Agency Report of: Public Official Appointments

AP	ub	lic	Do	cu	men	ĺ
----	----	-----	----	----	-----	---

1.	Agency Name			DI	CE	California 806	
	City of El Centro			RECE Form 806			
	Division, Department, or Region (If Applicable)						
					FEB 12	2 2015	
	Designated Agency Contact (Name, Title)					
				OFF	ICE OF C	CITY CLERK	
	Area Code/Phone Number	E-mail				Feb. 12, 2015	
	760-337-4515	dcaldwell@cityofelcentro.org		Page1_ of		(Month, Day, Year)	
2.	2. Appointments						
	Agency Boards and Commissions	Name of Appointed Person	-	Appt Date and Length of Term	Per Meeti	ing/Annual Salary/Stipend	
	Southern California Association of Governments (SCAG)	Name Viegas-Walker, Cheryl (Last. First) Alternate, if any(Last. First))	4 / 25 / 13 Appt Date Length of Term	► Per Meeta ► Estimated \$0-\$1,0 \$1,001-	00	
		Name(Lost, First) Alternate, if any(Lost, First)	-	Appt Date Length of Term	➤ Per Meet ➤ Estimate □ \$0-\$1,0	\$2,001-\$3,000	
		Name	<u>}</u> _	Appl Date Length of Term	▶ Estimate		
		Name(Last. First) Alternate, if any(Last. First)	-	Appt Date Length of Term	➤ Per Mee ➤ Estimate □ \$0-\$1,001	000	
3.	Verification Thave read and understand FPPC Reg Signification Comment:	gulation 18705.5. I have verified that the appointment and info L. Diane Caldwell Print Name	ormatic	on identified above is tr City Cle Title		Feb. 12, 2015 (Month, Day, Year)	

Agency Report of: Public Official Appointments

_	_		-	_			- 12
Λ	о.	ıhl	in	п	20	III	ent
м	$-\iota$	IJ		ப	UL	иш	еш

1	Agency Name					California OOO	
٠.						California 806	
	City of El Centro Division, Department, or Reg				For Official Use Only		
	Division, Department, or Reg	он (п Арріісавіе)			RCU	D CITY CLERK'S	
	Designated Agency Contact	Name, Title)			JUN	03 2020 AM10:09	
	Area Code/Phone Number	E-mail	_	==		Date Posted:	
	760-337-4515	nwyles@cityofelcentro.org		Page1_ of		June 3, 2020	
_		The state of the s				(Month, Day, Year)	
۷.	Appointments			Appt Date and			
	Agency Boards and Commissions	Name of Appointed Person		Length of Term	Per Me	eting/Annual Salary/Stipend	
	El Centro Regional					0	
	Medical Center - Board of	Name Silva, Efrain	, 0	6 / 02 / 20	▶ Per Me	eting: \$	
	Trustees	(Last, First)		Appt Date	▶ Estima	ted Annual:	
		AV		3 Years			
		Alternate, if any(Last. First)	-	Length of Term			
					\$1,00	0ther	
			\vdash				
		Name	>	1 1	▶ Per Me	eeting: \$	
		▶Name(Løst, First)		Appt Date	▶ Fstima	ted Annual:	
					\$0-\$1		
		Alternate, if any(Last, First)	-	Length of Term		92-2	
					\$1,00	1-\$2,000	
			\vdash				
		Name	 		▶ Per Me	eting: \$	
		(Last, First)		Appt Date		0.1202	
		Alternate, if any			Official Control of the Control of t	ted Annual:	
		(Last. First)	_	Length of Term	\$0-\$1		
					\$1,00	1-\$2,000	
		Name		, ,	▶ Per Me	eeting: \$	
		(Last, First)	_	Appt Date	▶ Fetima	ted Annual:	
		Allegrada Warri	ļ.		□\$0-\$1		
		Alternate, if any(Last, First)	-	Length of Term	Alternative Co.		
					\$1,00	11-\$2,000	
3	Verification	***************************************					
υ.		ulation 18702.5. I have verified that the appointment and infor	mation	identified above is tru	e to the bes	st of my information and belief.	
	Mosma Wh	Norma Wyles		City Clerk		June 03, 2020	
	Signature of Agency Head or Designe			Title		(Month, Day, Year)	
	9						
	Comment:						