

**Agency Report of:  
Public Official Appointments**

**A Public Document**

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

**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**