

**Agency Report of:  
Public Official Appointments**

**A Public Document**

|   |                                |  |
|---|--------------------------------|--|
| <b>1. Agency Name</b><br>City of Daly City<br>Division, Department, or Region (If Applicable) |                                | California<br><b>Form 806</b><br>For Official Use Only       |
| Designated Agency Contact (Name, Title)<br>K. Annette Hipona                                  |                                |  |
| Area Code/Phone Number<br>(650) 991-8078  | E-mail<br>ahipona@dalycity.org |  |
|   |                                | Page <u>1</u> of <u>1</u>                                    |
|   |                                | Date Posted:<br>7/14/15<br><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   |
|--|--|--|---|
| Bay Area Water Supply and Conservation Agency (BAWSCA) | ▶ Name <u>Guingona, Michael</u><br><small>(Last, First)</small><br><br>Alternate, if any _____<br><small>(Last, First)</small> | ▶ <u>4 / 15 / 15</u><br><small>Appt Date</small><br><br>_____<br><small>Length of Term</small> | ▶ Per Meeting: \$ _____<br><br>▶ Estimated Annual:<br><input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000<br><input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____<br><small>Other</small> |
|  | ▶ Name _____<br><small>(Last, First)</small><br><br>Alternate, if any _____<br><small>(Last, First)</small>                    | ▶ _____<br><small>Appt Date</small><br><br>_____<br><small>Length of Term</small>              | ▶ Per Meeting: \$ _____<br><br>▶ Estimated Annual:<br><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000<br><input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____<br><small>Other</small>            |
|  | ▶ Name _____<br><small>(Last, First)</small><br><br>Alternate, if any _____<br><small>(Last, First)</small>                    | ▶ _____<br><small>Appt Date</small><br><br>_____<br><small>Length of Term</small>              | ▶ Per Meeting: \$ _____<br><br>▶ Estimated Annual:<br><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000<br><input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____<br><small>Other</small>            |
|  | ▶ Name _____<br><small>(Last, First)</small><br><br>Alternate, if any _____<br><small>(Last, First)</small>                    | ▶ _____<br><small>Appt Date</small><br><br>_____<br><small>Length of Term</small>              | ▶ Per Meeting: \$ _____<br><br>▶ Estimated Annual:<br><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000<br><input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____<br><small>Other</small>            |

**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.*

|  |  |                                    |   |
|--|--|------------------------------------|---|
| _____<br><small>Signature of Agency Head or Designee</small> | K. Annette Hipona<br><small>Print Name</small> | City Clerk<br><small>Title</small> | 07/14/2015<br><small>(Month, Day, Year)</small> |
|--|--|------------------------------------|---|

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