

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name CITY OF HAWAIIAN GARDENS Division, Department, or Region (If Applicable)		California Form 806 For Official Use Only	
Designated Agency Contact (Name, Title) ERNIE HERNANDEZ, CITY MANAGER			
Area Code/Phone Number 562-420-2641	E-mail EHERNANDEZ@HGCITY.ORG		

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
PUBLIC HOUSING AUTHORITY OF CITY OF HAWAIIAN GARDENS	▶ Name <u>ROA, LUIS</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 11 / 18</u> <small>Appt Date</small> <u>FOUR YEARS</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>50.00</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
PUBLIC HOUSING AUTHORITY OF CITY OF HAWAIIAN GARDENS	▶ Name <u>ALVARADO, JESSE</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 11 / 18</u> <small>Appt Date</small> <u>FOUR YEARS</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>50.00</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
PUBLIC HOUSING AUTHORITY OF CITY OF HAWAIIAN GARDENS	▶ Name <u>MARAVILLA, MYRA</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 13 / 16</u> <small>Appt Date</small> <u>FOUR YEARS</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>50.00</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
PUBLIC HOUSING AUTHORITY OF CITY OF HAWAIIAN GARDENS	▶ Name <u>MARIA TERESA DEL RIO</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12/8/2020</u> <small>Appt Date</small> <u>FOUR YEARS</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>50.00</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.

POONAM DAVIS <small>Signature of Agency Head or Designee</small>	INTERIM CITY CLERK <small>Print Name</small>	12/10/2020 <small>Title</small>	12/10/2020 <small>(Month, Day, Year)</small>
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Comment: _____

Agency Report of:
Public Official Appointments
Continuation Sheet

1. Agency Name _____ Date Posted: _____
(Month, Day, Year)

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
PUBLIC HOUSING AUTHORITY OF CITY OF HAWAIIAN GARDENS	▶ Name <u>FARFAN, VICTOR</u> <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ <u>12/08/2020</u> <i>Appt Date</i> <u>FOUR YEAR</u> <i>Length of Term</i>	▶ Per Meeting: \$ <u>50.00</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
CALIFORNIA CITIES FOR SELF-RELIANCE JOINT POWERS AUTHORITY	▶ Name <u>FARFAN VICTOR</u> <i>(Last, First)</i> Alternate, if any <u>ALVARADO, JESSE</u> <i>(Last, First)</i>	▶ <u>12/08/2020</u> <i>Appt Date</i> <u>ONE YEAR</u> <i>Length of Term</i>	▶ Per Meeting: \$ <u>250.00</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input checked="" type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
GATEWAY CITIES COUNCIL OF GOVERNMENTS	▶ Name <u>ROA, LUIS</u> <i>(Last, First)</i> Alternate, if any <u>DEL RIO, TERESA</u> <i>(Last, First)</i>	▶ <u>12/08/2020</u> <i>Appt Date</i> <u>ONE YEAR</u> <i>Length of Term</i>	▶ Per Meeting: \$ <u>125.00</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
SANITATION DISTRICT, LA COUNTY	▶ Name <u>ROA, LUIS</u> <i>(Last, First)</i> Alternate, if any <u>DEL RIO, TERESA</u> <i>(Last, First)</i>	▶ <u>12/08/2020</u> <i>Appt Date</i> <u>ONE YEAR</u> <i>Length of Term</i>	▶ Per Meeting: \$ <u>125.00</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
SELACO WIB JTPA	▶ Name <u>ALVARDO, JESSE</u> <i>(Last, First)</i> Alternate, if any <u>DEL RIO, TERESA</u> <i>(Last, First)</i>	▶ <u>12/08/2020</u> <i>Appt Date</i> <u>ONE YEAR</u> <i>Length of Term</i>	▶ Per Meeting: \$ <u>75.00</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
VECTOR CONTROL DISTRICT, GREATER LA COUNTY	▶ Name <u>ROA, LUIS</u> <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ <u>1/08/2019</u> <i>Appt Date</i> <u>ONE YEAR</u> <i>Length of Term</i>	▶ Per Meeting: \$ <u>100.00</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