

**Agency Report of:  
Public Official Appointments**

**A Public Document**

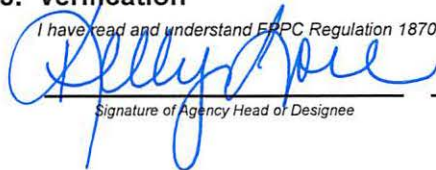
<b>1. Agency Name</b> Orange County Sanitation District			<b>California Form 806</b> For Official Use Only
Division, Department, or Region (If Applicable) Board Services Division, General Manager's Office			Date Posted: <b>07/01/2019</b> <small>(Month, Day, Year)</small>
Designated Agency Contact (Name, Title) Kelly A. Lore, Clerk of the Board			
Area Code/Phone Number 714-593-7433	E-mail klore@ocsd.com	Page <u>1</u> of <u>1</u>	

**2. Appointments**

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Orange County Sanitation District Board of Directors (Board Chairman)	▶ Name <u>Shawver, David J.</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>07 / 01 / 19</u> <small>Appt Date</small>  _____ <small>Length of Term</small>	▶ Per Meeting: \$ <u>212.5</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>\$3001+</u> <small>Other</small>
Orange County Sanitation District Board of Directors (Board Vice Chairman)	▶ Name <u>Withers, John</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>07 / 01 / 19</u> <small>Appt Date</small>  _____ <small>Length of Term</small>	▶ Per Meeting: \$ <u>212.50</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>\$3001+</u> <small>Other</small>
Groundwater Replenishment System Steering Committee (Director)	▶ Name <u>Shawver, David J.</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>07 / 01 / 19</u> <small>Appt Date</small>  _____ <small>Length of Term</small>	▶ Per Meeting: \$ <u>212.50</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"/> _____ <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>

**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 of Designee

Kelly A. Lore  
Print Name

Clerk of the Board  
Title

07/01/2019  
(Month, Day, Year)

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