

Agency Report of: Public Official Appointments

A Public Document

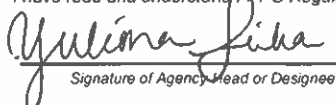
1. Agency Name Lake Hemet Municipal Water District		California Form 806 For Official Use Only
Division, Department, or Region (If Applicable)		
Designated Agency Contact (Name, Title) Yuliana Silva, District Secretary		
Area Code/Phone Number 951-658-3241	E-mail Ysilva@lhmwd.org	Page <u>1</u> of <u>1</u> Date Posted: January 15, 2026 (Month, Day, Year)

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
WaterMaster Board of Directors	▶ Name <u>Pastor, Steven A.</u> <small>(Last, First)</small> Alternate, if any <u>Romeril, Michael</u> <small>(Last, First)</small>	▶ <u>1 / 15 / 26</u> <small>Appt Date</small> ▶ <u>End of Term</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>150.00</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>WAIVED</u> <small>Other</small>
Finance Committee	▶ Name <u>Foutz, Todd A.</u> <small>(Last, First)</small> Alternate, if any <u>N/A</u> <small>(Last, First)</small>	▶ <u>1 / 15 / 26</u> <small>Appt Date</small> ▶ <u>End of Term</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>150.00</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>WAIVED</u> <small>Other</small>
Finance Committee	▶ Name <u>Elam, Darrell</u> <small>(Last, First)</small> Alternate, if any <u>N/A</u> <small>(Last, First)</small>	▶ <u>1 / 15 / 26</u> <small>Appt Date</small> ▶ <u>End of Term</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>150.00</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>WAIVED</u> <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 18705.5. 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

Yuliana Silva
Print Name

District Secretary
Title

1/15/2026
(Month, Day, Year)

Comment: Please note that Directors Foutz, Romeril, Elam, and Pastor waive their stipends.