

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name

City of Fontana

Division, Department, or Region (If Applicable)

Mayor and City Council

Designated Agency Contact (Name, Title)

Karen Porlas, Deputy City Clerk

Area Code/Phone Number

909-350-7602

E-mail

kporlas@fontana.org

California
Form

806

For Official Use Only

Date Posted:

02/24/2021

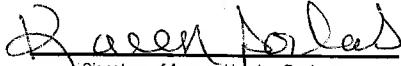
(Month, Day, Year)

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
San Bernardino County Transportation Authority (SBCTA) & San Bernardino Council of Governments (SBCOG) Board of Directors	<p>► Name <u>Warren, Acquanetta</u> (Last, First)</p> <p>Alternate, if any <u>Garcia, Peter</u> (Last, First)</p>	<p>► 01 / 26 / 21 Appt Date</p> <p>Length of Term</p>	<p>► Per Meeting: \$ <u>200.00</u></p> <p>► Estimated Annual:</p> <p><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000</p> <p><input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____ Other</p>
Inland Empire Utility Agency (IEUA) Board of Directors	<p>► Name <u>Sandoval, Jesse</u> (Last, First)</p> <p>Alternate, if any <u>Garcia, Peter</u> (Last, First)</p>	<p>► 01 / 26 / 21 Appt Date</p> <p>Length of Term</p>	<p>► Per Meeting: \$ <u>225.00</u></p> <p>► Estimated Annual:</p> <p><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000</p> <p><input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____ Other</p>
Omnitrans Board of Directors	<p>► Name <u>Roberts, John</u> (Last, First)</p> <p>Alternate, if any <u>Sandoval, Jesse</u> (Last, First)</p>	<p>► 01 / 26 / 21 Appt Date</p> <p>Length of Term</p>	<p>► Per Meeting: \$ <u>125.00</u></p> <p>► Estimated Annual:</p> <p><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000</p> <p><input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____ Other</p>
Southern California Association of Governments (SCAG)	<p>► Name <u>Roberts, John</u> (Last, First)</p> <p>Alternate, if any <u>Cothran, Phillip</u> (Last, First)</p>	<p>► 01 / 26 / 21 Appt Date</p> <p>Length of Term</p>	<p>► Per Meeting: \$ <u>120.00</u></p> <p>► Estimated Annual:</p> <p><input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000</p> <p><input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____ Other</p>

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

Karen Porlas

Print Name

Deputy City Clerk

02/24/2021

(Month, Day, Year)

Comment: _____