

**Agency Report of:
Public Official Appointments**

A Public Document

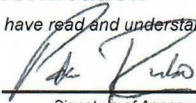
1. Agency Name CITY OF HAWAIIAN GARDENS		California Form 806 <small>For Official Use Only</small>	
Division, Department, or Region (If Applicable)			
Designated Agency Contact (Name, Title) ERNESTO MARQUEZ, CITY MANAGER			
Area Code/Phone Number 562-420-2641	E-mail EMARQUEZ@HGCITY.ORG	Page 1 of 2	Date Posted: 02/14/2022 <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>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
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

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	<u>PABLO RUBIO</u> Print Name	<u>CITY CLERK</u> Title	<u>02/14/2022</u> (Month, Day, Year)
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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>02/14/2022</u> (Month, Day, Year)
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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
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"/> Other
GATEWAY CITIES COUNCIL OF GOVERNMENT	▶ 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"/> Other
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"/> Other
SELACO-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"/> Other
VECTOR CONTROL DISTRICT, GREATER LA COUNTY	▶ Name <u>ROA, LUIS</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 08 / 19</u> <small>Appt Date</small> ▶ <u>FOUR YEARS</u> <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"/> 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