

**Agency Report of:  
Public Official Appointments**

**A Public Document**

<b>1. Agency Name</b> ORO LOMA SANITARY DISTRICT		California Form <b>806</b> For Official Use Only	
Division, Department, or Region (If Applicable)  ALAMEDA COUNTY			
Designated Agency Contact (Name, Title)  JASON J. WARNER, GENERAL MANAGER			
Area Code/Phone Number 510 276-4700	E-mail jwarner@oroloma.org	Page <u>1</u> of <u>1</u>	Date Posted: <u>01/23/17</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
Alameda County Waste Management Authority	▶ Name <u>Shelia Young</u> <small>(Last, First)</small>  Alternate, if any <u>Rita Duncan</u> <small>(Last, First)</small>	▶ <u>12 / 20 / 16</u> <small>Appt Date</small>  ▶ <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"/> <u>          </u> Other
East Bay Dischargers Authority	▶ Name <u>Timothy P. Becker</u> <small>(Last, First)</small>  Alternate, if any <u>Dan Walters</u> <small>(Last, First)</small>	▶ <u>12 / 20 / 16</u> <small>Appt Date</small>  ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>234.00</u>  ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input checked="" type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u>          </u> Other
	▶ Name _____ <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>  /  /  </u> <small>Appt Date</small>  ▶ _____ <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"/> <u>          </u> Other
	▶ Name _____ <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>  /  /  </u> <small>Appt Date</small>  ▶ _____ <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"/> <u>          </u> 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.*

Signature of Agency Head or Designee	Jason J. Warner Print Name	General Manager Title	Jan 23, 2017 (Month, Day, Year)
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Comment: \_\_\_\_\_