

**Agency Report of:
Public Official Appointments**

A Public Document

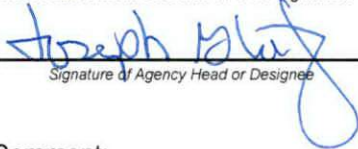
1. Agency Name VALLEY SANITARY DISTRICT		California Form 806 <small>For Official Use Only</small>	
Division, Department, or Region (If Applicable)			
Designated Agency Contact (Name, Title) JOSEPH GLOWITZ, GENERAL MANAGER			
Area Code/Phone Number 760-238-5400	E-mail jglowitz@valley-sanitary.org	Page <u>1</u> of <u>1</u>	Date Posted: <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
EAST VALLEY RECLAMATION AUTHORITY (EVRA)	▶ Name <u>TEAGUE, WILLIAM</u> <small>(Last, First)</small>	▶ <u>11 / 22 / 16</u> <small>Appt Date</small>	▶ Per Meeting: \$ <u>100.00</u>
	Alternate, if any <u>DAVENPORT, ERIC</u> <small>(Last, First)</small>	▶ <u>12/2017</u> <small>Length of Term</small>	▶ Estimated Annual: <input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u> </u> <small>Other</small>
	▶ Name <u>WISEMAN, MERRITT</u> <small>(Last, First)</small>	▶ <u>11 / 22 / 16</u> <small>Appt Date</small>	▶ Per Meeting: \$ <u>100.00</u>
	Alternate, if any <u>DAVENPORT, ERIC</u> <small>(Last, First)</small>	▶ <u>12/2017</u> <small>Length of Term</small>	▶ Estimated Annual: <input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u> </u> <small>Other</small>
	▶ Name _____ <small>(Last, First)</small>	▶ _____ <small>Appt Date</small>	▶ Per Meeting: \$ _____
	Alternate, if any _____ <small>(Last, First)</small>	▶ _____ <small>Length of Term</small>	▶ 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> <small>Other</small>
	▶ Name _____ <small>(Last, First)</small>	▶ _____ <small>Appt Date</small>	▶ Per Meeting: \$ _____
	Alternate, if any _____ <small>(Last, First)</small>	▶ _____ <small>Length of Term</small>	▶ 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> <small>Other</small>

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>JOSEPH GLOWITZ</u> <small>Print Name</small>	<u>GENERAL MANAGER</u> <small>Title</small>	<u>11/30/16</u> <small>(Month, Day, Year)</small>
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Comment: _____