

**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: 02/09/2023 <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 / 13 / 22</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 / 13 / 22</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>DE PAULA, DANDY</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 13 / 22</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.

	PABLO RUBIO	CITY CLERK	02/09/2023
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _____

Print
Clear

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

1. Agency Name CITY OF HAWAIIAN GARDENS	Date Posted: <u>02/09/2023</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>VARGAS, ERNIE</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 13 / 22</u> <small>Appt Date</small> <u>TWO YEAR</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>DEL RIO, TERESA MARIA</u> <small>(Last, First)</small>	▶ <u>01 / 10 / 23</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>DEL RIO, TERESA MARIA</u> <small>(Last, First)</small> Alternate, if any <u>FARFAN, VICTOR</u> <small>(Last, First)</small>	▶ <u>01 / 10 / 23</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>
SANITATION DISTRICT, LA COUNTY	▶ Name <u>DEL RIO, TERESA MARIA</u> <small>(Last, First)</small> Alternate, if any <u>ROA, LUIS</u> <small>(Last, First)</small>	▶ <u>01 / 10 / 23</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>
SELACO-WIB JTPA	▶ Name <u>DE PAULA, DANDY</u> <small>(Last, First)</small> Alternate, if any <u>DEL RIO, TERESA MARIA</u> <small>(Last, First)</small>	▶ <u>01 / 10 / 23</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 / 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"/> _____ <small>Other</small>