

Agency Report of: Public Official Appointments

A Public Document

1. Agency Name San Diego Unified Port District			California Form 806 For Official Use Only
Division, Department, or Region (If Applicable)			Page <u>1</u> of <u>1</u>
Designated Agency Contact (Name, Title) Donna Morales, District Clerk			
Area Code/Phone Number 619-686-6206	E-mail dmorales@portofsandiego.org	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
SANDAG Transportation Advisory Committee	▶ Name <u>Garry Bonelli</u> <small>(Last, First)</small>	▶ <u>01 / 28 / 19</u> <small>Appt Date</small>	▶ Per Meeting: \$ <u>100</u>
	Alternate, if any <u>Michael Zucchet</u> <small>(Last, First)</small>	▶ <u>1 Year</u> <small>Length of Term</small>	▶ 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>	▶ _____ <small>Appt Date</small>	▶ Per Meeting: \$ _____
	Alternate, if any _____ <small>(Last, First)</small>	▶ _____ <small>Length of Term</small>	▶ 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>	▶ _____ <small>Appt Date</small>	▶ Per Meeting: \$ _____
	Alternate, if any _____ <small>(Last, First)</small>	▶ _____ <small>Length of Term</small>	▶ 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>	▶ _____ <small>Appt Date</small>	▶ Per Meeting: \$ _____
	Alternate, if any _____ <small>(Last, First)</small>	▶ _____ <small>Length of Term</small>	▶ 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

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 Print Name Title (Month, Day, Year)

Comment: _____