Agency Report of: Public Official Appointments

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1.	Agency Name					California 806
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	Division, Department, or Reg				For Official Use Only	
	BEVERLI A MARSHALL, GE	ENERAL MANAGER				
	Designated Agency Contact			1		
	Area Code/Phone Number	E-mail				Date Posted:
	760-238-5400	2-11011		Page 1 of	f	
2						(Month, Day, Year)
۷.	Appointments			Annt Data and		
	Agency Boards and Commissions	Name of Appointed Person		Appt Date and Length of Term	Per Me	eeting/Annual Salary/Stipend
	BUDGET & FINANCE COMMITTEE	COLEMAN, DENNIS Name (Last, First) Alternate, if any (Last, First)	_ -	12 / 08 / 20 Appl Date 2/2021 Length of Term	▶ Estima	250 eleting: \$ inted Annual: 1,000
		SEAR, SCOTT Name(Last, First) Alternate, if any(Last, First)		2 / 08 / 20 Appt Date	▶ Estima □ \$0-\$	250 eleting: \$
		Name(Last, First) Alternate, if any(Last, First)		Appt Date Length of Term	▶ Estima □ \$0-\$	eleting: \$
		Name(Last, First) Alternate, if any(Last, First)		Appl Date Length of Term	▶ Estima	eeting: \$
6	Verification have read and understand FPPC Reg Signature of Agency Head or Designation	ulation 18702.5. I have verified that the appointment and DEVERLI A MARSHALL Print Name		identified above is tru ERAL MANAGE Title		st of my information and belief. 12/16/2020 (Month, Day, Year)
	Comment:					

Agency Report of: Public Official Appointments

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		ALLEY SANITARY DISTRICT				California 806
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	Designated Agency Contact					
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	Area Code/Phone Number	IFil				Date Posted:
	760-238-5400	E-mail		Page 1 of	1	
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	Agency Boards and Commissions	Name of Appointed Person		Appt Date and Length of Term	Per Me	eeting/Annual Salary/Stlpend
	ODED A TRONG	CANERO DERRA			Dor Ma	250 seeting: \$
	OPERATIONS COMMITTEE	Name CANERO, DEBRA	\1	2 / 08 / 20 Appt Date	V I CI IVIC	seing. ¥
				Appt Date		ted Annual:
		Alternate, if any(Last, First)	1	2/2021	\$0-\$1,000 \$2,001-\$3,000	
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		TEAGUE, WILLIAM	1.	2 00 20	▶ Por Ma	eeting: \$
		Name ((Last, First)	P	2 / 08 / 20 Appt Date	7 7 67 1876	cuity.
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i	Verification have read and understand FRPC Regulation Page 1 Page 1 Page 2 Page 2	ulation 18702.5. I have verified that the appointment and inform	mation	identified above is true	e to the her	st of my information and helief
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	Signature of Agency Head or Designe		GENI	NERAL MANAGER Title		(Month, Day, Year)
				*****		,
1	Comment:					