

**Agency Report of:
Public Official Appointments**

A Public Document

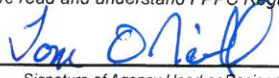
1. Agency Name Chino Basin Desalter Authority			California Form 806 For Official Use Only
Division, Department, or Region (If Applicable)			
Designated Agency Contact (Name, Title) Casey Costa, Executive Assistant			
Area Code/Phone Number (909) 218-3730	E-mail ccosta@chinodesalter.org	Page <u>1</u> of <u>1</u>	Date Posted: <u>1/7/2019</u> <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
Finance Committee	▶ Name <u>Haughey, Tom</u> <small>(Last, First)</small> Alternate, if any <u>Ulloa, Eunice</u> <small>(Last, First)</small>	▶ <u>01 / 01 / 19</u> <small>Appt Date</small> ▶ <u>One Year</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"/> <u> </u> Other
Finance Committee	▶ Name <u>Rogers, Peter</u> <small>(Last, First)</small> Alternate, if any <u>Bennett, Art</u> <small>(Last, First)</small>	▶ <u>01 / 01 / 19</u> <small>Appt Date</small> ▶ <u>One Year</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"/> <u> </u> Other
Finance Committee	▶ Name <u>Anderson, Betty</u> <small>(Last, First)</small> Alternate, if any <u>Simmons, Richard</u> <small>(Last, First)</small>	▶ <u>01 / 01 / 19</u> <small>Appt Date</small> ▶ <u>One Year</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"/> <u> </u> Other
	▶ Name _____ <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u> / / </u> <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"/> <u> </u> Other

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.

 <small>Signature of Agency Head or Designee</small>	<u>Tom O'Neill</u> <small>Print Name</small>	<u>Interim General Manager</u> <small>Title</small>	<u>01/07/2019</u> <small>(Month, Day, Year)</small>
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Comment: _____