

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name WEST BASIN MUNICIPAL WATER DISTRICT		California Form 806 <small>For Official Use Only</small>	
Division, Department, or Region (If Applicable) BOARD OF DIRECTORS			
Designated Agency Contact (Name, Title) LATONYA DEAN, BOARD SECRETARY			
Area Code/Phone Number 310-660-6229	E-mail latonyad@westbasin.org	Page <u>1</u> of <u>11</u>	Date Posted: <u>6/1/18</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
ADMINISTRATION COMMITTEE	▶ Name <u>KWAN, CAROL W.</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 22 / 18</u> <small>Appt Date</small> ▶ <u>1 YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>251.05</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"/> Other
ADMINISTRATION COMMITTEE	▶ Name <u>DEAR, DONALD L.</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 22 / 18</u> <small>Appt Date</small> ▶ <u>1 YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>251.05</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"/> Other
ADMINISTRATION COMMITTEE	▶ Name <u>WILLIAMS, HAROLD C.</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 22 / 18</u> <small>Appt Date</small> ▶ <u>1 YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>251.05</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"/> Other
COMMUNICATION COMMITTEE	▶ Name <u>GRAY, GLORIA D.</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 22 / 18</u> <small>Appt Date</small> ▶ <u>1 YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>251.05</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"/> 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	PATRICK SHEILDS Print Name	GENERAL MANAGER Title	<u>5/30/18</u> (Month, Day, Year)
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Comment: _____

**Agency Report of:
Public Official Appointments
Continuation Sheet**

1. Agency Name WEST BASIN MUNICIPAL WATER DISTRICT	Date Posted: <u>6/1/18</u> <small>(Month, Day, Year)</small>
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Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
COMMUNICATIONS COMMITTEE	▶ Name <u>KWAN, CAROL W.</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 22 / 18</u> <small>Appt Date</small> ▶ <u>1 YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>251.05</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"/> Other
COMMUNICATIONS COMMITTEE	▶ Name <u>HOUSTON, SCOTT</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 22 / 18</u> <small>Appt Date</small> ▶ <u>1 YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>251.05</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"/> Other
DESALINATION COMMITTEE	▶ Name <u>DEAR, DONALD L.</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 22 / 18</u> <small>Appt Date</small> ▶ <u>1 YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>251.05</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"/> Other
DESALINATION COMMITTEE	▶ Name <u>GRAY, GLORIA D.</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 22 / 18</u> <small>Appt Date</small> ▶ <u>1 YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>251.05</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"/> Other
DESALINATION COMMITTEE	▶ Name <u>HOUSTON, SCOTT</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 22 / 18</u> <small>Appt Date</small> ▶ <u>1 YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>251.05</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"/> Other
FINANCE COMMITTEE	▶ Name <u>HOUSTON, SCOTT</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 22 / 18</u> <small>Appt Date</small> ▶ <u>1 YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>251.05</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"/> Other

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Designated Agency Contact (Name, Title) LATONYA DEAN, BOARD SECRETARY			
Area Code/Phone Number 310-660-6229	E-mail latonyad@westbasin.org	Page <u>3</u> of <u>11</u>	Date Posted: <u>6/1/18</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
FINANCE COMMITTEE	▶ Name <u>WILLIAMS, HAROLD C.</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 22 / 18</u> <small>Appt Date</small> ▶ <u>1 YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>251.05</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"/> Other
FINANCE COMMITTEE	▶ Name <u>DEAR, DONALD L.</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 22 / 18</u> <small>Appt Date</small> ▶ <u>1 YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>251.05</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"/> Other
WATER RESOURCES COMMITTEE	▶ Name <u>WILLIAMS, HAROLD C.</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 22 / 18</u> <small>Appt Date</small> ▶ <u>1 YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>251.05</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"/> Other
WATER RESOURCES COMMITTEE	▶ Name <u>HOUSTON, SCOTT</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 22 / 18</u> <small>Appt Date</small> ▶ <u>1 YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>251.05</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"/> 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	PATRICK SHEILDS Print Name	GENERAL MANAGER Title	<u>5/30/18</u> (Month, Day, Year)
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Comment: _____

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Continuation Sheet**

1. Agency Name WEST BASIN MUNICIPAL WATER DISTRICT	Date Posted: <u>6/1/18</u> <small>(Month, Day, Year)</small>
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Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
WATER RESOURCES COMMITTEE	▶ Name <u>GRAY, GLORIA D.</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 22 / 18</u> <small>Appt Date</small> ▶ <u>1 YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>251.05</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"/> Other
ETHICS COMMITTEE	▶ Name <u>DEAR, DONALD L.</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 22 / 18</u> <small>Appt Date</small> ▶ <u>1 YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>251.05</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"/> Other
ETHICS COMMITTEE	▶ Name <u>GRAY, GLORIA D.</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 22 / 18</u> <small>Appt Date</small> ▶ <u>1 YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>251.05</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"/> Other
ETHICS COMMITTEE	▶ Name <u>HOUSTON, SCOTT</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 22 / 18</u> <small>Appt Date</small> ▶ <u>1 YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>251.05</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"/> Other
WEST BASIN/WATER REPLENISHMENT DISTRICT AD HOC COMMITTEE	▶ Name <u>GRAY, GLORIA D.</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 22 / 18</u> <small>Appt Date</small> ▶ <u>1 YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>251.05</u> ▶ Estimated Annual: <input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
WEST BASIN/WATER REPLENISHMENT DISTRICT AD HOC COMMITTEE	▶ Name <u>HOUSTON, SCOTT</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 22 / 18</u> <small>Appt Date</small> ▶ <u>1 YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>251.05</u> ▶ Estimated Annual: <input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other

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Designated Agency Contact (Name, Title) LATONYA DEAN, BOARD SECRETARY			
Area Code/Phone Number 310-660-6229	E-mail latonyad@westbasin.org	Page <u>5</u> of <u>11</u>	Date Posted: <u>6/1/18</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
DISTRICT BUILDING AD HOC COMMITTEE	▶ Name <u>KWAN, CAROL W.</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 22 / 18</u> <small>Appt Date</small> ▶ <u>1 YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>251.05</u> ▶ Estimated Annual: <input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
DISTRICT BUILDING AD HOC COMMITTEE	▶ Name <u>DEAR, DONALD L.</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 22 / 18</u> <small>Appt Date</small> ▶ <u>1 YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>251.05</u> ▶ Estimated Annual: <input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
GENERAL MANAGER EVALUATION AD HOC COMMITTEE	▶ Name <u>GRAY, GLORIA D.</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 22 / 18</u> <small>Appt Date</small> ▶ <u>1 YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>251.05</u> ▶ Estimated Annual: <input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
GENERAL MANAGER EVALUATION AD HOC COMMITTEE	▶ Name <u>WILLIAMS, HAROLD C.</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 22 / 18</u> <small>Appt Date</small> ▶ <u>1 YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>251.05</u> ▶ Estimated Annual: <input checked="" 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.

 <small>Signature of Agency Head or Designee</small>	PATRICK SHEILDS <small>Print Name</small>	GENERAL MANAGER <small>Title</small>	<u>5/30/18</u> <small>(Month, Day, Year)</small>
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Comment: _____

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Continuation Sheet**

1. Agency Name
WEST BASIN MUNICIPAL WATER DISTRICT

Date Posted: 6/1/18
(Month, Day, Year)

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
EDUCATION & OUTREACH AD HOC COMMITTEE	▶ Name <u>DEAR, DONALD L</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 22 / 18</u> <small>Appt Date</small> <u>1 YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>251.05</u> ▶ Estimated Annual: <input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
EDUCATION & OUTREACH AD HOC COMMITTEE	▶ Name <u>GRAY, GLORIA D.</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 22 / 18</u> <small>Appt Date</small> <u>1 YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>251.05</u> ▶ Estimated Annual: <input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
DISTRICT FACILITIES DESIGNATION AD HOC COMMITTEE	▶ Name <u>WILLIAMS, HAROLD C.</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 22 / 18</u> <small>Appt Date</small> <u>1 YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>251.05</u> ▶ Estimated Annual: <input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
DISTRICT FACILITIES DESIGNATION AD HOC COMMITTEE	▶ Name <u>KWAN, CAROL W.</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 22 / 18</u> <small>Appt Date</small> <u>1 YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>251.05</u> ▶ Estimated Annual: <input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
SPONSORSHIP PROGRAM AD HOC COMMITTEE	▶ Name <u>GRAY, GLORIA D.</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 22 / 18</u> <small>Appt Date</small> <u>1 YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>251.05</u> ▶ Estimated Annual: <input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
SPONSORSHIP PROGRAM AD HOC COMMITTEE	▶ Name <u>HOUSTON, SCOTT</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 22 / 18</u> <small>Appt Date</small> <u>1 YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>251.05</u> ▶ Estimated Annual: <input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other

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Area Code/Phone Number 310-660-6229	E-mail latonyad@westbasin.org	Page <u>7</u> of <u>11</u>	Date Posted: <u>6/1/18</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
WATER RECYCLING AD HOC COMMITTEE	▶ Name <u>HOUSTON, SCOTT</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 22 / 18</u> <small>Appt Date</small> ▶ <u>1 YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>251.05</u> ▶ Estimated Annual: <input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
WATER RECYCLING AD HOC COMMITTEE	▶ Name <u>WILLIAMS, HAROLD C.</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 22 / 18</u> <small>Appt Date</small> ▶ <u>1 YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>251.05</u> ▶ Estimated Annual: <input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
STRATEGIC PLANNING AD HOC COMMITTEE	▶ Name <u>KWAN, CAROL W.</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 22 / 18</u> <small>Appt Date</small> ▶ <u>1 YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>251.05</u> ▶ Estimated Annual: <input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
STRATEGIC PLANNING AD HOC COMMITTEE	▶ Name <u>GRAY, GLORIA D.</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 22 / 18</u> <small>Appt Date</small> ▶ <u>1 YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>251.05</u> ▶ Estimated Annual: <input checked="" 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.

 <small>Signature of Agency Head or Designee</small>	<u>PATRICK SHEILDS</u> <small>Print Name</small>	<u>GENERAL MANAGER</u> <small>Title</small>	<u>5/22/18</u> <small>(Month, Day, Year)</small>
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Comment: _____

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WEST BASIN MUNICIPAL WATER DISTRICT

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2. Appointments

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REDISTRICTING AD HOC COMMITTEE	<p>▶ Name <u>DEAR, DONALD L</u> (Last, First)</p> <p>Alternate, if any _____ (Last, First)</p>	<p>▶ <u>1 / 22 / 18</u> Appt Date</p> <p><u>1 YEAR</u> Length of Term</p>	<p>▶ Per Meeting: \$ <u>251.05</u></p> <p>▶ Estimated Annual:</p> <p><input checked="" 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>
REDISTRICTING AD HOC COMMITTEE	<p>▶ Name <u>HOUSTON, SCOTT</u> (Last, First)</p> <p>Alternate, if any _____ (Last, First)</p>	<p>▶ <u>1 / 22 / 18</u> Appt Date</p> <p><u>1 YEAR</u> Length of Term</p>	<p>▶ Per Meeting: \$ <u>251.05</u></p> <p>▶ Estimated Annual:</p> <p><input checked="" 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>
ORGANIZATIONAL AD HOC COMMITTEE	<p>▶ Name <u>HOUSTON, SCOTT</u> (Last, First)</p> <p>Alternate, if any _____ (Last, First)</p>	<p>▶ <u>1 / 22 / 18</u> Appt Date</p> <p><u>1 YEAR</u> Length of Term</p>	<p>▶ Per Meeting: \$ <u>251.05</u></p> <p>▶ Estimated Annual:</p> <p><input checked="" 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>
ORGANIZATIONAL AD HOC COMMITTEE	<p>▶ Name <u>KWAN, CAROL W.</u> (Last, First)</p> <p>Alternate, if any _____ (Last, First)</p>	<p>▶ <u>1 / 22 / 18</u> Appt Date</p> <p><u>1 YEAR</u> Length of Term</p>	<p>▶ Per Meeting: \$ <u>251.05</u></p> <p>▶ Estimated Annual:</p> <p><input checked="" 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>
CONJUNCTIVE USE AD HOC COMMITTEE	<p>▶ Name <u>WILLIAMS, HAROLD C.</u> (Last, First)</p> <p>Alternate, if any _____ (Last, First)</p>	<p>▶ <u>1 / 22 / 18</u> Appt Date</p> <p><u>1 YEAR</u> Length of Term</p>	<p>▶ Per Meeting: \$ <u>251.05</u></p> <p>▶ Estimated Annual:</p> <p><input checked="" 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>
CONJUNCTIVE USE AD HOC COMMITTEE	<p>▶ Name <u>DEAR, DONALD L.</u> (Last, First)</p> <p>Alternate, if any _____ (Last, First)</p>	<p>▶ <u>1 / 22 / 18</u> Appt Date</p> <p><u>1 YEAR</u> Length of Term</p>	<p>▶ Per Meeting: \$ <u>251.05</u></p> <p>▶ Estimated Annual:</p> <p><input checked="" 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>

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name WEST BASIN MUNICIPAL WATER DISTRICT			California Form 806 For Official Use Only
Division, Department, or Region (if Applicable) BOARD OF DIRECTORS			Date Posted: <u>6/1/18</u> <small>(Month, Day, Year)</small>
Designated Agency Contact (Name, Title) LATONYA DEAN, BOARD SECRETARY			
Area Code/Phone Number 310-660-6229	E-mail latonyad@westbasin.org	Page <u>9</u> of <u>11</u>	

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
ASSOCIATION OF CALIFORNIA WATER AGENCIES JOINT POWERS INSURANCE AUTHORITY	▶ Name <u>GRAY, GLORIA D.</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 22 / 18</u> <small>Appt Date</small> <u>1 YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>251.05</u> ▶ Estimated Annual: <input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
ASSOCIATION OF CALIFORNIA WATER AGENCIES JOINT POWERS INSURANCE AUTHORITY/REGION 8	▶ Name <u>GRAY, GLORIA D.</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 22 / 18</u> <small>Appt Date</small> <u>1 YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>251.05</u> ▶ Estimated Annual: <input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
SANTA MONICA BAY RESTORATION COMMITTEE & EXECUTIVE COMMITTEE	▶ Name <u>GRAY, GLORIA D.</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 22 / 18</u> <small>Appt Date</small> <u>1 YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>251.05</u> ▶ Estimated Annual: <input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
METROPOLITAN WATER DISTRICT ORGANIZATION, PERSONNEL, AND TECHNOLOGY COMMITTEE	▶ Name <u>GRAY, GLORIA D.</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 22 / 18</u> <small>Appt Date</small> <u>1 YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>251.05</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"/> 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.

 <small>Signature of Agency Head or Designee</small>	<u>PATRICK SHEILDS</u> <small>Print Name</small>	<u>GENERAL MANAGER</u> <small>Title</small>	<u>5/30/18</u> <small>(Month, Day, Year)</small>
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Comment: _____

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name WEST BASIN MUNICIPAL WATER DISTRICT		California Form 806	For Official Use Only
Division, Department, or Region (If Applicable) BOARD OF DIRECTORS			
Designated Agency Contact (Name, Title) LATONYA DEAN, BOARD SECRETARY		Date Posted: 6/1/18 <small>(Month, Day, Year)</small>	
Area Code/Phone Number 310-660-6229	E-mail latonyad@westbasin.org		

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
METROPOLITAN WATER DISTRICT WATER PLANNING AND STEWARDSHIP COMMITTEE	▶ Name <u>GRAY, GLORIA D.</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 22 / 18</u> <small>Appt Date</small> <u>1</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>251.05</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"/> Other
METROPOLITAN WATER DISTRICT COMMUNICATIONS AND LEGISLATION COMMITTEE	▶ Name <u>GRAY, GLORIA D.</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 22 / 18</u> <small>Appt Date</small> <u>1</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>251.05</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"/> Other
METROPOLITAN WATER DISTRICT EXECUTIVE COMMITTEE	▶ Name <u>GRAY, GLORIA D.</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 22 / 18</u> <small>Appt Date</small> <u>1</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>251.05</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"/> Other
METROPOLITAN WATER DISTRICT CONSERVATION AND LOCAL RESOURCES COMMITTEE	▶ Name <u>GRAY, GLORIA D.</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 22 / 18</u> <small>Appt Date</small> <u>1</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>251.05</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"/> 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.

 <small>Signature of Agency Head or Designee</small>	PATRICK SHEILDS <small>Print Name</small>	GENERAL MANAGER <small>Title</small>	<u>5/30/18</u> <small>(Month, Day, Year)</small>
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Comment: _____

**Agency Report of:
Public Official Appointments
Continuation Sheet**

1. Agency Name WEST BASIN MUNICIPAL WATER DISTRICT	Date Posted: <u>6/1/18</u> (Month, Day, Year)
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Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
METROPOLITAN WATER DISTRICT SPECIAL COMMITTEE ON BAY-DELTA	▶ Name <u>GRAY, GLORIA D.</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 22 / 18</u> <small>Appt Date</small> <u>1</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>251.05</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"/> Other
METROPOLITAN WATER DISTRICT ENGINEERING AND OPERATIONS COMMITTEE	▶ Name <u>WILLIAMS, HAROLD C.</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>3 / 13 / 18</u> <small>Appt Date</small> <u>1</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>251.05</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"/> Other
METROPOLITAN WATER DISTRICT ORGANIZATION, PERSONNEL AND TECHNOLOGY COMMITTEE	▶ Name <u>WILLIAMS, HAROLD C.</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>3 / 13 / 18</u> <small>Appt Date</small> _____ <small>Length of Term</small>	▶ Per Meeting: \$ <u>251.05</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"/> Other
METROPOLITAN WATER DISTRICT BOARD OF DIRECTORS	▶ Name <u>WILLIAMS, HAROLD C.</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>2 / 14 / 18</u> <small>Appt Date</small> <u>1</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>251.05</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"/> Other
METROPOLITAN WATER DISTRICT BOARD OF DIRECTORS	▶ Name <u>GRAY, GLORIA D.</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 22 / 18</u> <small>Appt Date</small> <u>1</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>251.05</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"/> 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"/> Other