

**Agency Report of:
Public Official Appointments**

FILED THIS DATE IN THE OFFICE
OF THE CITY CLERK OF THE CITY
OF CHINO A Public Document

1. Agency Name City of Chino		DEC 1 A.B. For City Clerk, Deputy City Clerk,	California Form 806 For Official Use Only
Division, Department, or Region (If Applicable) Administration Department			
Designated Agency Contact (Name, Title) Matthew C. Ballantyne			
Area Code/Phone Number (909) 334-3306	E-mail MBallantyne@cityofchino.org	Page 1 of 2	Date Posted: 12/17/2020 (Month, Day, Year)

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Chino Basin Desalter Authority	▶ Name <u>Ulloa, Eunice M.</u> <small>(Last, First)</small> Alternate, if any <u>Lucio, Marc</u> <small>(Last, First)</small>	▶ <u>12 / 15 / 20</u> <small>Appt Date</small> ▶ <u>2 years</u> <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 checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
Inland Empire Utilities Agency Regional Sewerage Policy Committee	▶ Name <u>Ulloa, Eunice M.</u> <small>(Last, First)</small> Alternate, if any <u>Comstock, Karen C.</u> <small>(Last, First)</small>	▶ <u>12 / 15 / 20</u> <small>Appt Date</small> ▶ <u>2 years</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100</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
OmniTrans Board of Directors	▶ Name <u>Ulloa, Eunice M.</u> <small>(Last, First)</small> Alternate, if any <u>Comstock, Karen C.</u> <small>(Last, First)</small>	▶ <u>12 / 15 / 20</u> <small>Appt Date</small> ▶ <u>2 years</u> <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 checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
San Bernardino County Transportation Authority Board of Directors	▶ Name <u>Ulloa, Eunice M.</u> <small>(Last, First)</small> Alternate, if any <u>Comstock, Karen C.</u> <small>(Last, First)</small>	▶ <u>12 / 15 / 20</u> <small>Appt Date</small> ▶ <u>2 years</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100</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.


 _____ Matthew C. Ballantyne _____ City Manager _____ 12.17.20
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____

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

1. Agency Name City of Chino	Date Posted: _____ (Month, Day, Year)
--	---

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
San Bernardino County Transportation Authority Metro Valley Study Session	▶ Name <u>Ulloa, Eunice M.</u> <small>(Last, First)</small> Alternate, if any <u>Comstock, Karen C.</u> <small>(Last, First)</small>	▶ <u>12 / 15 / 20</u> <small>Appt Date</small> ▶ <u>2 years</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100</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>Ulloa, Eunice M.</u> <small>(Last, First)</small> Alternate, if any <u>Lucio, Marc</u> <small>(Last, First)</small>	▶ <u>12 / 15 / 20</u> <small>Appt Date</small> ▶ <u>2 years</u> <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
West Valley Mosquito and Vector Control District Board of Trustees	▶ Name <u>Ulloa, Eunice M.</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 15 / 20</u> <small>Appt Date</small> ▶ <u>2 years</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100</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
	▶ 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
	▶ 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
	▶ 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