

**Agency Report of:  
Public Official Appointments**

**A Public Document**

<b>1. Agency Name</b> City of Fowler Division, Department, or Region (If Applicable)		<b>California Form 806</b> For Official Use Only	
Designated Agency Contact (Name, Title) David Elias, City Manager			
Area Code/Phone Number (559) 834-3113	E-mail		

**2. Appointments**

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Fresno COG/FCRTA (Fresno County Regional Transportation Mitigation Fee Agency)	▶ Name <u>Cardenas, David</u> <small>(Last, First)</small> Alternate, if any <u>Parra, Daniel</u> <small>(Last, First)</small>	▶ <u>2 / 1 / 11</u> <small>Appt Date</small> ▶ _____ <small>Length of Term</small>	▶ Per Meeting: \$ <u>100 / \$50</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>
S. K. F. Sanitation District	▶ Name <u>Cardenas, David</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>7 / 1 / 04</u> <small>Appt Date</small> ▶ _____ <small>Length of Term</small>	▶ Per Meeting: \$ <u>127</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>
Consolidated Mosquito Abatement District	▶ Name <u>Cardenas, David</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>11 / 16 / 10</u> <small>Appt Date</small> ▶ <u>4 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>75</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"/> _____ <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.*

 _____ <small>Signature of Agency Head or Designee</small>	David Elias _____ <small>Print Name</small>	City Manager _____ <small>Title</small>	<u>6/19/12</u> _____ <small>(Month, Day, Year)</small>
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Comment: \_\_\_\_\_