

**Agency Report of:  
Public Official Appointments**

**A Public Document**

<b>1. Agency Name</b>		Page <u>1</u> of <u>4</u>	<b>California Form 806</b>
City of Ontario			For Official Use Only
<b>Division, Department, or Region (If Applicable)</b>			
City Council			
<b>Designated Agency Contact (Name, Title)</b>			<b>Date Posted:</b>
Scott Ochoa, City Manager			
<b>Area Code/Phone Number</b>	<b>E-mail</b>		
909-395-2000			<small>(Month, Day, Year)</small>

**2. Appointments**

OFFICE RCVD MAR 2 '21 PM 1:51

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Chaffey College Downtown Ontario Campus Construction Committee	▶ Name <u>Paul Leon</u> <small>(Last, First)</small>  Alternate, if any <u>Debra Dorst-Porada</u> <small>(Last, First)</small>	▶ <u>12 / 15 / 20</u> <small>Appt Date</small>  ▶ _____ <small>Length of Term</small>	▶ Per Meeting: \$ <u>0</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"/> Other
Chino Basin Desalter Authority Board	▶ Name <u>Jim W. Bowman</u> <small>(Last, First)</small>  Alternate, if any <u>Debra Dorst-Porada</u> <small>(Last, First)</small>	▶ <u>12 / 15 / 20</u> <small>Appt Date</small>  ▶ _____ <small>Length of Term</small>	▶ Per Meeting: \$ <u>150</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"/> Other
Chino Basin Watermaster Board	▶ Name <u>Jim W. Bowman</u> <small>(Last, First)</small>  Alternate, if any <u>Debra Dorst-Porada</u> <small>(Last, First)</small>	▶ <u>12 / 15 / 20</u> <small>Appt Date</small>  ▶ _____ <small>Length of Term</small>	▶ Per Meeting: \$ <u>125</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"/> Other
Chino Valley Unified School District	▶ Name <u>Debra Dorst-Porada</u> <small>(Last, First)</small>  Alternate, if any <u>Paul S. Leon</u> <small>(Last, First)</small>	▶ <u>12 / 15 / 20</u> <small>Appt Date</small>  ▶ _____ <small>Length of Term</small>	▶ Per Meeting: \$ <u>0</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"/> 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

Darlene Sanchez

Print Name

Assistant City Manager

Title

Feb 19, 2021

(Month, Day, Year)

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

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

**1. Agency Name**

Date Posted: \_\_\_\_\_  
(Month, Day, Year)

**2. Appointments**

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
City Selection Committee - County Level	▶ Name <u>Paul S. Leon</u> (Last, First)  Alternate, if any _____ (Last, First)	▶ <u>12 / 15 / 20</u> Appt Date  ▶ _____ Length of Term	▶ Per Meeting: \$ <u>0</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"/> _____ Other
Council Nominations Committee	▶ Name <u>Alan D. Wapner</u> (Last, First)  Alternate, if any <u>Debra Dorst-Porada</u> (Last, First)	▶ <u>12 / 15 / 20</u> Appt Date  ▶ _____ Length of Term	▶ Per Meeting: \$ <u>0</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"/> _____ Other
County of San Bernardino Solid Waste Advisory Task Force	▶ Name <u>Paul S. Leon</u> (Last, First)  Alternate, if any <u>Thomas Coates</u> (Last, First)	▶ <u>12 / 15 / 20</u> Appt Date  ▶ _____ Length of Term	▶ Per Meeting: \$ <u>0</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"/> _____ Other
Inland Empire Utilities Agency (IEUA) – Regional Sewerage Policy Committee	▶ Name <u>Debra Dorst-Porada</u> (Last, First)  Alternate, if any <u>Jim W. Bowman</u> (Last, First)	▶ <u>12 / 15 / 20</u> Appt Date  ▶ _____ Length of Term	▶ Per Meeting: \$ <u>100.00</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"/> _____ Other
Library Board of Trustees Liaison	▶ Name <u>Debra Dorst-Porada</u> (Last, First)  Alternate, if any <u>Paul S. Leon</u> (Last, First)	▶ <u>12 / 15 / 20</u> Appt Date  ▶ _____ Length of Term	▶ Per Meeting: \$ <u>0</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"/> _____ Other
Metro Gold Line Foothill Extension JPA	▶ Name <u>Paul S. Leon</u> (Last, First)  Alternate, if any <u>Debra Dorst-Porada</u> (Last, First)	▶ <u>12 / 15 / 20</u> Appt Date  ▶ _____ Length of Term	▶ Per Meeting: \$ <u>125.00</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"/> _____ Other

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Continuation Sheet**

City of Ontario

**1. Agency Name**

Date Posted: \_\_\_\_\_  
(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
Museum of History and Art Liaison	▶ Name <u>Debra Dorst-Porada</u> <i>(Last, First)</i>  Alternate, if any <u>Jim W. Bowman</u> <i>(Last, First)</i>	▶ <u>12 / 15 / 20</u> <i>Appt Date</i>  ▶ _____ <i>Length of Term</i>	▶ Per Meeting: \$ <u>0</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"/> _____ <i>Other</i>
OmniTrans Board of Directors	▶ Name <u>Alan D. Wapner</u> <i>(Last, First)</i>  Alternate, if any <u>Debra Dorst-Porada</u> <i>(Last, First)</i>	▶ <u>12 / 15 / 20</u> <i>Appt Date</i>  ▶ _____ <i>Length of Term</i>	▶ Per Meeting: \$ <u>125</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"/> _____ <i>Other</i>
Ontario International Airport Authority	▶ Name <u>Alan D. Wapner &amp; Jim W. Bowman</u> <i>(Last, First)</i>  Alternate, if any <u>Paul S. Leon &amp; Debra Dorst</u> <i>(Last, First)</i>	▶ <u>12 / 15 / 20</u> <i>Appt Date</i>  ▶ _____ <i>Length of Term</i>	▶ Per Meeting: \$ <u>150</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"/> _____ <i>Other</i>
ONT-IAC Mediation Board Liaison	▶ Name <u>Alan D. Wapner</u> <i>(Last, First)</i>  Alternate, if any <u>Jim W. Bowman</u> <i>(Last, First)</i>	▶ <u>12 / 15 / 20</u> <i>Appt Date</i>  ▶ _____ <i>Length of Term</i>	▶ Per Meeting: \$ <u>0</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"/> _____ <i>Other</i>
Recreation & Parks Commission Liaison	▶ Name <u>Alan D. Wapner</u> <i>(Last, First)</i>  Alternate, if any <u>Debra Dorst-Porada</u> <i>(Last, First)</i>	▶ <u>12 / 15 / 20</u> <i>Appt Date</i>  ▶ _____ <i>Length of Term</i>	▶ Per Meeting: \$ <u>0</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"/> _____ <i>Other</i>
SBTCA (Formerly: San Bernardino Association of Governments) Board of Directors	▶ Name <u>Alan D. Wapner</u> <i>(Last, First)</i>  Alternate, if any <u>Paul S. Leon</u> <i>(Last, First)</i>	▶ <u>12 / 15 / 20</u> <i>Appt Date</i>  ▶ _____ <i>Length of Term</i>	▶ Per Meeting: \$ <u>200.00</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"/> _____ <i>Other</i>

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Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
School Districts (Subcommittee)	▶ Name <u>Paul S. Leon</u> <i>(Last, First)</i>  Alternate, if any <u>Debra Dorst-Porada</u> <i>(Last, First)</i>	▶ <u>12 / 15 / 20</u> <i>Appt Date</i>  ▶ _____ <i>Length of Term</i>	▶ Per Meeting: \$ <u>0</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"/> _____ <i>Other</i>
Sister Cities Liaison	▶ Name <u>Paul S. Leon</u> <i>(Last, First)</i>  Alternate, if any <u>Debra Dorst-Porada</u> <i>(Last, First)</i>	▶ <u>12 / 15 / 20</u> <i>Appt Date</i>  ▶ _____ <i>Length of Term</i>	▶ Per Meeting: \$ <u>0</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"/> _____ <i>Other</i>
Water Facilities Authority – Board of Directors	▶ Name <u>Debra Dorst-Porada</u> <i>(Last, First)</i>  Alternate, if any <u>Paul S. Leon</u> <i>(Last, First)</i>	▶ <u>12 / 15 / 20</u> <i>Appt Date</i>  ▶ _____ <i>Length of Term</i>	▶ Per Meeting: \$ <u>113.14</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"/> _____ <i>Other</i>
West Valley Mosquito & Vector Control District – Board of Trustees	▶ Name <u>Paul S. Leon</u> <i>(Last, First)</i>  Alternate, if any _____ <i>(Last, First)</i>	▶ <u>12 / 15 / 20</u> <i>Appt Date</i>  ▶ _____ <i>Length of Term</i>	▶ Per Meeting: \$ <u>100.00</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"/> _____ <i>Other</i>
Chino Basin Water Bank	▶ Name <u>Jim W. Bowman</u> <i>(Last, First)</i>  Alternate, if any <u>Chino Basin Water Bank</u> <i>(Last, First)</i>	▶ <u>01 / 19 / 21</u> <i>Appt Date</i>  ▶ _____ <i>Length of Term</i>	▶ Per Meeting: \$ <u>100.00</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"/> _____ <i>Other</i>
	▶ Name _____ <i>(Last, First)</i>  Alternate, if any _____ <i>(Last, First)</i>	▶ _____ <i>Appt Date</i>  ▶ _____ <i>Length of Term</i>	▶ 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"/> _____ <i>Other</i>