

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name CITY OF LONG BEACH			California Form 806 For Official Use Only
Division, Department, or Region (If Applicable) OFFICE OF THE CITY CLERK			
Designated Agency Contact (Name, Title) MONIQUE DE LA GARZA			
Area Code/Phone Number 562-570-6489	E-mail monique.delagarza@longbeach.gov	Page <u>1</u> of <u>4</u>	Date Posted: 8/29/2018 <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
ALAMEDA CORRIDOR TRANSPORTATION AUTHORITY	▶ Name <u>PRICE, SUZIE</u> <small>(Last, First)</small> Alternate, if any <u>PEARCE, JEANNINE</u> <small>(Last, First)</small>	▶ <u>8 / 21 / 18</u> <small>Appt Date</small> ▶ <u>2 YEARS</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100.00</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
HOUSING AUTHORITY OF THE CITY OF LONG BEACH, CALIFORNIA	▶ Name <u>GONZALEZ, LENA</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>8 / 21 / 18</u> <small>Appt Date</small> ▶ <u>2 YEARS</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>50.00</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
HOUSING AUTHORITY OF THE CITY OF LONG BEACH, CALIFORNIA	▶ Name <u>PEARCE, JEANNINE</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>8 / 21 / 18</u> <small>Appt Date</small> ▶ <u>2 YEARS</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>50.00</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
HOUSING AUTHORITY OF THE CITY OF LONG BEACH, CALIFORNIA	▶ Name <u>PRICE, SUZIE</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>8 / 21 / 18</u> <small>Appt Date</small> ▶ <u>2 YEARS</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>50.00</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.

	MONIQUE DE LA GARZA	CITY CLERK	8/29/2018
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: _____

**Agency Report of:
Public Official Appointments
Continuation Sheet**

1. Agency Name CITY OF LONG BEACH	Date Posted: <u>8/29/2018</u> <small>(Month, Day, Year)</small>
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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
HOUSING AUTHORITY OF THE CITY OF LONG BEACH, CALIFORNIA	▶ Name <u>SUPERNAW, DARYL</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>8 / 21 / 18</u> <small>Appt Date</small> <u>2 YEARS</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>50.00</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"/> _____ <small>Other</small>
HOUSING AUTHORITY OF THE CITY OF LONG BEACH, CALIFORNIA	▶ Name <u>MUNGO, STACY</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>8 / 21 / 18</u> <small>Appt Date</small> <u>2 YEARS</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>50.00</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"/> _____ <small>Other</small>
HOUSING AUTHORITY OF THE CITY OF LONG BEACH, CALIFORNIA	▶ Name <u>ANDREWS, DEE</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>8 / 21 / 18</u> <small>Appt Date</small> <u>2 YEARS</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>50.00</u> ▶ 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"/> _____ <small>Other</small>
HOUSING AUTHORITY OF THE CITY OF LONG BEACH, CALIFORNIA	▶ Name <u>URANGA, ROBERTO</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>8 / 21 / 18</u> <small>Appt Date</small> <u>2 YEARS</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>50.00</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"/> _____ <small>Other</small>
HOUSING AUTHORITY OF THE CITY OF LONG BEACH, CALIFORNIA	▶ Name <u>AUSTIN, AL</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>8 / 21 / 18</u> <small>Appt Date</small> <u>2 YEARS</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>50.00</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"/> _____ <small>Other</small>
HOUSING AUTHORITY OF THE CITY OF LONG BEACH, CALIFORNIA	▶ Name <u>RICHARDSON, REX</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>8 / 21 / 18</u> <small>Appt Date</small> <u>2 YEARS</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>50.00</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"/> _____ <small>Other</small>

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Continuation Sheet**

1. Agency Name CITY OF LONG BEACH	Date Posted: <u>8/29/2018</u> <small>(Month, Day, Year)</small>
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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
SOUTHERN CALIFORNIA ASSOCIATION OF GOVERNMENTS (SCAG) (REGION 29)	▶ Name <u>RICHARDSON, REX</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u> / / </u> <small>Appt Date</small> <u>2 YEARS</u> <small>Length of Term</small>	▶ 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"/> _____ <small>Other</small>
SOUTHERN CALIFORNIA ASSOCIATION OF GOVERNMENTS (SCAG) (REGION 30)	▶ Name <u>GONALEZ, LENA</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u> / / </u> <small>Appt Date</small> <u>2 YEARS</u> <small>Length of Term</small>	▶ 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"/> _____ <small>Other</small>
METROPOLITAN TRANSPORTATION AUTHORITY (MTA) BOARD	▶ Name <u>GARCIA, ROBERT</u> <small>(Last, First)</small> <u>(Not compensated or reimbursed)</u> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 05 / 16</u> <small>Appt Date</small> <u>4 YEARS</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>150-\$600 max</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input checked="" type="checkbox"/> <u>\$7,200</u> <small>Other</small>
	▶ 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"/> _____ <small>Other</small>
	▶ 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"/> _____ <small>Other</small>
	▶ 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"/> _____ <small>Other</small>