

**Agency Report of:  
Public Official Appointments**

**A Public Document**

<b>1. Agency Name</b> CITY OF LONG BEACH			<b>California Form 806</b> 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 562-570-6101	E-mail CITYCLERK@LONGBEACH.GOV	Page <u>1</u> of <u>4</u>	Date Posted: 05/15/2019 <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</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</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</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</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.*

 <small>Signature of Agency Head or Designee</small>	<u>MONIQUE DE LA GARZA</u> <small>Print Name</small>	<u>CITY CLERK</u> <small>Title</small>	<u>05/08/2019</u> <small>(Month, Day, Year)</small>
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Comment: \_\_\_\_\_

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

<b>1. Agency Name</b> CITY OF LONG BEACH	<b>Date Posted:</b> <u>05/15/2019</u> <i>(Month, Day, Year)</i>
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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> <i>(Last, First)</i>  Alternate, if any _____ <i>(Last, First)</i>	▶ <u>8 / 21 / 18</u> <i>Appt Date</i>  ▶ <u>2 YEARS</u> <i>Length of Term</i>	▶ Per Meeting: \$ _____ <u>50</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"/> _____ <i>Other</i>
HOUSING AUTHORITY OF THE CITY OF LONG BEACH, CALIFORNIA	▶ Name <u>MUNGO, STACY</u> <i>(Last, First)</i>  Alternate, if any _____ <i>(Last, First)</i>	▶ <u>8 / 21 / 18</u> <i>Appt Date</i>  ▶ <u>2 YEARS</u> <i>Length of Term</i>	▶ Per Meeting: \$ _____ <u>50</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"/> _____ <i>Other</i>
HOUSING AUTHORITY OF THE CITY OF LONG BEACH, CALIFORNIA	▶ Name <u>ANDREWS, DEE</u> <i>(Last, First)</i>  Alternate, if any _____ <i>(Last, First)</i>	▶ <u>8 / 21 / 18</u> <i>Appt Date</i>  ▶ <u>2 YEARS</u> <i>Length of Term</i>	▶ Per Meeting: \$ _____ <u>50</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"/> _____ <i>Other</i>
HOUSING AUTHORITY OF THE CITY OF LONG BEACH, CALIFORNIA	▶ Name <u>URANGA, ROBERTO</u> <i>(Last, First)</i>  Alternate, if any _____ <i>(Last, First)</i>	▶ <u>8 / 21 / 18</u> <i>Appt Date</i>  ▶ <u>2 YEARS</u> <i>Length of Term</i>	▶ Per Meeting: \$ _____ <u>50</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"/> _____ <i>Other</i>
HOUSING AUTHORITY OF THE CITY OF LONG BEACH, CALIFORNIA	▶ Name <u>AUSTIN, AL</u> <i>(Last, First)</i>  Alternate, if any _____ <i>(Last, First)</i>	▶ <u>8 / 21 / 18</u> <i>Appt Date</i>  ▶ <u>2 YEARS</u> <i>Length of Term</i>	▶ Per Meeting: \$ _____ <u>50</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"/> _____ <i>Other</i>
HOUSING AUTHORITY OF THE CITY OF LONG BEACH, CALIFORNIA	▶ Name <u>RICHARDSON, REX</u> <i>(Last, First)</i>  Alternate, if any _____ <i>(Last, First)</i>	▶ <u>8 / 21 / 18</u> <i>Appt Date</i>  ▶ <u>2 YEARS</u> <i>Length of Term</i>	▶ Per Meeting: \$ _____ <u>50</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"/> _____ <i>Other</i>

Agency Report of:  
Public Official Appointments  
Continuation Sheet

**1. Agency Name**

CITY OF LONG BEACH

Date Posted: 05/15/2019  
(Month, Day, Year)

**2. Appointments**

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
LOS ANGELES COUNTY SANITATION BOARD	▶ Name <u>GARCIA, ROBERT</u> <small>(Last, First)</small>  Alternate, if any <u>ANDREWS, DEE</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>125</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"/> <u>Other</u>
I-710 EIR/EIS PROJECT COMMITTEE	▶ Name <u>GARCIA, ROBERT</u> <small>(Last, First)</small>  Alternate, if any <u>GONZALEZ, LENA</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</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"/> <u>Other</u>
GATEWAY CITIES COUNCIL OF GOVERNMENTS	▶ Name <u>GARCIA, ROBERT</u> <small>(Last, First)</small>  Alternate, if any <u>RICHARDSON, REX</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>125</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>Other</u>
GATEWAY CITIES COUNCIL OF GOVERNMENTS	▶ 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>125</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>Other</u>
METROPOLITAN WATER DISTRICT OF SOUTHERN CALIFORNIA	▶ Name <u>CORDERO, GLORIA</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>100</u>  ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input checked="" type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u>Other</u>
SAN GABRIEL & LOWER LOS ANGELES RIVERS & MOUNTAIN CONSERVANCY	▶ 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>75</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"/> <u>Other</u>

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<b>1. Agency Name</b> CITY OF LONG BEACH	<b>Date Posted:</b> <u>05/15/2019</u> <i>(Month, Day, Year)</i>
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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> <i>(Last, First)</i>  Alternate, if any _____ <i>(Last, First)</i>	▶ <u>04 / 22 / 19</u> <i>Appt Date</i>  <u>2 YEARS</u> <i>Length of Term</i>	▶ Per Meeting: \$ <u>120</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"/> _____ <i>Other</i>
SOUTHERN CALIFORNIA ASSOCIATION OF GOVERNMENTS (SCAG) (REGION 30)	▶ Name <u>PEARCE, JEANNINE</u> <i>(Last, First)</i>  Alternate, if any _____ <i>(Last, First)</i>	▶ <u>05 / 03 / 19</u> <i>Appt Date</i>  <u>2 YEARS</u> <i>Length of Term</i>	▶ Per Meeting: \$ <u>120</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"/> _____ <i>Other</i>
METROPOLITAN TRANSPORTATION AUTHORITY (MTA) BOARD	▶ Name <u>GARCIA, ROBERT</u> <i>(Last, First)</i>  Alternate, if any _____ <i>(Last, First)</i>	▶ <u>01 / 05 / 17</u> <i>Appt Date</i>  <u>4 YEARS</u> <i>Length of Term</i>	▶ 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> <i>Other</i>
	▶ Name _____ <i>(Last, First)</i>  Alternate, if any _____ <i>(Last, First)</i>	▶ _____ <i>Appt Date</i>  _____ <i>Length of Term</i>	▶ 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"/> _____ <i>Other</i>
	▶ Name _____ <i>(Last, First)</i>  Alternate, if any _____ <i>(Last, First)</i>	▶ _____ <i>Appt Date</i>  _____ <i>Length of Term</i>	▶ 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"/> _____ <i>Other</i>
	▶ Name _____ <i>(Last, First)</i>  Alternate, if any _____ <i>(Last, First)</i>	▶ _____ <i>Appt Date</i>  _____ <i>Length of Term</i>	▶ 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"/> _____ <i>Other</i>