

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name West Bay Sanitary District <hr/> Division, Department, or Region (If Applicable) <hr/> Designated Agency Contact (Name, Title) Phil Scott, District Manager <hr/> Area Code/Phone Number E-mail 650-321-0384 info@westbaysanitary.org		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> California Form 806 For Official Use Only </div> <hr/> Date Posted: 1/16/20 <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
Silicon Valley Clean Water (SVCW) (paid by SVCW)	▶ Name <u>George Otte</u> <small>(Last, First)</small> Alternate, if any <u>Edward Moritz</u> <small>(Last, First)</small>	▶ <u>12 / 11 / 19</u> <small>Appt Date</small> ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>\$100.00</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"/> Other
SBWMA (South Bayside Waste Management Authority) (paid by WBSD)	▶ Name <u>Fran Dehn</u> <small>(Last, First)</small> Alternate, if any <u>George Otte</u> <small>(Last, First)</small>	▶ <u>12 / 11 / 19</u> <small>Appt Date</small> ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>\$230.00</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"/> Other
Internal committees, including Finance, Recycled Water and as needed Ad-Ho committees/task forces (compensation subject to District policy limit)	▶ Name <u>All Board Members</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ _____/_____/_____ <small>Appt Date</small> ▶ _____ <small>Length of Term</small>	▶ Per Meeting: \$ <u>\$230.00</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input checked="" type="checkbox"/> <u>\$4,370.00</u> <small>Other</small>
	▶ 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

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>	Phil Scott <small>Print Name</small>	District Manager <small>Title</small>	1/16/2020 <small>(Month, Day, Year)</small>
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Comment: _____