

Agency Report of: Public Official Appointments

A Public Document

1. Agency Name City of Fontana		California Form 806 For Official Use Only
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	Date Posted: 02/24/2021 (Month, Day, Year)
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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
San Bernardino County Transportation Authority (SBCTA) & San Bernardino Council of Governments (SBCOG) Board of Directors	Name <u>Warren, Acquanetta</u> (Last, First) Alternate, if any <u>Garcia, Peter</u> (Last, First)	Appt Date <u>01 / 26 / 21</u> Length of Term _____	Per Meeting: \$ <u>200.00</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"/> Other _____
Inland Empire Utility Agency (IEUA) Board of Directors	Name <u>Sandoval, Jesse</u> (Last, First) Alternate, if any <u>Garcia, Peter</u> (Last, First)	Appt Date <u>01 / 26 / 21</u> Length of Term _____	Per Meeting: \$ <u>225.00</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"/> Other _____
Omnitrans Board of Directors	Name <u>Roberts, John</u> (Last, First) Alternate, if any <u>Sandoval, Jesse</u> (Last, First)	Appt Date <u>01 / 26 / 21</u> Length of Term _____	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"/> Other _____
Southern California Association of Governments (SCAG)	Name <u>Roberts, John</u> (Last, First) Alternate, if any <u>Cothran, Phillip</u> (Last, First)	Appt Date <u>01 / 26 / 21</u> Length of Term _____	Per Meeting: \$ <u>120.00</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.

Karen Porlas
Signature of Agency Head or Designee

Karen Porlas

Print Name

Deputy City Clerk

Title

02/24/2021

(Month, Day, Year)

Comment: _____