Agency Report of:
Public Official Appointments

A Public Document

1. Agency Name

Leucadia Wastewater District

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

Special District, San Diego County

Designated Agency Contact *(Name, Title)*

Paul Bushee, General Manager

Area Code/Phone Number	E-mail
760-753-0155	pbushee@lwwd.org

California Form 806

For Official Use Only

Page 1 of 4

Date Posted: 1/17/2023 *(Month, Day, Year)*

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Engineering Committee	Name: Omsted, Donald *(Last, First)* Alternate, if any: *(Last, First)*	Appt Date: /__/__ Length of Term: NA	Per Meeting: $ 200 Estimated Annual: ☐ $0-$1,000 ■ $2,001-$3,000 ☐ $1,001-$2,000 ☐ Other
Engineering Committee	Name: Saldana, Rolando *(Last, First)* Alternate, if any: *(Last, First)*	Appt Date: /__/__ Length of Term: NA	Per Meeting: $ 200 Estimated Annual: ☐ $0-$1,000 ■ $2,001-$3,000 ☐ $1,001-$2,000 ☐ Other
Community Affairs Committee	Name: Sullivan, Elaine *(Last, First)* Alternate, if any: *(Last, First)*	Appt Date: /__/__ Length of Term: NA	Per Meeting: $ 200 Estimated Annual: ☐ $0-$1,000 ■ $2,001-$3,000 ☐ $1,001-$2,000 ☐ Other
Community Affairs Committee	Name: Saldana, Rolando *(Last, First)* Alternate, if any: *(Last, First)*	Appt Date: /__/__ Length of Term: NA	Per Meeting: $ 200 Estimated Annual: ☐ $0-$1,000 ■ $2,001-$3,000 ☐ $1,001-$2,000 ☐ 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)
Paul J. Bushee	Paul J. Bushee	General Manager	1/17/2023

Comment:

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Agency Report of:
Public Official Appointments
Continuation Sheet

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1. Agency Name
Leucadia Wastewater District

Date Posted: 1/17/2023 (Month, Day, Year)

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Investment & Finance	▸Name Omsted, Donald (Last, First) Alternate, if any _____ (Last, First)	▸ ____/____/____ Appt Date ▸ NA Length of Term	▸ Per Meeting: $ 200 ▸ Estimated Annual: ☐ $0-$1,000 ☒ $2,001-$3,000 ☐ $1,001-$2,000 ☐ _____ Other
Investment & Finance	▸Name Hanson, Judy (Last, First) Alternate, if any _____ (Last, First)	▸ ____/____/____ Appt Date ▸ NA Length of Term	▸ Per Meeting: $ 200 ▸ Estimated Annual: ☐ $0-$1,000 ☒ $2,001-$3,000 ☐ $1,001-$2,000 ☐ _____ Other
Human Resources	▸Name Roesink, Christopher (Last, First) Alternate, if any _____ (Last, First)	▸ ____/____/____ Appt Date ▸ NA Length of Term	▸ Per Meeting: $ 200 ▸ Estimated Annual: ☐ $0-$1,000 ☒ $2,001-$3,000 ☐ $1,001-$2,000 ☐ _____ Other
Human Resources	▸Name Hanson, Judy (Last, First) Alternate, if any _____ (Last, First)	▸ ____/____/____ Appt Date ▸ NA Length of Term	▸ Per Meeting: $ _____ ▸ Estimated Annual: ☐ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ _____ Other
Encina Wastewater	▸Name Sullivan, Elaine (Last, First) Alternate, if any _____ (Last, First)	▸ ____/____/____ Appt Date ▸ NA Length of Term	▸ Per Meeting: $ 221.41 ▸ Estimated Annual: ☐ $0-$1,000 ☒ $2,001-$3,000 ☐ $1,001-$2,000 ☐ _____ Other
Encina Wastewater	▸Name Roesink, Christopher (Last, First) Alternate, if any _____ (Last, First)	▸ ____/____/____ Appt Date ▸ NA Length of Term	▸ Per Meeting: $ 221.41 ▸ Estimated Annual: ☐ $0-$1,000 ☒ $2,001-$3,000 ☐ $1,001-$2,000 ☐ _____ Other

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Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Investment & Finance	▸Name Omsted, Donald (Last, First) Alternate, if any _____ (Last, First)	▸ ___/___/___ Appt Date ▸ NA Length of Term	▸ Per Meeting: $ 200 ▸ Estimated Annual: ☐ $0-$1,000 ■ $2,001-$3,000 ☐ $1,001-$2,000 ☐ _____ Other
Investment & Finance	▸Name Hanson, Judy (Last, First) Alternate, if any _____ (Last, First)	▸ ___/___/___ Appt Date ▸ NA Length of Term	▸ Per Meeting: $ 200 ▸ Estimated Annual: ☐ $0-$1,000 ■ $2,001-$3,000 ☐ $1,001-$2,000 ☐ _____ Other
Human Resources	▸Name Roesink, Christopher (Last, First) Alternate, if any _____ (Last, First)	▸ ___/___/___ Appt Date ▸ NA Length of Term	▸ Per Meeting: $ 200 ▸ Estimated Annual: ☐ $0-$1,000 ■ $2,001-$3,000 ☐ $1,001-$2,000 ☐ _____ Other
Human Resources	▸Name Hanson, Judy (Last, First) Alternate, if any _____ (Last, First)	▸ ___/___/___ Appt Date ▸ NA Length of Term	▸ Per Meeting: $ 200 ▸ Estimated Annual: ☐ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ _____ Other
Encina Wastewater	▸Name Sullivan, Elaine (Last, First) Alternate, if any _____ (Last, First)	▸ ___/___/___ Appt Date ▸ NA Length of Term	▸ Per Meeting: $ 221.41 ▸ Estimated Annual: ☐ $0-$1,000 ■ $2,001-$3,000 ☐ $1,001-$2,000 ☐ _____ Other
Encina Wastewater	▸Name Roesink, Christopher (Last, First) Alternate, if any _____ (Last, First)	▸ ___/___/___ Appt Date ▸ NA Length of Term	▸ Per Meeting: $ 221.41 ▸ Estimated Annual: ☐ $0-$1,000 ■ $2,001-$3,000 ☐ $1,001-$2,000 ☐ _____ Other

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1. Agency Name

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Special District, San Diego County

Designated Agency Contact *(Name, Title)*

Paul Bushee, General Manager

Area Code/Phone Number	E-mail
760-753-0155	pbushee@lwwd.org

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2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
CA Special District Association, Member Services Committee	Name: Sullivan, Elaine *(Last, First)* Alternate, if any: *(Last, First)*	Appt Date: ___/___/___ Length of Term: NA	Per Meeting: $ 200 Estimated Annual: ☐ $0-$1,000 ■ $2,001-$3,000 ☐ $1,001-$2,000 ☐ Other
CA Special District Association, Development Committee	Name: Sullivan, Elaine *(Last, First)* Alternate, if any: *(Last, First)*	Appt Date: ___/___/___ Length of Term: NA	Per Meeting: $ 200 Estimated Annual: ☐ $0-$1,000 ■ $2,001-$3,000 ☐ $1,001-$2,000 ☐ Other
CA Special District Association, San Diego Board Member	Name: Sullivan, Elaine *(Last, First)* Alternate, if any: *(Last, First)*	Appt Date: ___/___/___ Length of Term: NA	Per Meeting: $ 200 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

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)
	Paul J. Bushee	General Manager	1/17/2023

Comment: _____

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