

P.O. Box 13498, Austin, TX 78711 | Phone: (800) 213-9425 or (512) 463-1736 | Fax: (512) 463-1882 | Email: prb@prb.texas.gov

PENSION SYSTEM REGISTRATION

PRB-100

RETIREMENT SYSTEM PROFILE

System Name and Mailing Address

Port of Houston Authority Restated Retirement Plan
P.O. Box 2562, Houston, TX 77252-2562

Charlie Jenkins

CEO, Chairperson or other key contact

(713) 670-2480 (713) 670-2429

Phone Number Fax Number

cjenkins@porthouston.com

E-mail Address

http://porthouston.com

Web Address

SYSTEM BACKGROUND INFORMATION

Trust agreement adopted by Port Commission, subject to Texas law and
Section 401(a), Internal Revenue Code of 1986.

Company Name and Mailing Address

Port of Houston Authority
P.O. Box 2562, Houston, TX 77252-2562

Roland Gonzalez, Director, Treasury

Contact Person

(713) 670-2405 (713) 670-2554

Phone Number Fax Number

regonzalez@porthouston.com

E-mail Address

http://porthouston.com

Web Address

1958

07/31/2025

Year Plan Created Plan's Fiscal Year End

Benefit Type: Defined Benefit Defined Contribution Other:

Participant Desc: General Employees Police Fire Volunteer Fire Other:

Are employees covered by Social Security? Yes No

If yes, are pension benefits offset by Social Security payments? Yes No

RETIREMENT SYSTEM GOVERNING BODY

Need to report more than 6 members? Please attach a separate sheet.

Name	Position	Occupation	Mailing Address	Phone Number
Richard Campo	Chairman	Port Commission	P.O. Box 2562 Houston, TX 77252-2562	(713) 670-2456
Wendolynn Montoya Cloonan	Commissioner	Port Commission	P.O. Box 2562 Houston, TX 77252-2562	(713) 670-2456
Clyde E. Fitzgerald	Commissioner	Port Commission	P.O. Box 2562 Houston, TX 77252-2562	(713) 670-2456
Stephen H. DonCarlos	Commissioner	Port Commission	P.O. Box 2562 Houston, TX 77252-2562	(713) 670-2456
Alan A. Robb	Commissioner	Port Commission	P.O. Box 2562 Houston, TX 77252-2562	(713) 670-2456
Thomas Jones, Jr.	Commissioner	Port Commission	P.O. Box 2562 Houston, TX 77252-2562	(713) 670-2456

CERTIFICATION

I hereby certify that the information provided above is complete and accurate and that I am duly authorized by the pension system to complete this form.

Roland Gonzalez

Printed Name

Authorizing Signature

February 21, 2025

Date

Name(s) of other form contributors



portions of form that
ension plan

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ADMINISTRATOR PROFILE

1958

07/31/2025

Year Plan Created

Plan's Fiscal Year End

Benefit Type: Defined Benefit Defined Contribution Other:

Participant Desc: General Employees Police Fire Volunteer Fire Other:

Are employees covered by Social Security? Yes No

If yes, are pension benefits offset by Social Security payments? Yes No

RETIREMENT SYSTEM GOVERNING BODY

Need to report more than 6 members? Please attach a separate sheet.

Name	Position	Occupation	Mailing Address	Phone Number
Roland Garcia	Commissioner	Port Commission	P.O. Box 2562 Houston, TX 77252-2562	(713) 670-2456

CERTIFICATION

I hereby certify that the information provided above is complete and accurate and that I am duly authorized by the pension system to complete this form.

Roland Gonzalez

Printed Name

Authorizing Signature

February 21, 2025

Date

Name(s) of other form contributors