Agency Report of:
Public Official Appointments

A Public Document

1. Agency Name

CITY OF LONG BEACH

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

OFFICE OF THE CITY CLERK

Designated Agency Contact *(Name, Title)*

MONIQUE DE LA GARZA

Area Code/Phone Number	E-mail
562-570-6489	monique.delagarza@longbeach.gov

California Form 806

For Official Use Only

Date Posted: 8/29/2018 *(Month, Day, Year)*

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: PRICE, SUZIE *(Last, First)* Alternate, if any: PEARCE, JEANNINE *(Last, First)*	8 / 21 / 18 *Appt Date* 2 YEARS *Length of Term*	*Per Meeting:* $ 100.00 *Estimated Annual:* ☒ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ _____ *Other*
HOUSING AUTHORITY OF THE CITY OF LONG BEACH, CALIFORNIA	Name: GONZALEZ, LENA *(Last, First)* Alternate, if any: _____ *(Last, First)*	8 / 21 / 18 *Appt Date* 2 YEARS *Length of Term*	*Per Meeting:* $ 50.00 *Estimated Annual:* ☒ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ _____ *Other*
HOUSING AUTHORITY OF THE CITY OF LONG BEACH, CALIFORNIA	Name: PEARCE, JEANNINE *(Last, First)* Alternate, if any: _____ *(Last, First)*	8 / 21 / 18 *Appt Date* 2 YEARS *Length of Term*	*Per Meeting:* $ 50.00 *Estimated Annual:* ☒ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ _____ *Other*
HOUSING AUTHORITY OF THE CITY OF LONG BEACH, CALIFORNIA	Name: PRICE, SUZIE *(Last, First)* Alternate, if any: _____ *(Last, First)*	8 / 21 / 18 *Appt Date* 2 YEARS *Length of Term*	*Per Meeting:* $ 50.00 *Estimated Annual:* ☒ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ _____ *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.

Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
M. De La Garza	MONIQUE DE LA GARZA	CITY CLERK	8/29/2018

Comment: _____

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Continuation Sheet

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HOUSING AUTHORITY OF THE CITY OF LONG BEACH, CALIFORNIA	Name SUPERNAW, DARYL *(Last, First)* Alternate, if any _____ *(Last, First)*	8 / 21 / 18 *Appt Date* 2 YEARS *Length of Term*	*Per Meeting:* $ 50.00 *Estimated Annual:* ☒ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ _____ *Other*
HOUSING AUTHORITY OF THE CITY OF LONG BEACH, CALIFORNIA	Name MUNGO, STACY *(Last, First)* Alternate, if any _____ *(Last, First)*	8 / 21 / 18 *Appt Date* 2 YEARS *Length of Term*	*Per Meeting:* $ 50.00 *Estimated Annual:* ☒ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ _____ *Other*
HOUSING AUTHORITY OF THE CITY OF LONG BEACH, CALIFORNIA	Name ANDREWS, DEE *(Last, First)* Alternate, if any _____ *(Last, First)*	8 / 21 / 18 *Appt Date* 2 YEARS *Length of Term*	*Per Meeting:* $ 50.00 *Estimated Annual:* ☐ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ _____ *Other*
HOUSING AUTHORITY OF THE CITY OF LONG BEACH, CALIFORNIA	Name URANGA, ROBERTO *(Last, First)* Alternate, if any _____ *(Last, First)*	8 / 21 / 18 *Appt Date* 2 YEARS *Length of Term*	*Per Meeting:* $ 50.00 *Estimated Annual:* ☒ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ _____ *Other*
HOUSING AUTHORITY OF THE CITY OF LONG BEACH, CALIFORNIA	Name AUSTIN, AL *(Last, First)* Alternate, if any _____ *(Last, First)*	8 / 21 / 18 *Appt Date* 2 YEARS *Length of Term*	*Per Meeting:* $ 50.00 *Estimated Annual:* ☒ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ _____ *Other*
HOUSING AUTHORITY OF THE CITY OF LONG BEACH, CALIFORNIA	Name RICHARDSON, REX *(Last, First)* Alternate, if any _____ *(Last, First)*	8 / 21 / 18 *Appt Date* 2 YEARS *Length of Term*	*Per Meeting:* $ 50.00 *Estimated Annual:* ☒ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ _____ *Other*

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LOS ANGELES COUNTY SANITATION BOARD	Name: GARCIA, ROBERT *(Last, First)* Alternate, if any: ANDREWS, DEE *(Last, First)*	Appt Date: 8 / 21 / 18 Length of Term: 2 YEARS	Per Meeting: $ 125.00 Estimated Annual: ☒ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ Other
I-710 EIR/EIS PROJECT COMMITTEE	Name: GARCIA, ROBERT *(Last, First)* Alternate, if any: GONZALEZ, LENA *(Last, First)*	Appt Date: 8 / 21 / 18 Length of Term: 2 YEARS	Per Meeting: $ 100.00 Estimated Annual: ☒ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ Other
GATEWAY CITIES COUNCIL OF GOVERNMENTS	Name: GARCIA, ROBERT *(Last, First)* Alternate, if any: RICHARDSON, REX *(Last, First)*	Appt Date: 8 / 21 / 18 Length of Term: 2 YEARS	Per Meeting: $ 125.00 Estimated Annual: ☐ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ Other
GATEWAY CITIES COUNCIL OF GOVERNMENTS	Name: URANGA, ROBERTO *(Last, First)* Alternate, if any: *(Last, First)*	Appt Date: 8 / 21 / 18 Length of Term: 2 YEARS	Per Meeting: $ 125.00 Estimated Annual: ☒ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ Other
METROPOLITAN WATER DISTRICT OF SOUTHERN CALIFORNIA	Name: CORDERO, GLORIA *(Last, First)* Alternate, if any: *(Last, First)*	Appt Date: 8 / 21 / 18 Length of Term: 2 YEARS	Per Meeting: $ 100.00 Estimated Annual: ☒ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ Other
SAN GABRIEL & LOWER LOS ANGELES RIVERS & MOUNTAINS CONSERVANCY	Name: URANGA, ROBERTO *(Last, First)* Alternate, if any: *(Last, First)*	Appt Date: 8 / 21 / 18 Length of Term: 2 YEARS	Per Meeting: $ 75.00 Estimated Annual: ☒ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ 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 RICHARDSON, REX *(Last, First)* Alternate, if any _____ *(Last, First)*	03 / 01 / 17 *Appt Date* 2 YEARS *Length of Term*	*Per Meeting:* $ 120.00 *Estimated Annual:* ☒ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ _____ *Other*
SOUTHERN CALIFORNIA ASSOCIATION OF GOVERNMENTS (SCAG) (REGION 30)	Name GONALEZ, LENA *(Last, First)* Alternate, if any _____ *(Last, First)*	10 / 14 / 14 *Appt Date* 2 YEARS *Length of Term*	*Per Meeting:* $ 120.00 *Estimated Annual:* ☒ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ _____ *Other*
METROPOLITAN TRANSPORTATION AUTHORITY (MTA) BOARD	Name GARCIA, ROBERT *(Last, First)* (Not compensated or reimbursed) Alternate, if any _____ *(Last, First)*	01 / 05 / 17 *Appt Date* 4 YEARS *Length of Term*	*Per Meeting:* $ 150-$600 max *Estimated Annual:* ☐ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☒ $7,200 *Other*
	Name _____ *(Last, First)* Alternate, if any _____ *(Last, First)*	__ / __ / __ *Appt Date* _____ *Length of Term*	*Per Meeting:* $ _____ *Estimated Annual:* ☐ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ _____ *Other*
	Name _____ *(Last, First)* Alternate, if any _____ *(Last, First)*	____ / ____ / ____ *Appt Date* _____ *Length of Term*	*Per Meeting:* $ _____ *Estimated Annual:* ☐ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ _____ *Other*
	Name _____ *(Last, First)* Alternate, if any _____ *(Last, First)*	____ / ____ / ____ *Appt Date* _____ *Length of Term*	*Per Meeting:* $ _____ *Estimated Annual:* ☐ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ _____ *Other*