

Agency Report of:
Public Official Appointments

A Public Document

1. Agency Name DELTA DIABLO		California Form 806 For Official Use Only
Division, Department, or Region (If Applicable)		
Designated Agency Contact (Name, Title) CECELIA NICHOLS-FRITZLER, SECRETARY TO THE BOARD		
Area Code/Phone Number (925) 756-1927	E-mail cecelianf@deltadiablo.org	Date Posted: 07/29/2019 <small>(Month, Day, Year)</small>
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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) COMMITTEE	▶ Name <u>BANALES, JUAN ANTONIO</u> <small>(Last, First)</small> Alternate, if any <u>SEAN WRIGHT</u> <small>(Last, First)</small>	▶ <u>01 / 01 / 19</u> <small>Appt Date</small> ▶ <u>12 MONTHS</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>170.00</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
FINANCE COMMITTEE	▶ Name <u>WRIGHT, SEAN</u> <small>(Last, First)</small> Alternate, if any <u>FEDERAL GLOVER</u> <small>(Last, First)</small>	▶ <u>01 / 01 / 19</u> <small>Appt Date</small> ▶ <u>12 MONTHS</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>170.00</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
PERSONNEL COMMITTEE	▶ Name <u>GLOVER, FEDERAL</u> <small>(Last, First)</small> Alternate, if any <u>JUAN BANALES</u> <small>(Last, First)</small>	▶ <u>01 / 01 / 19</u> <small>Appt Date</small> ▶ <u>12 MONTHS</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>170.00</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> </u> Other
	▶ Name _____ <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ ____ / ____ / ____ <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 EPPC 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>	CECELIA NICHOLS-FRITZLER _____ <small>Print Name</small>	SECRETARY TO THE BOARD _____ <small>Title</small>	07/29/2019 _____ <small>(Month, Day, Year)</small>
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Comment: _____