

Agency Report of: Public Official Appointments

A Public Document

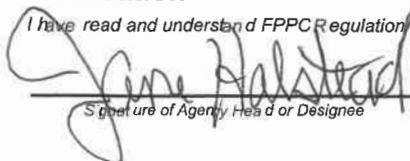
1. Agency Name CITY OF MORENO VALLEY		24 MAR 14 PM 5:38	California Form 806 For Official Use Only
Division, Department, or Region (If Applicable) CITY CLERK			Page 1 of 2
Designated Agency Contact (Name, Title) JANE HALSTEAD			
Area Code/Phone Number 951-413-3010	E-mail janeh@moval.org	Date Posted: March 15, 2024 <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
MARCH JOINT POWERS COMMISSION	▶ Name <u>CABRERA, ULISES/DELGADO, E</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>3/5/2024</u> <small>Appt Date</small> ▶ <u>12 MONTHS</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>CABRERA ULISES</u> <small>(Last, First)</small> Alternate, if any <u>DELGADO, ED</u> <small>(Last, First)</small>	▶ <u>3/5/2024</u> <small>Appt Date</small> ▶ <u>12 MONTHS</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 COUNTY HABITAT CONSERVATION AGENCY	▶ Name <u>BARNARD, CHEYLYNDA</u> <small>(Last, First)</small> Alternate, if any <u>MARQUEZ, DAVID</u> <small>(Last, First)</small>	▶ <u>3/5/2024</u> <small>Appt Date</small> ▶ <u>12 MONTHS</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 TRANSIT AGENCY	▶ Name <u>MARQUEZ, DAVID</u> <small>(Last, First)</small> Alternate, if any <u>BARNARD, CHEYLYNDA</u> <small>(Last, First)</small>	▶ <u>3/5/2024</u> <small>Appt Date</small> ▶ <u>12 MONTHS</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 understood FPPC Regulation 8702.5. 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

JANE HALSTEAD
 Print Name

CITY CLERK
 Title

3/14/2024
 (Month, Day, Year)

Comment: _____

Print

Clear

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

1. Agency Name CITY OF MORENO VALLEY	Date Posted: _____ (Month, Day, Year)
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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
WESTERN RIVERSIDE COUNCIL OF GOVERNMENTS	▶ Name <u>BACA, SANTA-CRUZ, ELENA</u> <small>(Last, First)</small> Alternate, if any <u>CABRERA, ULISES</u> <small>(Last, First)</small>	▶ <u>3/5/2024</u> <small>Appt Date</small> ▶ <u>12 MONTHS</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
WESTERN RIVERSIDE COUNTY REGIONAL CONSERVATION AUTHORITY	▶ Name <u>CABRERA, ULISES</u> <small>(Last, First)</small> Alternate, if any <u>DELGADO, ED</u> <small>(Last, First)</small>	▶ <u>3/5/2024</u> <small>Appt Date</small> ▶ <u>12 MONTHS</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
	▶ 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"/> Other
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