

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name CITY OF LONG BEACH			California Form 806 For Official Use Only
Division, Department, or Region (If Applicable) OFFICE OF THE CITY CLERK			
Designated Agency Contact (Name, Title) MONIQUE DE LA GARZA			
Area Code/Phone Number 562-570-6101	E-mail CITYCLERK@LONGBEACH.GOV	Page <u>1</u> of <u>4</u>	Date Posted: 12/23/2019 <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
ALAMEDA CORRIDOR TRANSPORTATION AUTHORITY	▶ Name <u>PRICE, SUZIE (Not compensated/reimbursed)</u> <small>(Last, First)</small> Alternate, if any <u>ZENDEJAS, MARY</u> <small>(Last, First)</small>	▶ <u>12 / 17 / 19</u> <small>Appt Date</small> ▶ <u>2 YEARS</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100</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"/> Other
HOUSING AUTHORITY OF THE CITY OF LONG BEACH, CALIFORNIA	▶ Name <u>ZENDEJAS, MARY</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 17 / 19</u> <small>Appt Date</small> ▶ <u>2 YEARS</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>50</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"/> Other
HOUSING AUTHORITY OF THE CITY OF LONG BEACH, CALIFORNIA	▶ Name <u>PEARCE, JEANNINE (Vice Chair)</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 17 / 19</u> <small>Appt Date</small> ▶ <u>2 YEARS</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>50</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"/> Other
HOUSING AUTHORITY OF THE CITY OF LONG BEACH, CALIFORNIA	▶ Name <u>PRICE, SUZIE</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 17 / 19</u> <small>Appt Date</small> ▶ <u>2 YEARS</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>50</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"/> 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.

 <small>Signature of Agency Head or Designee</small>	<u>MONIQUE DE LA GARZA</u> <small>Print Name</small>	<u>CITY CLERK</u> <small>Title</small>	<u>12/20/2019</u> <small>(Month, Day, Year)</small>
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Comment: _____

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

1. Agency Name CITY OF LONG BEACH	Date Posted: <u>12/23/2019</u> <small>(Month, Day, Year)</small>
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2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
HOUSING AUTHORITY OF THE CITY OF LONG BEACH, CALIFORNIA	▶ Name <u>SUPERNAW, DARYL</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 17 / 19</u> <small>Appt Date</small> ▶ <u>2 YEARS</u> <small>Length of Term</small>	▶ Per Meeting: \$ _____ <u>50</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>
HOUSING AUTHORITY OF THE CITY OF LONG BEACH, CALIFORNIA	▶ Name <u>MUNGO, STACY</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 17 / 19</u> <small>Appt Date</small> ▶ <u>2 YEARS</u> <small>Length of Term</small>	▶ Per Meeting: \$ _____ <u>50</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>
HOUSING AUTHORITY OF THE CITY OF LONG BEACH, CALIFORNIA	▶ Name <u>ANDREWS, DEE</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 17 / 19</u> <small>Appt Date</small> ▶ <u>2 YEARS</u> <small>Length of Term</small>	▶ Per Meeting: \$ _____ <u>50</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>
HOUSING AUTHORITY OF THE CITY OF LONG BEACH, CALIFORNIA	▶ Name <u>URANGA, ROBERTO</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 17 / 19</u> <small>Appt Date</small> ▶ <u>2 YEARS</u> <small>Length of Term</small>	▶ Per Meeting: \$ _____ <u>50</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>
HOUSING AUTHORITY OF THE CITY OF LONG BEACH, CALIFORNIA	▶ Name <u>AUSTIN, AL</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 17 / 19</u> <small>Appt Date</small> ▶ <u>2 YEARS</u> <small>Length of Term</small>	▶ Per Meeting: \$ _____ <u>50</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>
HOUSING AUTHORITY OF THE CITY OF LONG BEACH, CALIFORNIA	▶ Name <u>RICHARDSON, REX (Chair)</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 17 / 19</u> <small>Appt Date</small> ▶ <u>2 YEARS</u> <small>Length of Term</small>	▶ Per Meeting: \$ _____ <u>50</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>

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Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
LOS ANGELES COUNTY SANITATION BOARD	▶ Name <u>GARCIA, ROBERT</u> <small>(Last, First)</small> Alternate, if any <u>ANDREWS, DEE</u> <small>(Last, First)</small>	▶ <u>12 / 17 / 19</u> <small>Appt Date</small> ▶ <u>2 YEARS</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>125</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> Other
I-710 EIR/EIS PROJECT COMMITTEE	▶ Name <u>GARCIA, ROBERT</u> <small>(Last, First)</small> Alternate, if any <u>AUSTIN, AL</u> <small>(Last, First)</small>	▶ <u>12 / 17 / 19</u> <small>Appt Date</small> ▶ <u>2 YEARS</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100</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> Other
GATEWAY CITIES COUNCIL OF GOVERNMENTS	▶ Name <u>GARCIA, ROBERT</u> <small>(Last, First)</small> Alternate, if any <u>RICHARDSON, REX</u> <small>(Last, First)</small>	▶ <u>12 / 17 / 19</u> <small>Appt Date</small> ▶ <u>2 YEARS</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>125</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> Other
GATEWAY CITIES COUNCIL OF GOVERNMENTS	▶ Name <u>URANGA, ROBERTO</u> <small>(Last, First)</small> Alternate, if any <u> </u> <small>(Last, First)</small>	▶ <u>12 / 17 / 19</u> <small>Appt Date</small> ▶ <u>2 YEARS</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>125</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> Other
METROPOLITAN WATER DISTRICT OF SOUTHERN CALIFORNIA	▶ Name <u>CORDERO, GLORIA</u> <small>(Last, First)</small> Alternate, if any <u> </u> <small>(Last, First)</small>	▶ <u>12 / 17 / 19</u> <small>Appt Date</small> ▶ <u>2 YEARS</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input checked="" type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u> </u> Other
SAN GABRIEL & LOWER LOS ANGELES RIVERS & MOUNTAIN CONSERVANCY	▶ Name <u>URANGA, ROBERTO</u> <small>(Last, First)</small> Alternate, if any <u> </u> <small>(Last, First)</small>	▶ <u>12 / 17 / 19</u> <small>Appt Date</small> ▶ <u>2 YEARS</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"/> <u> </u> Other

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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) (REGION 29)	▶ Name <u>RICHARDSON, REX</u> <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ <u>04 / 22 / 19</u> <i>Appt Date</i> <u>2 YEARS</u> <i>Length of Term</i>	▶ 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"/> _____ <i>Other</i>
SOUTHERN CALIFORNIA ASSOCIATION OF GOVERNMENTS (SCAG) (REGION 30)	▶ Name <u>PEARCE, JEANNINE</u> <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ <u>05 / 03 / 19</u> <i>Appt Date</i> <u>2 YEARS</u> <i>Length of Term</i>	▶ 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"/> _____ <i>Other</i>
METROPOLITAN TRANSPORTATION AUTHORITY (MTA) BOARD	▶ Name <u>GARCIA, ROBERT</u> <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ <u>01 / 05 / 17</u> <i>Appt Date</i> <u>4 YEARS</u> <i>Length of Term</i>	▶ Per Meeting: \$ <u>150-\$600 max</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input checked="" type="checkbox"/> <u>\$7,200</u> <i>Other</i>
91/605/405 CORRIDOR CITIES COMMITTEE	▶ Name <u>MUNGO, STACY</u> <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ <u>12 / 17 / 19</u> <i>Appt Date</i> <u>2 YEARS</u> <i>Length of Term</i>	▶ 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"/> _____ <i>Other</i>
	▶ Name _____ <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ _____ / _____ / _____ <i>Appt Date</i> _____ <i>Length of Term</i>	▶ 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"/> _____ <i>Other</i>
	▶ Name _____ <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ _____ / _____ / _____ <i>Appt Date</i> _____ <i>Length of Term</i>	▶ 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"/> _____ <i>Other</i>