/2024 *Appt Date* 1 year *Length of Term*	*Per Meeting:* $ 125 *Estimated Annual:* ☒ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ _____ *Other*
L.A. County Sanitation District 34	Name: Davitt, Michael T. *(Last, First)* Alternate, if any: Eich, Keith *(Last, First)*	6/18/2024 *Appt Date* 1 year *Length of Term*	*Per Meeting:* $ 125 *Estimated Annual:* ☒ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ _____ *Other*
L.A. County Contract Cities Liability Trust Fund Claims Board	Name: Davitt, Michael T. *(Last, First)* Alternate, if any: _____ *(Last, First)*	6/18/2024 *Appt Date* 1 year *Length of Term*	*Per Meeting:* $ 125 *Estimated Annual:* ☒ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ _____ *Other*

3. Verification

Signed by: Tania Garcia
77D318A97030489...

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	Tania Garcia *Print Name*	City Clerk *Title*	02/21/2025 *(Month, Day, Year)*

Comment: _____

Print Clear

Agency Report of:
Public Official Appointments
Continuation Sheet

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1. Agency Name
City of La Cañada Flintridge

Date Posted: 02/21/2025 *(Month, Day, Year)*

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
San Gabriel Valley COG Board of Directors	Name: Fossan, Stephanie *(Last, First)* Alternate, if any: Bowman, Kim *(Last, First)*	Appt Date: 6/18/2024 Length of Term: 1 year	Per Meeting: $ 75 Estimated Annual: ■ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ Other
SCAG Regional Council District # 36 Representative	Name: Eich, Keith *(Last, First)* Alternate, if any: *(Last, First)*	Appt Date: 6/18/2024 Length of Term: 1 year	Per Meeting: $ 150 Estimated Annual: ■ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ Other
So. Calif. Assoc. of Gov'ts. General Assembly	Name: Eich, Keith *(Last, First)* Alternate, if any: Davitt, Michael T. *(Last, First)*	Appt Date: 6/18/2024 Length of Term: 1 year	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
	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

Print Clear