

STATEMENT OF FACT BY PUBLIC AGENCY

KERN COUNTY ELECTIONS
 BY N. Reed
 2019 JAN -3 AM 11:29
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JAN 14 2019

ROSTER OF PUBLIC AGENCIES
 (Government Code Sections 53050-53051)

If the name of the agency is being changed, or if two or more previously recorded agencies are consolidating into one, please indicate the full information at the bottom of this filing form, listing all agency names involved.

1. Full legal name of agency: Frazier Park Public Utility District
2. Official mailing address of governing body of agency: PO Box 1525, Frazier Park, CA 93225
 Phone No: 661-245-3734
 Email: fppud1@gmail.com Fax No: 661-245-3472
3. Name and address of each member of governing body of agency:

Name <u>Gerald Garcia-Member at Large (Seat 1)</u>	Name <u>Terry Kelling-President (Seat 5)</u>
Residence Address	Residence Address
Mailing Address <u>PO Box 1525</u>	Mailing Address <u>PO Box 1525</u>
City <u>Frazier Park</u> State <u>CA</u> Zip <u>93225</u>	City <u>Frazier Park</u> State <u>CA</u> Zip <u>93225</u>
Date Term Expires <u>12/02/2020</u>	Date Term Expires <u>12/03/2022</u>
Name <u>Rebecca Gipson-Vice President (Seat 2)</u>	Name
Residence Address	Residence Address
Mailing Address <u>PO Box 1525</u>	Mailing Address
City <u>Frazier Park</u> State <u>CA</u> Zip <u>93225</u>	City _____ State _____ Zip _____
Date Term Expires <u>12/03/2022</u>	Date Term Expires
Name <u>Brahms Neyman-Treasurer (Seat 3)</u>	Name
Residence Address	Residence Address
Mailing Address <u>PO Box 1525</u>	Mailing Address
City <u>Frazier Park</u> State <u>CA</u> Zip <u>93225</u>	City _____ State _____ Zip _____
Date Term Expires <u>12/02/2020</u>	Date Term Expires
Name <u>Lisa Schoenberg-Sec./JPIA Rep (Seat 4)</u>	Name
Residence Address	Residence Address
Mailing Address <u>PO Box 1525</u>	Mailing Address
City <u>Frazier Park</u> State <u>CA</u> Zip <u>93225</u>	City _____ State _____ Zip _____
Date Term Expires <u>12/03/2022</u>	Date Term Expires

4. Name of chairman, president or other presiding officer of governing body:
 Name of Officer: Terry Kelling Title of this officer: President
 Address (if not listed above): _____
 Res/Mailing Address City State Zip

5. Name of clerk of governing body: Tiffany Matte / Box 1525, Fraz Prk, CA 93225
 Name (if no Clerk, insert word "None") Res/Mailing Address (if not listed above)

6. Name of Secretary of governing body: Lisa Schoenberg / _____
 Name (if no Secretary, insert word "None") Res/Mailing Address (if not listed above)

Statement dated this 26th day of December, 2018.

Statement prepared by: Tiffany Matte Clerk of the Board
 Printed Name Title
 Preparer's Signature: [Signature] Contact Number: 661-245-3734

Please note the following changes or consolidations: _____