



**Contract Number**

26-24 A-1

**SAP Number**

N/A

**Sheriff/Coroner/Public Administrator**

<b>Department Contract Representative</b>	Carolina Mendoza, Chief Deputy Director of Sheriff's Administration
<b>Telephone Number</b>	(909) 387-0640
<b>Contractor</b>	Dillon M. Lesovsky
<b>Contractor Representative</b>	-----
<b>Telephone Number</b>	On file
<b>Contract Term</b>	01/24/2026 through 01/23/2029
<b>Original Contract Amount</b>	\$83.39 per hour
<b>Amendment Amount</b>	\$83.39 per hour
<b>Total Contract Amount</b>	-----
<b>Cost Center</b>	-----
<b>Grant Number (if applicable)</b>	-----

**IT IS HEREBY AGREED AS FOLLOWS:**

**AMENDMENT NO. 1**

San Bernardino County (County), through its included Sheriff/Coroner/Public Administrator (Sheriff) and Dillon M. Lesovsky (Contractor), agree that Contract No. 26-24 (Contract), in which Contractor provides services as a Legislative Assistant to Elected Official for the County, is hereby amended effective March 24, 2026, as follows:

(1) By replacing Paragraph K., LEAVE PROVISIONS, of Section V. COMPENSATION OF CONTRACTOR, in its entirety, with the following:

K. LEAVE PROVISIONS  
Contractor shall be eligible to receive and utilize all leaves pursuant to the terms and conditions set forth for employees in the Exempt Group C.

Refer to Paragraph Q in this section for processing of unused sick leave balances upon termination of this Contract.

(2) By replacing Paragraph R., DEPENDENT CARE ASSISTANCE PLAN (DCAP) AND FLEXIBLE SPENDING ACCOUNT (FSA) PLAN FOR MEDICAL EXPENSE REIMBURSEMENT, of Section V. COMPENSATION OF CONTRACTOR, in its entirety, with the following:

R. DEPENDENT CARE ASSISTANCE PLAN (DCAP) AND FLEXIBLE SPENDING ACCOUNT (FSA) PLAN FOR MEDICAL EXPENSE REIMBURSEMENT

Contractor shall be eligible to participate in the County's DCAP and FSA Plans and receive any applicable County contributions to the FSA Plan pursuant to the terms and conditions set forth for employees in the Exempt Group C.

**ELECTRONIC SIGNATURES**

This Amendment No. 1, and if applicable, any subsequent amendments, may be executed in any number of counterparts, each of which so executed shall be deemed to be an original, and such counterparts shall together constitute one and the same Amendment No. 1. The parties shall be entitled to sign and transmit an electronic signature of this Amendment No. 1 (whether by facsimile, PDF, or other mail transmission), which signature shall be binding on the party whose name is contained therein. Each party providing an electronic signature agrees to promptly execute and deliver to the other party an original signed Amendment No. 1 upon request.

Except as amended, all other terms and conditions of this Contract remain the same.

**IN WITNESS WHEREOF**, San Bernardino County and the Contractor have each caused the Contract to be subscribed by its respective duly authorized officers, on its behalf.

SAN BERNARDINO COUNTY

►  
\_\_\_\_\_  
Dawn Rowe, Chair, Board of Supervisors

Dated: \_\_\_\_\_  
SIGNED AND CERTIFIED THAT A COPY OF THIS  
DOCUMENT HAS BEEN DELIVERED TO THE  
CHAIRMAN OF THE BOARD

Lynna Monell  
Clerk of the Board of Supervisors  
San Bernardino County

By \_\_\_\_\_  
Deputy

Dillon M. Lesovsky  
*(Print or type name of corporation, company, contractor, etc.)*

By ► \_\_\_\_\_  
*(Authorized signature - sign in blue ink)*

Name Dillon M. Lesovsky  
*(Print or type name of person signing contract)*

Title Legislative Assistant to Elected Official  
*(Print or Type)*

Dated: \_\_\_\_\_

Address On File  
\_\_\_\_\_

**FOR COUNTY USE ONLY**

Approved as to Legal Form  
►  
\_\_\_\_\_  
Scott M. Runyan, Principal Assistant County  
Counsel  
Date \_\_\_\_\_

Reviewed for Contract Compliance  
►  
\_\_\_\_\_  
Date \_\_\_\_\_

Reviewed/Approved by Department  
►  
\_\_\_\_\_  
Carolina Mendoza, Chief Deputy Director of  
Sheriff's Administration  
Date \_\_\_\_\_