

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name City of Loma Linda		California Form 806 For Official Use Only
Division, Department, or Region (If Applicable)		
Designated Agency Contact (Name, Title) Barbara Nicholson		
Area Code/Phone Number 909-799-2819	E-mail bnicholson@lomalinda-ca.gov	Date Posted: 09/14/2021 <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 (IVDA)	<p>▶ Name <u>Rhodes Rigsby</u> <small>(Last, First)</small></p> <p>Alternate, if any _____ <small>(Last, First)</small></p>	<p>▶ 04 / 14 / 2021 <small>Appt Date</small></p> <p>▶ 2 years <small>Length of Term</small></p>	<p>▶ Per Meeting: \$ <u>100</u></p> <p>▶ Estimated Annual:</p> <p><input type="checkbox"/> \$0-\$1,000 <input checked="" type="checkbox"/> \$2,001-\$3,000</p> <p><input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____ <small>Other</small></p>
Inland Valley Development Agency (IVDA)	<p>▶ Name <u>Phill Dupper</u> <small>(Last, First)</small></p> <p>Alternate, if any <u>Bhavin Jindal</u> <small>(Last, First)</small></p>	<p>▶ 04 / 14 / 2021 <small>Appt Date</small></p> <p>▶ 2 years <small>Length of Term</small></p>	<p>▶ Per Meeting: \$ <u>100</u></p> <p>▶ Estimated Annual:</p> <p><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000</p> <p><input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____ <small>Other</small></p>
San Bernardino International Airport Authority (SBIAA)	<p>▶ Name <u>Rhodes Rigsby</u> <small>(Last, First)</small></p> <p>Alternate, if any <u>Phill Dupper</u> <small>(Last, First)</small></p>	<p>▶ 04 / 14 / 2021 <small>Appt Date</small></p> <p>▶ 2 years <small>Length of Term</small></p>	<p>▶ Per Meeting: \$ <u>100</u></p> <p>▶ Estimated Annual:</p> <p><input type="checkbox"/> \$0-\$1,000 <input checked="" type="checkbox"/> \$2,001-\$3,000</p> <p><input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____ <small>Other</small></p>
Omnitrans	<p>▶ Name <u>Ron Dailey</u> <small>(Last, First)</small></p> <p>Alternate, if any <u>Bhavin Jindal</u> <small>(Last, First)</small></p>	<p>▶ 04 / 14 / 2021 <small>Appt Date</small></p> <p>▶ 2 years <small>Length of Term</small></p>	<p>▶ Per Meeting: \$ <u>125</u></p> <p>▶ Estimated Annual:</p> <p><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000</p> <p><input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____ <small>Other</small></p>

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.

Barbara Nicholson
Signature of Agency Head or Designee

Barbara Nicholson
Print Name

City Clerk
Title

09/14/2021
(Month, Day, Year)

Comment: _____

Print

Clear