

# Agency Report of: Public Official Appointments

A Public Document

<b>1. Agency Name</b> Yorba Linda Water District		<b>California Form 806</b> For Official Use Only	
Division, Department, or Region (If Applicable)			
Designated Agency Contact (Name, Title) Annie Alexander, Executive Assistant			
Area Code/Phone Number 714-701-3021	E-mail aalexander@ylwd.com	Page <u>1</u> of <u>1</u>	Date Posted: <u>01/23/2017</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
YLWD/MWDOC/OCWD Interagency Committee	▶ Name <u>Miller, J. Wayne</u> <small>(Last, First)</small>  Alternate, if any <u>Nederhood, Al</u> <small>(Last, First)</small>	▶ <u>12 / 22 / 16</u> <small>Appt Date</small>  ▶ <u>1 Yr</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>150.00</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
YLWD/City of Yorba Linda Joint Agency Committee	▶ Name <u>Miller, J. Wayne</u> <small>(Last, First)</small>  Alternate, if any <u>Hawkins, Phil</u> <small>(Last, First)</small>	▶ <u>01 / 12 / 17</u> <small>Appt Date</small>  ▶ <u>1 Yr</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"/> Other
YLWD/City of Placentia/Golden State Water Company Interagency Committee	▶ Name <u>Miller, J. Wayne</u> <small>(Last, First)</small>  Alternate, if any <u>Nederhood, Al</u> <small>(Last, First)</small>	▶ <u>12 / 22 / 16</u> <small>Appt Date</small>  ▶ <u>1 Yr</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>150.00</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
Orange County Sanitation District	▶ Name <u>Hawkins, Phil</u> <small>(Last, First)</small>  Alternate, if any <u>Jones, Brooke</u> <small>(Last, First)</small>	▶ <u>12 / 22 / 16</u> <small>Appt Date</small>  ▶ <u>1 Yr</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>212.50</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.

<i>Annie Alexander</i>	Annie Alexander	Executive Assistant	01/23/2017
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: \_\_\_\_\_