

Agency Report of: Public Official Appointments

A Public Document

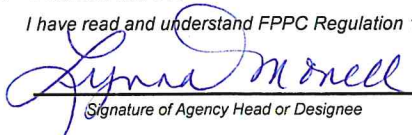
1. Agency Name City Selection Committee			California Form 806
Division, Department, or Region (If Applicable) San Bernardino County			For Official Use Only
Designated Agency Contact (Name, Title) Lynna Monell, Clerk of the Board			
Area Code/Phone Number 909-387-3848	E-mail	Page 1 of 1	Date Posted: (Month, Day, Year)

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Local Agency Formation Commission	▶ Name <u>Dupper, Phil</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>03 / 31 / 22</u> <small>Appt Date</small> ▶ <u>4 years</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>200</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"/> Other
Local Agency Formation Commission	▶ Name <u>Warren, Acquanetta</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>06 / 03 / 24</u> <small>Appt Date</small> ▶ <u>4 years</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>200</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"/> Other
Local Agency Formation Commission	▶ Name <u>Denison, Rick</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>03 / 02 / 22</u> <small>Appt Date</small> ▶ <u>4 years</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>200</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"/> Other
South Coast Air Quality Management District	▶ Name <u>McCallon, Larry</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>11 / 06 / 23</u> <small>Appt Date</small> ▶ <u>4 years</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100</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

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

Lynna Monell
Print Name

Clerk of the Board
Title

April 8, 2024
(Month, Day, Year)

Comment: _____

Print
Clear