

**Agency Report of:
Public Official Appointments**

A Public Document

| | | | |
|---|----------------------------------|--|---|
| 1. Agency Name City of San Bernardino | | California Form 806 <small>For Official Use Only</small> | |
| Division, Department, or Region <i>(If Applicable)</i> City Clerk's Office | | | |
| Designated Agency Contact <i>(Name, Title)</i> Genoveva Rocha, City Clerk | | | |
| Area Code/Phone Number (909) 384-5002 | E-mail sbcityclerk@sbcity.org | Page 1 of 2 | Date Posted: 02/08/2024 <small>(Month, Day, Year)</small> |

2. Appointments

| Agency Boards and Commissions | Name of Appointed Person | Appt Date and Length of Term | Per Meeting/Annual Salary/Stipend |
|--|---|---|--|
| Inland Valley Development Agency | ▶ Name <u>Tran, Helen; Figueroa, Juan; Ibarra, Sandra</u> <small>(Last, First)</small> Alternate, if any <u>Shorett, Fred</u> <small>(Last, First)</small> | ▶ <u>1/18/2023</u> <small>Appt Date</small> ▶ Indefinite <small>Length of Term</small> | ▶ Per Meeting: \$ <u>150</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"/> Other |
| San Bernardino International Airport Authority (SBIAA) | ▶ Name <u>Tran, Helen; Sanchez, Theodore</u> <small>(Last, First)</small> Alternate, if any <u>Shorett, Fred</u> <small>(Last, First)</small> | ▶ <u>1/18/2023</u> <small>Appt Date</small> ▶ Indefinite <small>Length of Term</small> | ▶ Per Meeting: \$ <u>150</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"/> Other |
| San Bernardino County Transportation Authority (SBCTA) | ▶ Name <u>Tran, Helen</u> <small>(Last, First)</small> Alternate, if any <u>Alexander, Damon</u> <small>(Last, First)</small> | ▶ <u>1/18/2023</u> <small>Appt Date</small> ▶ Indefinite <small>Length of Term</small> | ▶ Per Meeting: \$ <u>100</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"/> Other |
| OmniTrans | ▶ Name <u>Tran, Helen</u> <small>(Last, First)</small> Alternate, if any <u>Calvin, Kimberly</u> <small>(Last, First)</small> | ▶ <u>1/18/2023</u> <small>Appt Date</small> ▶ Indefinite <small>Length of Term</small> | ▶ Per Meeting: \$ <u>100</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"/> Other |

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.

| | | | |
|---|-------------------|--------------|---------------------------|
| | Genoveva Rocha | City Clerk | 02/08/2024 |
| <i>Signature of Agency Head or Designee</i> | <i>Print Name</i> | <i>Title</i> | <i>(Month, Day, Year)</i> |

Comment: _____

Print
Clear

**Agency Report of:
Public Official Appointments
Continuation Sheet**

| | |
|---|--|
| 1. Agency Name City of San Bernardino | Date Posted: <u>02/07/2023</u> <small>(Month, Day, Year)</small> |
|---|--|

2. Appointments

| Agency Boards and Commissions | Name of Appointed Person | Appt Date and Length of Term | Per Meeting/Annual Salary/Stipend |
|---|--|---|--|
| Interagency Council on Homelessness (ICH) | ▶ Name <u>Ibarra, Sandra</u> <small>(Last, First)</small> Alternate, if any <u>Searcy, Cassandra</u> <small>(Last, First)</small> | ▶ <u>1/18/2023</u> <small>Appt Date</small> ▶ Indefinite <small>Length of Term</small> | ▶ Per Meeting: \$ <u>0</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"/> <u> </u> <small>Other</small> |
| Southern California Association of Governments (SCAG) | ▶ Name <u>Tran, Helen</u> <small>(Last, First)</small> Alternate, if any <u>Reynoso, Ben; Alexander, Damon</u> <small>(Last, First)</small> | ▶ <u>1/18/2023</u> <small>Appt Date</small> ▶ Indefinite <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"/> <u> </u> <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> |
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