

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name DELTA DIABLO		California Form 806 <small>For Official Use Only</small>	
Division, Department, or Region <i>(If Applicable)</i>			
Designated Agency Contact <i>(Name, Title)</i> CECELIA NICHOLS-FRITZLER, SECRETARY TO THE BOARD			
Area Code/Phone Number (925) 756-1927	E-mail CECELIANF@DELTADIABLO.ORG	Page <u>1</u> of <u>1</u>	Date Posted: <u>01/24/2020</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
EAST COUNTY WATER MANAGEMENT ASSOCIATION (ECWMA)	▶ Name <u>BANALES, JUAN ANTONIO</u> <small>(Last, First)</small>	▶ <u>02 / 01 / 20</u> <small>Appt Date</small>	▶ Per Meeting: \$ <u>170.00</u>
	Alternate, if any <u>WRIGHT, SEAN</u> <small>(Last, First)</small>	▶ <u>12 MONTHS</u> <small>Length of Term</small>	▶ 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"/> Other
FINANCE COMMITTEE	▶ Name <u>WRIGHT, SEAN</u> <small>(Last, First)</small>	▶ <u>02 / 01 / 20</u> <small>Appt Date</small>	▶ Per Meeting: \$ <u>170.00</u>
	Alternate, if any <u>GLOVER, FEDERAL</u> <small>(Last, First)</small>	▶ <u>12 MONTHS</u> <small>Length of Term</small>	▶ 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"/> Other
PERSONNEL COMMITTEE	▶ Name <u>GLOVER, FEDERAL</u> <small>(Last, First)</small>	▶ <u>02 / 01 / 20</u> <small>Appt Date</small>	▶ Per Meeting: \$ <u>170.00</u>
	Alternate, if any <u>BANALES, JUAN ANTONIC</u> <small>(Last, First)</small>	▶ <u>12 MONTHS</u> <small>Length of Term</small>	▶ 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"/> Other
	▶ Name _____ <small>(Last, First)</small>	▶ _____ <small>Appt Date</small>	▶ Per Meeting: \$ _____
	Alternate, if any _____ <small>(Last, First)</small>	▶ _____ <small>Length of Term</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"/> 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.


CECELIA NICHOLS-FRITZLER
SECRETARY TO THE BOARD
01/24/2020
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____