

Agency Report of: Public Official Appointments

A Public Document

1. Agency Name

VALLEY SANITARY DISTRICT

Division, Department, or Region (If Applicable)

BEVERLI A MARSHALL, GENERAL MANAGER

Designated Agency Contact (Name, Title)

Area Code/Phone Number

760-238-5400

E-mail

Page 1 of 1

California
Form 806

For Official Use Only

Date Posted:

(Month, Day, Year)

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
BUDGET & FINANCE COMMITTEE	<p>▶ Name <u>COLEMAN, DENNIS</u> (Last, First)</p> <p>Alternate, if any _____ (Last, First)</p>	<p>▶ <u>12 / 08 / 20</u> Appt Date</p> <p>▶ <u>12/2021</u> Length of Term</p>	<p>▶ Per Meeting: \$ <u>250</u></p> <p>▶ Estimated Annual:</p> <p><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000</p> <p><input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other _____</p>
	<p>▶ Name <u>SEAR, SCOTT</u> (Last, First)</p> <p>Alternate, if any _____ (Last, First)</p>	<p>▶ <u>12 / 08 / 20</u> Appt Date</p> <p>▶ <u>12/2021</u> Length of Term</p>	<p>▶ Per Meeting: \$ <u>250</u></p> <p>▶ Estimated Annual:</p> <p><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000</p> <p><input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other _____</p>
	<p>▶ Name _____ (Last, First)</p> <p>Alternate, if any _____ (Last, First)</p>	<p>▶ ____ / ____ / ____ Appt Date</p> <p>▶ ____ Length of Term</p>	<p>▶ Per Meeting: \$ _____</p> <p>▶ Estimated Annual:</p> <p><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000</p> <p><input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other _____</p>
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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.

BEVERLI A MARSHALL

GENERAL MANAGER

12/16/2020

Signature of Agency Head or Designee

Print Name

Title

(Month, Day, Year)

Comment: _____

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OPERATIONS COMMITTEE	<p>▶ Name <u>CANERO, DEBRA</u> (Last, First)</p> <p>Alternate, if any _____ (Last, First)</p>	<p>▶ <u>12 / 08 / 20</u> Appt Date</p> <p>▶ <u>12/2021</u> Length of Term</p>	<p>▶ Per Meeting: \$ <u>250</u></p> <p>▶ Estimated Annual:</p> <p><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000</p> <p><input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other _____</p>
	<p>▶ Name <u>TEAGUE, WILLIAM</u> (Last, First)</p> <p>Alternate, if any _____ (Last, First)</p>	<p>▶ <u>12 / 08 / 20</u> Appt Date</p> <p>▶ <u>12/2021</u> Length of Term</p>	<p>▶ Per Meeting: \$ <u>250</u></p> <p>▶ Estimated Annual:</p> <p><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000</p> <p><input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other _____</p>
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