

**Agency Report of:
Public Official Appointments**

A Public Document


1. Agency Name CITY OF HAWAIIAN GARDENS			California Form 806 For Official Use Only
Division, Department, or Region (If Applicable)			
Designated Agency Contact (Name, Title) ERNESTO MARQUEZ			
Area Code/Phone Number 562-420-2641	E-mail EMARQUEZ@HGCITY.ORG	Page <u>1</u> of <u>2</u>	Date Posted: <u>01/27/2022</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
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>FARFAN, VICTOR</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 08 / 20</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 / 08 / 20</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>DEL RIO, TERESA MARIA</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 08 / 20</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.

 <small>Signature of Agency Head or Designee</small>	<u>LINDA HOLLINSWORTH</u> <small>Print Name</small>	<u>ACTING CITY CLERK</u> <small>Title</small>	<u>01/27/2022</u> <small>(Month, Day, Year)</small>
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Comment: _____

Print **Clear**

**Agency Report of:
Public Official Appointments
Continuation Sheet**

1. Agency Name CITY OF HAWAIIAN GARDENS	Date Posted: <u>01/27/2022</u> <small>(Month, Day, Year)</small>
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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>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"/> _____ <small>Other</small>
CALIFORNIA CITIES FOR SELF-RELIANCE JOINT POWERS AUTHORITY	▶ Name <u>FARFAN, VICTOR</u> <small>(Last, First)</small> Alternate, if any <u>ALVARADO, JESSE</u> <small>(Last, First)</small>	▶ <u>01 / 11 / 22</u> <small>Appt Date</small> <u>ONE YEAR</u> <small>Length of Term</small>	▶ 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"/> _____ <small>Other</small>
GATEWAY CITIES COUNCIL OF GOVERNMENT	▶ Name <u>LUIS ROA</u> <small>(Last, First)</small> Alternate, if any <u>DEL RIO, TERESA MARIA</u> <small>(Last, First)</small>	▶ <u>01 / 11 / 22</u> <small>Appt Date</small> _____ <small>Length of Term</small>	▶ 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"/> _____ <small>Other</small>
SANITATION DISTRICT, LA COUNTY	▶ Name <u>ROA, LUIS</u> <small>(Last, First)</small> Alternate, if any <u>DEL RIO, TERESA MARIA</u> <small>(Last, First)</small>	▶ <u>01 / 11 / 22</u> <small>Appt Date</small> <u>ONE YEAR</u> <small>Length of Term</small>	▶ 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"/> _____ <small>Other</small>
SÉLACO WIB JTPA	▶ Name <u>ALVARADO, JESSE</u> <small>(Last, First)</small> Alternate, if any <u>DEL RIO, TERESA MARIA</u> <small>(Last, First)</small>	▶ <u>01 / 11 / 22</u> <small>Appt Date</small> <u>ONE YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>75.00</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"/> _____ <small>Other</small>
VECTOR CONTROL DISTRICT, GREATER LA COUNTY	▶ Name <u>ROA, LUIS</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 11 / 22</u> <small>Appt Date</small> _____ <small>Length of Term</small>	▶ 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"/> _____ <small>Other</small>