

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name Chino Basin Desalter Authority			California Form 806
Division, Department, or Region (If Applicable)			For Official Use Only
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>1/20/2020</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>	Appt Date <u>01 / 01 / 20</u> <small>Appt Date</small> Length of Term <u>1 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"/> Other
Finance Committee	Name <u>Rogers, Peter</u> <small>(Last, First)</small> Alternate, if any <u>Bennett, Art</u> <small>(Last, First)</small>	Appt Date <u>01 / 01 / 20</u> <small>Appt Date</small> Length of Term <u>1 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"/> Other
Finance Committee	Name <u>Anderson, Betty</u> <small>(Last, First)</small> Alternate, if any <u>Simmons, Richard</u> <small>(Last, First)</small>	Appt Date <u>01 / 01 / 20</u> <small>Appt Date</small> Length of Term <u>1 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"/> Other
	Name _____ <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	Appt Date _____ <small>Appt Date</small> Length of Term _____ <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"/> 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.

	Thomas O'Neill	General Manager/CEO	01/09/2020
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _____