

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name CITY OF ARVIN		02-10-17 10:06 RCVD	California Form 806 For Official Use Only
Division, Department, or Region (If Applicable) CITY COUNCIL			Date Posted: 02/10/17 <small>(Month, Day, Year)</small>
Designated Agency Contact (Name, Title) CECILIA VELA, CITY CLERK			
Area Code/Phone Number 661-854-3134	E-mail CVELA@ARVIN.ORG	Page <u>1</u> of <u>1</u>	

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
KERN COUNCIL OF GOVERNMENTS	▶ Name <u>GURROLA, JOSE</u> <small>(Last, First)</small> Alternate, if any <u>ORTIZ, JESS</u> <small>(Last, First)</small>	▶ <u>02 / 07 / 17</u> <small>Appt Date</small> <u>4 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"/> <u> </u> Other
KERN COUNTY LOCAL AGENCY FORMATION COMMISSION	▶ Name <u>GURROLA, JOSE</u> <small>(Last, First)</small> Alternate, if any <u>MARTINEZ, GABRIELA</u> <small>(Last, First)</small>	▶ <u>02 / 07 / 17</u> <small>Appt Date</small> <u>4 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"/> <u> </u> Other
	▶ Name _____ <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u> / / </u> <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"/> <u> </u> Other
	▶ Name _____ <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u> / / </u> <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"/> <u> </u> 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.

	CECILIA VELA	CITY CLERK	02/10/17
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: Stipend is paid only when meetings are held. Alternate receives stipend only in absence of primary member.