

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name City of Arvin Division, Department, or Region (If Applicable) City Council Designated Agency Contact (Name, Title) Cecilia Vela, City Clerk Area Code/Phone Number E-mail 661-854-3134 cvela@arvin.org		California Form 806 For Official Use Only Date Posted: Feb. 12, 2019 <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
KERN COUNCIL OF GOVERNMENTS (Alternate appt. date was 01/22/19)	▶ Name <u>GURROLA, JOSE</u> <small>(Last, First)</small> Alternate, if any <u>TRUJILLO, OLIVIA</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 checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> 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>25.00</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
	▶ 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
	▶ 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

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.

 <small>Signature of Agency Head or Designee</small>	CECILIA VELA <small>Print Name</small>	CITY CLERK <small>Title</small>	Feb. 12, 2019 <small>(Month, Day, Year)</small>
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Comment: Stipend is paid only when meetings are held. Alternate receives stipend only in absence of primary member.