

Agency Report of: Public Official Appointments

A Public Document

1. Agency Name City of Redlands		California Form 806 For Official Use Only	
Division, Department, or Region (If Applicable) City Council			
Designated Agency Contact (Name, Title) Charles M. Duggan, Jr. City Manager			
Area Code/Phone Number (909) 798-7510	E-mail cduggan@cityofredlands.org	Page <u>1</u> of <u>1</u>	Date Posted: 06/01/2021 <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>Barich, Paul</u> <small>(Last, First)</small> Alternate, if any <u>Davis, Denise</u> <small>(Last, First)</small>	▶ <u>02 / 16 / 21</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.

Signature of Agency Head or Designee	Jeanne Donaldson Print Name	City Clerk Title	06/01/2021 (Month, Day, Year)
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Comment: _____

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Clear