

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name COUNTY OF SAN BERNARDINO			California Form 806
Division, Department, or Region (If Applicable) CLERK OF THE BOARD OF SUPERVISORS			For Official Use Only
Designated Agency Contact (Name, Title) LYNNA MONELL, CLERK OF THE BOARD			
Area Code/Phone Number 909-387-3841	E-mail LMonell@cob.sbcounty.gov	Page <u>1</u> of <u>3</u>	Date Posted: <u>4/26/21</u> <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
Board of Retirement	▶ Name <u>Rutherford, Janice</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 26 / 21</u> <small>Appt Date</small> <u>3 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
Inland Empire Health Plan	▶ Name <u>Hagman, Curt</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 26 / 21</u> <small>Appt Date</small> <u>Until Replaced</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
Inland Empire Health Plan	▶ Name <u>Rowe, Dawn</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 26 / 21</u> <small>Appt Date</small> <u>Until Replaced</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
Inland Valley Development Agency	▶ Name <u>Hagman, Curt</u> <small>(Last, First)</small> Alternate, if any <u>Baca, Joe Jr.</u> <small>(Last, First)</small>	▶ <u>1 / 26 / 21</u> <small>Appt Date</small> <u>Until Replaced</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>150</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

4/26/21
(Month, Day, Year)

Comment: _____

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

1. Agency Name COUNTY OF SAN BERNARDINO	Date Posted: <u>4/26/21</u> <small>(Month, Day, Year)</small>
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Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Inland Valley Development Agency	▶ Name <u>Rowe, Dawn</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 26 / 21</u> <small>Appt Date</small> ▶ <u>Until Replaced</u> <small>Length of Term</small>	▶ Per Meeting: \$ _____ <u>150</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"/> _____ <small>Other</small>
Local Agency Formation Commission	▶ Name <u>Hagman, Curt</u> <small>(Last, First)</small> Alternate, if any <u>Rowe, Dawn</u> <small>(Last, First)</small>	▶ <u>1 / 26 / 21</u> <small>Appt Date</small> ▶ <u>Until Replaced</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"/> _____ <small>Other</small>
Local Agency Formation Commission	▶ Name <u>Baca, Joe Jr.</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 26 / 21</u> <small>Appt Date</small> ▶ <u>Until Replaced</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"/> _____ <small>Other</small>
Mojave Desert And Mountain Recycling Authority	▶ Name <u>Cook, Paul</u> <small>(Last, First)</small> Alternate, if any <u>Rowe, Dawn</u> <small>(Last, First)</small>	▶ <u>1 / 26 / 21</u> <small>Appt Date</small> ▶ <u>Until Replaced</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"/> _____ <small>Other</small>
San Bernardino International Airport Authority	▶ Name <u>Rowe, Dawn</u> <small>(Last, First)</small> Alternate, if any <u>Baca, Joe Jr.</u> <small>(Last, First)</small>	▶ <u>1 / 26 / 21</u> <small>Appt Date</small> ▶ <u>Until Replaced</u> <small>Length of Term</small>	▶ Per Meeting: \$ _____ <u>150</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"/> _____ <small>Other</small>
South Coast Air Quality Management District	▶ Name <u>Rutherford, Janice</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 26 / 21</u> <small>Appt Date</small> ▶ <u>Until Replaced</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"/> _____ <small>Other</small>

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1. Agency Name COUNTY OF SAN BERNARDINO	Date Posted: <u>4/26/21</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 Associated Governments	▶ Name <u>Hagman, Curt</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 26 / 21</u> <small>Appt Date</small> ▶ <u>Until Replaced</u> <small>Length of Term</small>	▶ Per Meeting: \$ _____ <u>120</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"/> _____ <small>Other</small>
	▶ Name _____ <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ _____/_____/_____ <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>	▶ _____/_____/_____ <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>	▶ _____/_____/_____ <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>	▶ _____/_____/_____ <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>	▶ _____/_____/_____ <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>