Agency Report of:
Public Official Appointments

A Public Document

California Form 806

For Official Use Only

1. Agency Name

City of Covina

Division, Department, or Region *(If Applicable)*

Designated Agency Contact *(Name, Title)*

Fabian Velez, Chief Deputy City Clerk

Area Code/Phone Number	E-mail
(626) 384-5430	Fvelez@covinaca.gov

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Date Posted: 07/14/2025 *(Month, Day, Year)*

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Foothill Transit Zone	Name: Allen, Walter (Last, First) Alternate, if any: Cortez, Patricia (Last, First)	Appt Date: 11 / 7 / 23 Length of Term: 1 year	Per Meeting: $ 150.00 Estimated Annual: ☐ $0-$1,000 ☐ $2,001-$3,000 ☒ $1,001-$2,000 ☐ Other
San Gabriel Valley Council of Governments	Name: Delgado, Hector (Last, First) Alternate, if any: Linares, Victor (Last, First)	Appt Date: 11 / 7 / 23 Length of Term: 1 year	Per Meeting: $ 75.00 Estimated Annual: ☒ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ Other
Sanitation Districts of Los Angeles County	Name: Linares, Victor (Last, First) Alternate, if any: Cortez, Patricia (Last, First)	Appt Date: 11 / 7 / 23 Length of Term: 1 year	Per Meeting: $ 125.00 Estimated Annual: ☐ $0-$1,000 ☐ $2,001-$3,000 ☒ $1,001-$2,000 ☐ Other
Southern California Association of Governments	Name: Delgado, Hector (Last, First) Alternate, if any: Cortez, Patricia (Last, First)	Appt Date: 11 / 7 / 23 Length of Term: 1 year	Per Meeting: $ 120.00 Estimated Annual: ☒ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ Other

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	Print Name	Title	(Month, Day, Year)
	Fabian Velez	Chief Deputy City Clerk	07/14/2025

Comment: