



**Contract Number**

16-248 A-3

**SAP Number**

N/A

## Assessor-Recorder-County Clerk

<b>Department Contract Representative</b>	Chris Wilhite, Assistant Assessor
<b>Telephone Number</b>	(909) 382-3213
<b>Contractor</b>	John Mannerino
<b>Contractor Representative</b>	N/A
<b>Telephone Number</b>	(951) 255-1548
<b>Contract Term</b>	June 1, 2016 through December 1, 2020
<b>Original Contract Amount</b>	\$212,726
<b>Amendment Amount</b>	\$26,845
<b>Total Contract Amount</b>	\$239,571
<b>Cost Center</b>	3112021000

### IT IS HEREBY AGREED AS FOLLOWS:

This Contract is entered into in the State of California by and between the County of San Bernardino, hereinafter called the County, and John Mannerino, hereinafter called Contractor.

#### Amendment No. 3 to Employment Agreement No. 16-248

1. Amend Section III. Term of Contract to read as follows:

This Contract shall be effective June 1, 2016 and shall remain in effect through December 1, 2020, subject to the termination provisions below. Notwithstanding the foregoing, either party may terminate this Contract at any time without cause with a fourteen (14) day prior written notice to the other party. This Contract may be terminated for just cause immediately by the County. Contractor shall serve at the pleasure of the appointing authority, which shall have the full authority and discretion to exercise County rights under this Paragraph.

2. All other terms and conditions of the contract remain in full force and effect.

COUNTY OF SAN BERNARDINO

►  
\_\_\_\_\_  
Curt Hagman, Chairman, 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  
of the County of San Bernardino

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

\_\_\_\_\_  
(Print or type name of corporation, company, contractor, etc.)

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

Name John Mannerino  
(Print or type name of person signing contract)

Title Assessor Property Tax Appeal Consultant  
(Print or Type)

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

Address On File

**FOR COUNTY USE ONLY**

Approved as to Legal Form  
► \_\_\_\_\_  
Cynthia O'Neill  
Supervising Deputy County Counsel  
Date \_\_\_\_\_

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

Reviewed/Approved by Department  
► \_\_\_\_\_  
Bob Dutton  
Assessor-Recorder-County Clerk  
Date \_\_\_\_\_