

**Agency Report of:
Public Official Appointments**

A Public Document

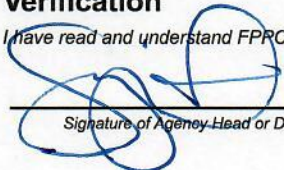
1. Agency Name City of Banning			California Form 806 For Official Use Only
Division, Department, or Region (If Applicable) City Council			
Designated Agency Contact (Name, Title) Sonja De La Fuente, Deputy City Clerk			
Area Code/Phone Number (951) 922-3100	E-mail sdela Fuente@banningca.gov	Page <u>1</u> of <u>1</u>	Date Posted: <u>01/15/2020</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
Riverside Transit Authority	▶ Name <u>Welch, Arthur "Art"</u> <small>(Last, First)</small> Alternate, if any <u>Happe, David</u> <small>(Last, First)</small>	▶ <u>01 / 14 / 20</u> <small>Appt Date</small> ▶ <u>1 Year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>150.00</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
Riverside Conservation Authority	▶ Name <u>Andrade, Daniela</u> <small>(Last, First)</small> Alternate, if any <u>Wallace, Colleen</u> <small>(Last, First)</small>	▶ <u>01 / 14 / 20</u> <small>Appt Date</small> ▶ <u>1 Year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100.00</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
Riverside County Transportation Commission	▶ Name <u>Welch, Arthur "Art"</u> <small>(Last, First)</small> Alternate, if any <u>Andrade, Daniela</u> <small>(Last, First)</small>	▶ <u>01 / 14 / 20</u> <small>Appt Date</small> ▶ <u>1 Year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100.00</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
Western Riverside Council of Governments	▶ Name <u>Andrade, Daniela</u> <small>(Last, First)</small> Alternate, if any <u>Happe, David</u> <small>(Last, First)</small>	▶ <u>01 / 14 / 20</u> <small>Appt Date</small> ▶ <u>1 Year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>150.00</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 FPFC 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

Sonja De La Fuente
Print Name

Deputy City Clerk
Title

01/15/2020
(Month, Day, Year)

Comment: _____