

**Agency Report of:  
Public Official Appointments**

**A Public Document**

<b>1. Agency Name</b> COUNTY OF SAN BERNARDINO		<b>California Form 806</b> For Official Use Only	
Division, Department, or Region (If Applicable) CLERK OF THE BOARD OF SUPERVISORS			
Designated Agency Contact (Name, Title) LAURA H. WELCH, CLERK OF THE BOARD			
Area Code/Phone Number 909-387-3841	E-mail LWelch@cob.sbcounty.gov	Page <u>1</u> of <u>3</u>	Date Posted: <u>2/6/19</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 / 29 / 19</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"/> <u>          </u> Other
Inland Empire Health Plan	▶ Name <u>Hagman, Curt</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 29 / 19</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"/> <u>          </u> Other
Inland Empire Health Plan	▶ Name <u>Gonzales, Josie</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 29 / 19</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"/> <u>          </u> Other
Inland Valley Development Agency	▶ Name <u>Hagman, Curt</u> <small>(Last, First)</small>  Alternate, if any <u>Lovingood, Robert</u> <small>(Last, First)</small>	▶ <u>1 / 29 / 19</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"/> <u>          </u> 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>	Laura H. Welch _____ <small>Print Name</small>	Clerk of the Board _____ <small>Title</small>	2/6/19 _____ <small>(Month, Day, Year)</small>
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Comment: \_\_\_\_\_

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

<b>1. Agency Name</b> COUNTY OF SAN BERNARDINO	<b>Date Posted:</b> <u>2/6/19</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
Inland Valley Development Agency	▶ Name <u>Gonzales, Josie</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 29 / 19</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"/> <u>Other</u>
Local Agency Formation Commission	▶ Name <u>Lovingood, Robert</u> <small>(Last, First)</small>  Alternate, if any <u>Rutherford, Janice</u> <small>(Last, First)</small>	▶ <u>1 / 29 / 19</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"/> <u>Other</u>
Local Agency Formation Commission	▶ Name <u>Rowe, Dawn</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 29 / 19</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"/> <u>Other</u>
Mojave Desert And Mountain Recycling Authority	▶ Name <u>Lovingood, Robert</u> <small>(Last, First)</small>  Alternate, if any <u>Rowe, Dawn</u> <small>(Last, First)</small>	▶ <u>1 / 29 / 19</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"/> <u>Other</u>
San Bernardino International Airport Authority	▶ Name <u>Rowe, Dawn</u> <small>(Last, First)</small>  Alternate, if any <u>Hagman, Curt</u> <small>(Last, First)</small>	▶ <u>1 / 29 / 19</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"/> <u>Other</u>
South Coast Air Quality Management District	▶ Name <u>Rutherford, Janice</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 29 / 19</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"/> <u>Other</u>

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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 / 29 / 19</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>