

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name City of Ontario		California Form 806 For Official Use Only	
Division, Department, or Region (If Applicable) City Council			
Designated Agency Contact (Name, Title) Scott Ochoa, City Manager			
Area Code/Phone Number 909-395-2000	E-mail	Page <u>1</u> of <u>3</u>	Date Posted: <u>02/20/2019</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
Metro Gold Line Foothill Extension JPA	▶ Name <u>Leon, Paul</u> <small>(Last, First)</small> Alternate, if any <u>Dorst-Porada, Debra</u> <small>(Last, First)</small>	▶ <u>1 / 20 / 15</u> <small>Appt Date</small> ▶ _____ <small>Length of Term</small>	▶ Per Meeting: \$ <u>100.00</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
West Valley Mosquito & Vector Control District Board of Trustees	▶ Name <u>Leon, Paul</u> <small>(Last, First)</small> Alternate, if any <u>Ocegueda, Daisy</u> <small>(Last, First)</small>	▶ <u>1 / 20 / 15</u> <small>Appt Date</small> ▶ _____ <small>Length of Term</small>	▶ Per Meeting: \$ <u>100.00</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
Water Facilities Authority Board of Directors	▶ Name <u>Valencia, Ruben</u> <small>(Last, First)</small> Alternate, if any <u>Leon, Paul</u> <small>(Last, First)</small>	▶ <u>2 / 8 / 18</u> <small>Appt Date</small> ▶ _____ <small>Length of Term</small>	▶ Per Meeting: \$ <u>113.14</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
Chino Basin Desalter Authority	▶ Name <u>Bowman, Jim</u> <small>(Last, First)</small> Alternate, if any <u>Valencia, Ruben</u> <small>(Last, First)</small>	▶ <u>1 / 20 / 15</u> <small>Appt Date</small> ▶ _____ <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

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	Scott Ochoa Print Name	City Manager Title	2/13/2019 (Month, Day, Year)
--	---------------------------	-----------------------	---------------------------------

Comment: _____

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

1. Agency Name
City of Ontario

Date Posted: _____
(Month, Day, Year)

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Omnitans Board of Directors	<p>▶ Name <u>Wapner, Alan</u> <small>(Last, First)</small></p> <p>Alternate, if any <u>Dorst-Porada, Debra</u> <small>(Last, First)</small></p>	<p>▶ <u>1 / 20 / 15</u> <small>Appt Date</small></p> <p>▶ _____ <small>Length of Term</small></p>	<p>▶ Per Meeting: \$ <u>125.00</u></p> <p>▶ Estimated Annual:</p> <p><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000</p> <p><input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other</p>
SBCTA (Formerly SANBAG) Board of Directors	<p>▶ Name <u>Wapner, Alan</u> <small>(Last, First)</small></p> <p>Alternate, if any <u>Dorst-Porada, Debra</u> <small>(Last, First)</small></p>	<p>▶ <u>1 / 20 / 15</u> <small>Appt Date</small></p> <p>▶ _____ <small>Length of Term</small></p>	<p>▶ Per Meeting: \$ <u>100.00</u></p> <p>▶ Estimated Annual:</p> <p><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000</p> <p><input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other</p>
SBCTA Metro Valley Study Session	<p>▶ Name <u>Wapner, Alan</u> <small>(Last, First)</small></p> <p>Alternate, if any _____ <small>(Last, First)</small></p>	<p>▶ <u>7 / 1 / 15</u> <small>Appt Date</small></p> <p>▶ _____ <small>Length of Term</small></p>	<p>▶ Per Meeting: \$ <u>100.00</u></p> <p>▶ Estimated Annual:</p> <p><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000</p> <p><input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other</p>
SBCTA General Polcy Commit6tee	<p>▶ Name <u>Wapner, Alan</u> <small>(Last, First)</small></p> <p>Alternate, if any _____ <small>(Last, First)</small></p>	<p>▶ <u>7 / 1 / 15</u> <small>Appt Date</small></p> <p>▶ _____ <small>Length of Term</small></p>	<p>▶ Per Meeting: \$ <u>100.00</u></p> <p>▶ Estimated Annual:</p> <p><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000</p> <p><input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other</p>
Ontario International Airport Authority	<p>▶ Name <u>Wapner, Alan</u> <small>(Last, First)</small></p> <p>Alternate, if any _____ <small>(Last, First)</small></p>	<p>▶ <u>8 / 21 / 12</u> <small>Appt Date</small></p> <p>▶ _____ <small>Length of Term</small></p>	<p>▶ Per Meeting: \$ <u>150.00</u></p> <p>▶ Estimated Annual:</p> <p><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000</p> <p><input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other</p>
Ontario International Airport Authority	<p>▶ Name <u>Bowman, Jim</u> <small>(Last, First)</small></p> <p>Alternate, if any _____ <small>(Last, First)</small></p>	<p>▶ <u>8 / 21 / 12</u> <small>Appt Date</small></p> <p>▶ _____ <small>Length of Term</small></p>	<p>▶ Per Meeting: \$ <u>150.00</u></p> <p>▶ Estimated Annual:</p> <p><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000</p> <p><input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other</p>

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

1. Agency Name

City of Ontario

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
Inland Empire Utilities Agency - Regional Sewerage Policy Committee	▶ Name <u>Bowman, Jim</u> <small>(Last, First)</small> Alternate, if any <u>Dorst-Porada, Debra</u> <small>(Last, First)</small>	▶ <u>1 / 20 / 15</u> <small>Appt Date</small> ▶ _____ <small>Length of Term</small>	▶ Per Meeting: \$ <u>100.00</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"/> _____ <small>Other</small>
SCRRA/Metrolink-Executive Management & Audit Committee	▶ Name <u>Wapner, Alan</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ _____/_____/_____ <small>Appt Date</small> ▶ _____ <small>Length of Term</small>	▶ Per Meeting: \$ <u>100.00</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"/> _____ <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"/> _____ <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"/> _____ <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"/> _____ <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"/> _____ <small>Other</small>