

**Agency Report of:
Public Official Appointments**

A Public Document


1. Agency Name ORO LOMA SANITARY DISTRICT		California Form 806 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: 01/09/2019 <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>Fred Simon</u> <small>(Last, First)</small>	▶ <u>01 / 02 / 19</u> <small>Appt Date</small> ▶ <u>2 years</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>Other</u>
East Bay Dischargers Authority	▶ Name <u>Dan Walters</u> <small>(Last, First)</small> Alternate, if any <u>Bob Glaze</u> <small>(Last, First)</small>	▶ <u>01 / 02 / 19</u> <small>Appt Date</small> ▶ <u>2 years</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>240.00</u> ▶ 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>Other</u>
	▶ 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>Other</u>
	▶ 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>Other</u>

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>Jason J. Warner</u> <small>Print Name</small>	<u>General Manager</u> <small>Title</small>	<u>Jan. 9, 2019</u> <small>(Month, Day, Year)</small>
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Comment: _____