Agency Report of: Public Official Appointments

Λ	Di	h	lio	Do	<u> </u>	ım	۸n	4
A	$r_{\rm U}$	m	11(:	IJO		m	en	T

Public Official Appoin	unents			Аг	Public Document
1. Agency Name					California 806
CITY OF LONG BEACH	CITY OF LONG BEACH				
Division, Department, or Reg	ion (If Applicable)	\neg			For Official Use Only
OFFICE OF THE CITY CLE	ERK				
Designated Agency Contact	(Name, Title)	\neg			
MONIQUE DELAGARZA		L			
Area Code/Phone Number	E-mail	-+	4	4	Date Posted:
562-570-6489	Monique.DeLaGarza@longbeach.gov	P	age1 of	4	7/13/2017 (Month, Day, Year)
2. Appointments	•				
Agency Boards and Commissions	Name of Appointed Person		opt Date and ngth of Term	Per Me	eeting/Annual Salary/Stipend
ALAMEDA CORRIDOR TRANSPORTATION AUTHORITY	PRICE, SUZIE (Last, First) Alternate, if any GONZALEZ, LENA (Last, First)	 	/ 02 / 16 Appt Date 2 YEARS Length of Term	▶ Estima \$0-\$1	ted Annual: 1,000
HOUSING AUTHORITY OF THE CITY OF LONG BEACH, CALIFORNIA	Name RICHARDSON, REX (Last, First) Alternate, if any(Last, First)	'	/ 02 / 16 Appt Date 2 YEARS Length of Term	▶ Estima ⋈ \$0-\$1	ted Annual: 1,000
HOUSING AUTHORITY OF THE CITY OF LONG BEACH, CALIFORNIA	Name ANDREWS, DEE (Last, First) Alternate, if any(Last, First)	 	/ 02 / 16 Appt Date 2 YEARS Length of Term	▶ Estima ⊠ \$0-\$1	ted Annual: 1,000
HOUSING AUTHORITY OF THE CITY OF LONG BEACH, CALIFORNIA	PRICE, SUZIE (Last, First) Alternate, if any(Last, First)	 		\$0-\$1	ted Annual:
3. Verification					
	ulation 18702.5. I have verified that the appointment and info	rmation ide			st of my information and belief.
	MONIQUE DELAGARZA		CITY CLEF	RK	7/13/2017
Signature of Agency Head or Designe	ee Print Name		Title		(Month, Day, Year)
*In the process of	of verifying annual salary/stipend. Will ame	nd char	nges if neede	d .	

Agency Report of: Public Official Appointments Continuation Sheet



Page	2	of	4

Agency Name	Date Posted:	7/13/2017
CITY OF LONG BEACH	2410 · 00104 · =	(Month, Day, Year)

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 SUPERNAW, DARYL (Last, First) Alternate, if any (Last, First)	▶ 8 / 2 / 16 Appt Date 2 YEARS Length of Term	▶ Per Meeting: \$ 50 ▶ Estimated Annual: 30 □ \$0-\$1,000 \$2,001-\$3,000 □ \$1,001-\$2,000 0ther
HOUSING AUTHORITY OF THE CITY OF LONG BEACH, CALIFORNIA	Name MUNGO, STACY (Last, First) Alternate, if any (Last, First)	▶	▶ Per Meeting: \$ 50 ▶ Estimated Annual: 30-\$1,000 \$2,001-\$3,000 □ \$1,001-\$2,000 ○ Other
HOUSING AUTHORITY OF THE CITY OF LONG BEACH, CALIFORNIA	Name GONZALEZ, LENA (Last, First) Alternate, if any(Last, First)	8 / 2 / 16 Appt Date 2 YEARS Length of Term	▶ Per Meeting: \$ 50 ▶ Estimated Annual: \$2,001-\$3,000 □ \$1,001-\$2,000 □ Other Other
HOUSING AUTHORITY OF THE CITY OF LONG BEACH, CALIFORNIA	Name URANGA, ROBERTO (Last, First) (Not compensated or reimbursed) Alternate, if any	 8 / 2 / 16 Appt Date 2 YEARS Length of Term 	▶ Per Meeting: \$
HOUSING AUTHORITY OF THE CITY OF LONG BEACH, CALIFORNIA	Name AUSTIN, AL (Last, First) Alternate, if any (Last, First)	 8 / 2 / 16 Appt Date 2 YEARS Length of Term 	▶ Per Meeting: \$ 50 ▶ Estimated Annual: 30-\$1,000 □ \$1,001-\$2,000 ○ Other Other
HOUSING AUTHORITY OF THE CITY OF LONG BEACH, CALIFORNIA	PEARCE, JEANNINE (Last, First) Alternate, if any	▶8	▶ Per Meeting: \$ 50 ▶ Estimated Annual: \$2,001-\$3,000 \$1,001-\$2,000 0ther

Agency Report of: Public Official Appointments Continuation Sheet



Page	3	of	4

Agency Name	Date Posted:	1/30/2017
CITY OF LONG BEACH		(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	Alternate, if any GARCIA, ROBERT (Last, First) ANDREWS, DEE (Last, First)	 8 / 2 / 16 Appt Date 2 YEARS Length of Term 	▶ Per Meeting: \$ 125 ▶ Estimated Annual: \$2,001-\$3,000 □ \$0-\$1,000 \$2,001-\$3,000 □ \$1,001-\$2,000 \$8750 Other
I-710 EIR/EIS PROJECT COMMITTEE	PName GARCIA, ROBERT (Last, First) GONZALEZ, LENA Alternate, if any (Last, First)	▶ 8 / 2 / 16 Appt Date 2 YEARS Length of Term	▶ Per Meeting: \$
GATEWAY CITIES COUNCIL OF GOVERNMENTS	Name GARCIA, ROBERT (Last, First) Alternate, if any URANGA, ROBERTO (Last, First)	8 / 2 / 16 Appt Date 2 YEARS Length of Term	▶ Per Meeting: \$
GATEWAY CITIES COUNCIL OF GOVERNMENTS	AUSTIN, AL (Last, First) Alternate, if any	 8 / 2 / 16 Appt Date 2 YEARS Length of Term 	▶ Per Meeting: \$
METROPOLITAN WATER DISTRICT OF SOUTHERN CALIFORNIA	Name CORDERO, GLORIA (Last, First) Alternate, if any(Last, First)	▶ 8 / 2 / 16 Appt Date ▶ 2 YEARS Length of Term	▶ Per Meeting: \$
SAN GABRIEL & LOWER LOS ANGELES RIVERS & MOUNTAIN CONSERVANCY	Name URANGA, ROBERTO (Last, First) (Not compensated or reimbursed) Alternate, if any(Last, First)	▶ 8 / 2 / 16 Appt Date ▶ 2 YEARS Length of Term	▶ Per Meeting: \$

Agency Report of: Public Official Appointments Continuation Sheet



Page	4	of	4
------	---	----	---

. Agency Name		1/30/2017
CITY OF LONG BEACH	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
SOUTHERN CALIFORNIA ASSOCIATION OF GOVERNMENTS (SCAG) (REGION 29)	Name RICHARDSON, REX (Last, First) Alternate, if any (Last, First)	9 / 15 / 14 Appt Date 2 YEARS Length of Term	▶ Per Meeting: \$
SOUTHERN CALIFORNIA ASSOCIATION OF GOVERNMENTS (SCAG) (REGION 30)	Name GONZALEZ, LENA (Last, First) Alternate, if any(Last, First)	▶ 10 / 14 / 14 Appt Date 2 YEARS Length of Term	▶ Per Meeting: \$ 120 ▶ Estimated Annual: \$0-\$1,000 \$2,001-\$3,000 ☒ \$1,001-\$2,000 ○ Other Other
METROPOLITAN TRANSPORTATION AUTHORITY (MTA) BOARD	Name GARCIA, ROBERT (Last, First) (Not compensated or reimbursed) Alternate, if any	• 01 / 05 / 17 Appt Date 4 YEARS Length of Term	▶ Per Meeting: \$ 150-\$600 max ▶ Estimated Annual: \$2,001-\$3,000 \$1,001-\$2,000 \$7,200 Other Other
	Name(Last, First) Alternate, if any(Last, First)	Appt Date Appt Date Length of Term	▶ Per Meeting: \$
	Name(Last, First) Alternate, if any(Last, First)	Appt Date Length of Term	▶ Per Meeting: \$ ▶ Estimated Annual: □ \$0-\$1,000 □ \$2,001-\$3,000 □ \$1,001-\$2,000 □ Other
	Name(Last, First) Alternate, if any(Last, First)	Appt Date Length of Term	▶ Per Meeting: \$ ▶ Estimated Annual: □ \$0-\$1,000 □ \$2,001-\$3,000 □ \$1,001-\$2,000 □ Other