Agency Report of: Public Official Appointments

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١.	Agency Name					California 806	
	CITY OF HAWAIIAN GARD				Form OUD		
	Division, Department, or Region (If Applicable)					For Official Use Only	
	Declarate IA						
	Designated Agency Contact (esignated Agency Contact (Name, Title)					
	ERNESTO MARQUEZ, CIT	Y MANAGER				Data Barta I	
	Area Code/Phone Number	E-mail	Date Posted:				
	562-420-2641	EMARQUEZ@HGCITY.ORG		Page 1 of	f <u>~</u>	04/11/2022	
,	Appointments					(Month, Day, Year)	
•	Agency Boards and						
	Commissions	Name of Appointed Person		Appt Date and ength of Term	Per Me	eting/Annual Salary/Stipend	
	PUBLIC HOUSING AUTHORITY OF CITY OF HAWAIIAN GARDENS	Name ROA, LUIS (Last, First) Alternate, if any (Last, First)		Appt Date DUR YEARS Length of Term	▶ Per Meeting: \$ 50.00 ▶ Estimated Annual: \$ \$0.\$1,000 \$ \$2,001-\$3,000 \$ \$1,001-\$2,000 \$ \$0.000 \$ \$0.000		
	PUBLIC HOUSING AUTHORITY OF CITY OF HAWAIIAN GARDENS	▶Name FARFAN, VICTOR (Last, First) Alternate, if any (Last, First)		DUR YEARS Length of Term	► Per Meeting: \$ 50.00 ► Estimated Annual: ■ \$0-\$1,000 □ \$2,001-\$3,000 □ \$1,001-\$2,000 □ Other		
	PUBLIC HOUSING AUTHORITY OF CITY OF HAWAIIAN GARDENS	Name DEL RIO, TERESA MARIA (Last, First) Alternate, if any (Last, First)		2 / 08 / 20 Appt Date DUR YEARS Length of Term	▶ Estima \$0-\$*	ted Annual: 1,000	
	PUBLIC HOUSING AUTHORITY OF CITY OF HAWAIIAN GARDENS	Name ALVARADO, JESSE (Last, First) Alternate, if any(Last, First)	_ <u>12</u>	Appt Date DUR YEARS Length of Term	\$0-\$	ted Annual:	
3.	Verification						
		lation 18702.5. I have verified that the appointment and info	ormation	identified above is tri	ie to the he	st of my information and helief	
	la Ve						
	Signature of Agency Head or Designer	PABLO RUBIO Print Name	CITY	CLERK		04/11/2022	
						(Month, Day, Year)	

Agency Report of: Public Official Appointments Continuation Sheet



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1. Agency Name CITY OF HAWAIIAN GARDENS	Date Posted: 04/11/2022			
OT TO TO THE OTHER PROPERTY.	(Month, Day, Year)			

2. Appointments Agency Boards and Appt Date and Name of Appointed Person Per Meeting/Annual Salary/Stipend Commissions Length of Term **PUBLIC HOUSING** Per Meeting: \$ 50.00 Name GOMEZ, MIKE (Last, First) **AUTHORITY OF CITY OF** HAWAIIAN GARDENS Estimated Annual: \$0-\$1,000 \$2,001-\$3,000 Alternate, if any ____ \$1,001-\$2,000 \quad \quad \text{Other} **CALIFORNIA CITIES** ▶ Per Meeting: \$ 250.00 Name FARFAN, VICTOR (Last, First) 01 /11 /22 Appt Date FOR SELF-RELIANCE JOINT POWERS Estimated Annual: **AUTHORITY** Alternate, if any ALVARADO, JESSE (Last, First) \$0-\$1,000 \$2,001-\$3,000 **GATEWAY CITIES** ▶ Per Meeting: \$ 125.00 Name ROA, LUIS COUNCIL OF GOVERNMENT Estimated Annual: Alternate, if any DEL RIO, TERESA MARIA \$0-\$1,000 \$2,001-\$3,000 ONE YEAR Length of Term SANITATION DISTRICT, ▶ Per Meeting: \$ 125.00 ▶ 01 /11 /22 Appt Date LA COUNTY Estimated Annual: Alternate, if any DEL RIO, TERESA MARIA ONE YEAR \$0-\$1,000 \$2,001-\$3,000 Length of Term **SELACO-WIB JTPA** Per Meeting: \$ 75.00 Name ALVARADO, JESSE 01 /11 /22 Appt Date Estimated Annual: Alternate, if any DEL RIO, TERESA MARIA ONE YEAR \$0-\$1,000 \$2,001-\$3,000 **VECTOR CONTROL** ▶ Per Meeting: \$ ______100.00 DISTRICT, GREATER LA 01 / 08 / 19 Appt Date COUNTY Estimated Annual: **FOUR YEARS** \$0-\$1,000 \$2,001-\$3,000 Alternate, if any _____ Length of Term \$1,001-\$2,000