

**Agency Report of:  
Public Official Appointments**

**A Public Document**

<b>1. Agency Name</b> City of Redlands			<b>California Form 806</b> For Official Use Only
Division, Department, or Region (If Applicable)  City Council			
Designated Agency Contact (Name, Title)  Janice McConnell, Assistant City Manager			
Area Code/Phone Number (909) 798-7511	E-mail jmcconnell@cityofredlands.org	Page <u>1</u> of <u>1</u>	Date Posted: <u>05/22/2019</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
Omnitrans	▶ Name <u>Foster, Paul</u> <small>(Last, First)</small>  Alternate, if any <u>Davis, Denise</u> <small>(Last, First)</small>	▶ <u>12 / 21 / 10</u> <small>Appt Date</small>  ▶ <u>Indefinite</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>125.00</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
San Bernardino County Transportation Authority (SBCTA)	▶ Name <u>Momberger, Toni</u> <small>(Last, First)</small>  Alternate, if any <u>Davis, Denise</u> <small>(Last, First)</small>	▶ <u>01 / 15 / 19</u> <small>Appt Date</small>  ▶ <u>Indefinite</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100.00</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
	▶ Name _____ <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>  /  /  </u> <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"/> <u>          </u> Other
	▶ Name _____ <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>  /  /  </u> <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"/> <u>          </u> 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.*

	Jeanne Donaldson	City Clerk	05/22/2019
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: \_\_\_\_\_