

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name VALLEY SANITARY DISTRICT			California Form 806
Division, Department, or Region <i>(If Applicable)</i>			For Official Use Only
Designated Agency Contact <i>(Name, Title)</i> JOSEPH GLOWITZ, GENERAL MANAGER			Date Posted:
Area Code/Phone Number 760-238-5400	E-mail jglowitz@valley-sanitary.org	Page <u>1</u> of <u>1</u>	_____ <i>(Month, Day, Year)</i>

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, BILL</u> <small><i>(Last, First)</i></small>	▶ <u>12 / 22 / 15</u> <small><i>Appt Date</i></small>	▶ Per Meeting: \$ <u>100</u>
	Alternate, if any <u>DURAN, MIKE</u> <small><i>(Last, First)</i></small>	▶ <u>12/2016</u> <small><i>Length of Term</i></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><i>Other</i></small>
	▶ Name <u>WISEMAN, MERRITT</u> <small><i>(Last, First)</i></small>	▶ <u>12 / 22 / 15</u> <small><i>Appt Date</i></small>	▶ Per Meeting: \$ <u>100</u>
	Alternate, if any <u>DURAN, MIKE</u> <small><i>(Last, First)</i></small>	▶ <u>12/2016</u> <small><i>Length of Term</i></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><i>Other</i></small>
	▶ Name _____ <small><i>(Last, First)</i></small>	▶ <u> / / </u> <small><i>Appt Date</i></small>	▶ Per Meeting: \$ _____
	Alternate, if any _____ <small><i>(Last, First)</i></small>	▶ _____ <small><i>Length of Term</i></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><i>Other</i></small>
	▶ Name _____ <small><i>(Last, First)</i></small>	▶ <u> / / </u> <small><i>Appt Date</i></small>	▶ Per Meeting: \$ _____
	Alternate, if any _____ <small><i>(Last, First)</i></small>	▶ _____ <small><i>Length of Term</i></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><i>Other</i></small>

3. Verification

I have read and understand FPPC Regulation 18705.5. I have verified that the appointment and information identified above is true to the best of my information and belief.

	JOSEPH GLOWITZ	GENERAL MANAGER	01/19/2016
<small><i>Signature of Agency Head or Designee</i></small>	<small><i>Print Name</i></small>	<small><i>Title</i></small>	<small><i>(Month, Day, Year)</i></small>

Comment: _____