Agency Report of:
Public Official Appointments

A Public Document

1. Agency Name

City of Ontario

Division, Department, or Region *(If Applicable)*

City Council

Designated Agency Contact *(Name, Title)*

Al C. Boling, City Manager

Area Code/Phone Number	E-mail
909-395-2000	

California Form **806**

For Official Use Only

Page 1 of 2

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
Metro Gold Line Phase II JPA Board of Directors	Name: Leon, Paul *(Last, First)* Alternate, if any: Dorst-Porada, Debra *(Last, First)*	01 / 20 / 15 *Appt Date* 1 year *Length of Term*	*Per Meeting:* $ 100.00 *Estimated Annual:* ☐ $0-$1,000 ☐ $2,001-$3,000 ☒ $1,001-$2,000 ☐ _____ *Other*
West Valley Mosquito & Vector Control District Board of Trustees	Name: Leon, Paul *(Last, First)* Alternate, if any: _____ *(Last, First)*	01 / 20 / 15 *Appt Date* _____ *Length of Term*	*Per Meeting:* $ 100.00 *Estimated Annual:* ☐ $0-$1,000 ☐ $2,001-$3,000 ☒ $1,001-$2,000 ☐ _____ *Other*
Water Facilities Authority Board of Directors	Name: Leon, Paul *(Last, First)* Alternate, if any: Burton, Scott *(Last, First)*	01 / 20 / 15 *Appt Date* 1 year *Length of Term*	*Per Meeting:* $ 94.29 *Estimated Annual:* ☐ $0-$1,000 ☐ $2,001-$3,000 ☒ $1,001-$2,000 ☐ _____ *Other*
Chino Basin Desalter Authority	Name: Bowman, Jim *(Last, First)* Alternate, if any: Burton, Scott *(Last, First)*	01 / 20 / 15 *Appt Date* 1 year *Length of Term*	*Per Meeting:* $ 150.00 *Estimated Annual:* ☐ $0-$1,000 ☐ $2,001-$3,000 ☒ $1,001-$2,000 ☐ _____ *Other*

3. Verification

I have read and understand FPPC Regulation 18705.5. 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	Print Name	Title	(Month, Day, Year)
	Al C. Boling	City Manager	07/13/2015

Comment: _____

Agency Report of:
Public Official Appointments
Continuation Sheet

California Form 806
A Public Document

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
Omnitrans Board of Directors	Name: Wapner, Alan (Last, First) Alternate, if any: Dorst-Porada, Debra (Last, First)	01 / 20 / 15 (Appt Date) 1 year (Length of Term)	Per Meeting: $ 125.00 Estimated Annual: ☐ $0-$1,000 ☐ $2,001-$3,000 ☒ $1,001-$2,000 ☐ _____ Other
SANBAG (San Bernardino Associated Governments Board of Directors)	Name: Wapner, Alan (Last, First) Alternate, if any: Dorst-Porada, Debra (Last, First)	01 / 20 / 15 (Appt Date) 1 year (Length of Term)	Per Meeting: $ 100.00 Estimated Annual: ☐ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ _____ Other
SANBAG Metro Valley Study Session	Name: Wapner, Alan (Last, First) Alternate, if any: _____ (Last, First)	07 / 01 / 15 (Appt Date) 1 year (Length of Term)	Per Meeting: $ 100.00 Estimated Annual: ☐ $0-$1,000 ☐ $2,001-$3,000 ☒ $1,001-$2,000 ☐ _____ Other
SANBAG General Policy Committee	Name: Wapner, Alan (Last, First) Alternate, if any: _____ (Last, First)	07 / 01 / 15 (Appt Date) 1 year (Length of Term)	Per Meeting: $ 100.00 Estimated Annual: ☐ $0-$1,000 ☐ $2,001-$3,000 ☒ $1,001-$2,000 ☐ _____ Other
	Name: _____ (Last, First) Alternate, if any: _____ (Last, First)	/ / (Appt Date) _____ (Length of Term)	Per Meeting: $ _____ Estimated Annual: ☐ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ _____ Other
	Name: _____ (Last, First) Alternate, if any: _____ (Last, First)	/ / (Appt Date) _____ (Length of Term)	Per Meeting: $ _____ Estimated Annual: ☐ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ _____ Other