

**Agency Report of:
Public Official Appointments**

A Public Document

| | | | |
|---|--|---|---|
| 1. Agency Name City of El Centro Division, Department, or Region (If Applicable) | | <div style="font-size: 2em; color: red; font-weight: bold;">RECEIVED</div> <div style="font-size: 1.5em; color: red; font-weight: bold;">FEB 12 2015</div> <div style="font-size: 1.2em; color: red; font-weight: bold;">OFFICE OF CITY CLERK CITY OF EL CENTRO</div> | California Form 806 For Official Use Only |
| Designated Agency Contact (Name, Title) | | | Date Posted Feb. 12, 2015 <small>(Month, Day, Year)</small> |
| Area Code/Phone Number 760-337-4515 | E-mail dcaldwell@cityofelcentro.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 |
|---|--|--|--|
| Southern California Association of Governments (SCAG) | ▶ Name <u>Viegas-Walker, Cheryl</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small> | ▶ <u>4 / 25 / 13</u> <small>Appt Date</small> _____ <small>Length of Term</small> | ▶ Per Meeting: \$ _____ <u>120</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> |
| | ▶ 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"/> _____ <small>Other</small> |
| | ▶ 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"/> _____ <small>Other</small> |
| | ▶ 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"/> _____ <small>Other</small> |

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 belief.

Signature of Agency Head or Designee

L. Diane Caldwell

Print Name

City Clerk

Title

Feb. 12, 2015

(Month, Day, Year)

Comment: _____

**Agency Report of:
Public Official Appointments**

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| | | | |
|--|-------------------------------------|---|---|
| 1. Agency Name City of El Centro Division, Department, or Region <i>(If Applicable)</i> | | California Form 806 For Official Use Only RCVD CITY CLERK'S JUN 03 2020 AM 10:09 | Date Posted: June 3, 2020 <i>(Month, Day, Year)</i> |
| Designated Agency Contact <i>(Name, Title)</i> | | | Page <u>1</u> of <u>1</u> |
| Area Code/Phone Number 760-337-4515 | E-mail nwyles@cityofelcentro.org | | |

2. Appointments

| Agency Boards and Commissions | Name of Appointed Person | Appt Date and Length of Term | Per Meeting/Annual Salary/Stipend |
|---|--|--|--|
| El Centro Regional Medical Center - Board of Trustees | ▶ Name <u>Silva, Efrain</u> <small><i>(Last, First)</i></small> Alternate, if any _____ <small><i>(Last, First)</i></small> | ▶ <u>06 / 02 / 20</u> <small><i>Appt Date</i></small> ▶ <u>3 Years</u> <small><i>Length of Term</i></small> | ▶ Per Meeting: \$ _____ 0 ▶ 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 style="margin-left: 150px;"><i>Other</i></small> |
| | ▶ Name _____ <small><i>(Last, First)</i></small> Alternate, if any _____ <small><i>(Last, First)</i></small> | ▶ _____ / _____ / _____ <small><i>Appt Date</i></small> ▶ _____ <small><i>Length of Term</i></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"/> _____ <small style="margin-left: 150px;"><i>Other</i></small> |
| | ▶ Name _____ <small><i>(Last, First)</i></small> Alternate, if any _____ <small><i>(Last, First)</i></small> | ▶ _____ / _____ / _____ <small><i>Appt Date</i></small> ▶ _____ <small><i>Length of Term</i></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"/> _____ <small style="margin-left: 150px;"><i>Other</i></small> |
| | ▶ Name _____ <small><i>(Last, First)</i></small> Alternate, if any _____ <small><i>(Last, First)</i></small> | ▶ _____ / _____ / _____ <small><i>Appt Date</i></small> ▶ _____ <small><i>Length of Term</i></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"/> _____ <small style="margin-left: 150px;"><i>Other</i></small> |

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.

| | | | |
|--------------------------------------|---------------------------|---------------------|-------------------------------------|
| Signature of Agency Head or Designee | Norma Wyles Print Name | City Clerk Title | June 03, 2020 (Month, Day, Year) |
|--------------------------------------|---------------------------|---------------------|-------------------------------------|

Comment: _____