Agency Report of: Public Official Appointments

A Public Document

	ibile Official Appoint	illettes			A 1	ublic Document			
1.	Agency Name					California 806			
	CITY OF HAWAIIAN GARDENS					For Official Use Only			
	Division, Department, or Region (If Applicable)					For Official Ose Offiy			
	Designated Agency Contact (Name, Title)								
	ERNESTO MARQUEZ, CIT	Y MANAGER	∃R			Date Posted:			
	Area Code/Phone Number	E-mail		n 1 .s	2	06-08-2015			
	562-420-2641	emarquez@hgcity.org		Page 1 of		(Month, Day, Year)			
2.	Appointments								
	Agency Boards and Commissions	Name of Appointed Person		Appt Date and Length of Term	Per Me	eting/Annual Salary/Stipend			
	CALIFORNIA CITIES FOR SELF-RELIANCE JOINT POWERS AUTHORITY	Name FARAN, VICTOR (Lest, First) Alternate, if any BRUCE, BARRY (Last, First)		2 / 11 / 07 Appl Date ONE YEAR Length of Term	▶ Per Meeting: \$				
	GATEWAY CITIES COUNCIL OF GOVERNMENTS	Name RODRIGUEZ, REYNALDO (Lest, First) Alternate, if any GOMEZ, MICHAEL (Last, First)	<u>}_C</u>	01 / 12 / 10 Appt Dete ONE YEAR Length of Term	▶ Per Meeting: \$				
	SANITATION DISTRICT, LA COUNTY	▶Name BRUCE, BARRY (Last, First) Alternate, if any GOMEZ, MICHAEL (Last, First)	<u>} _ (</u>	01 / 27 / 15 Appt Date ONE YEAR Length of Term	▶ Per Meeting: \$				
	VECTOR CONTROL DISTRICT, GREATER LA COUNTY	Name BRUCE, BARRY (Last, First) Alternate, if any(Last, First)	_	OUR YEARS Length of Term	▶ Estima	ated Annual: 1,000 \$2,001-\$3,000 01-\$2,000 \$\infty\$ Cther			
3.	Verification I have read and understand FPPC Regulation 18705.5. I have verified that the appointment and information identified above is true to the best of my information and SUZANNE UNDERWOOD CITY CLERK 06-03-20								
	Signature of Agency Head or Designee Print Name			Tille	(Month, Day, Year)				
	•	appointments every January terms can be	exte		-	(Month, Day, Yea			

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						FORM For Official Use Only			
						Por Official Ose Office			
	Designated Agency Contact								
	ERNESTO MARQUEZ, CITY MANAGER								
	Area Code/Phone Number E-mail			1		Date Posted:			
	562-420-2641	emarquez@hgcity.org		Page 2 of		06-08-2015 (Month, Day, Year)			
<u> </u>	Appointments								
	Agency Boards and		1	Appt Date and	Dor Ma	eting/Annual Salary/Stipend			
	Commissions	Name of Appointed Person		Length of Term	er Me	eding/Annual Salary/Superio			
						150.00			
	•	Name BRUCE, BARRY		12 / 09 / 14	▶ Per Me	peting: \$			
		(Lest, First)	Appl Date	Appl Data	▶ Estima	ted Annual:			
		Alternate if any PER MONTH		ONE YEAR	\$0-\$1	\$,000 \$2,001-\$3,000			
		Alternate, if any(Lest, First)	- ' —	Length of Term	[] 81 00	01-\$2,000 🔲			
					22.31 W 170	Other			
		\	,	/ / Per Meeting:		eeting: \$			
		▶Name(Lest, First)	-	Appt Date	à Catima	nted Annual:			
		+			\$0-\$				
		Alternate, if any(Last, First)	-	Length of Term	l	_			
					\$1,00	01-\$2,000			
		Name(Last, First)	- • —	Appt Date	▶ Per Mi	eeting: \$			
		\			▶ Estima	ated Annual:			
		Alternate, if any(t.ast, First)	_ •			1,000 🔲 \$2,001-\$3,000			
		(Lasi, Filsi)		Length of Term		01-\$2,000 🔲			
						Other Other			
						0			
		Name	_ ,	<i>I</i>	▶ Per M	eeting: \$			
		(Lest, First)		Appt Date	▶ Estima	ated Annual:			
		Allowate if any	١,		□\$0-\$	<u></u>			
		Alternate, if any(Last, First)	- <i>^</i>	Length of Term	ŀ				
					\$1,0	01-\$2,000			
3.	Verification	gulation 18705.5. I have verified that the appointment and in	formetic	n identified above is to	ue to the ha	est of my information and belief			
	i nave read and understand PPPC Reg		เอเนเสยบ						
	Olimak	SUZANNE UNDERWOOD Print Name		CITY CLE	LVIV	06-03-2015 (Month, Day, Year)			
	Signature of Agency Head or Design	ice Fint Natile		ció de		tanatan mak, tuan			
	Comment: Mayor receives	\$150 extra per month during his/her term			· 				
	OUTHITCH.								