

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name

Lake Hemet Municipal Water District
Division, Department, or Region (If Applicable)

California
Form **806**
For Official Use Only

Designated Agency Contact (Name, Title)

Yuliana Silva, District Secretary

Date Posted:

Area Code/Phone Number **E-mail**
951-658-3241 Ysilva@lhmwd.org

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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	<p>► Name <u>Pastor, Steven A.</u> (Last, First)</p> <p>Alternate, if any <u>Romeril, Michael</u> (Last, First)</p>	<p>► <u>1 / 15 / 26</u> Appt Date</p> <p>► End of Term Length of Term</p>	<p>► Per Meeting: \$ <u>150.00</u></p> <p>► Estimated Annual:</p> <p><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000</p> <p><input type="checkbox"/> \$1,001-\$2,000 <input checked="" type="checkbox"/> <u>WAIVED</u> Other</p>
Finance Committee	<p>► Name <u>Foutz, Todd A.</u> (Last, First)</p> <p>Alternate, if any <u>N/A</u> (Last, First)</p>	<p>► <u>1 / 15 / 26</u> Appt Date</p> <p>► End of Term Length of Term</p>	<p>► Per Meeting: \$ <u>150.00</u></p> <p>► Estimated Annual:</p> <p><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000</p> <p><input type="checkbox"/> \$1,001-\$2,000 <input checked="" type="checkbox"/> <u>WAIVED</u> Other</p>
Finance Committee	<p>► Name <u>Elam, Darrell</u> (Last, First)</p> <p>Alternate, if any <u>N/A</u> (Last, First)</p>	<p>► <u>1 / 15 / 26</u> Appt Date</p> <p>► End of Term Length of Term</p>	<p>► Per Meeting: \$ <u>150.00</u></p> <p>► Estimated Annual:</p> <p><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000</p> <p><input type="checkbox"/> \$1,001-\$2,000 <input checked="" type="checkbox"/> <u>WAIVED</u> Other</p>
	<p>► Name _____ (Last, First)</p> <p>Alternate, if any _____ (Last, First)</p>	<p>► / / Appt Date</p> <p>► _____ Length of Term</p>	<p>► Per Meeting: \$ _____</p> <p>► Estimated Annual:</p> <p><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000</p> <p><input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____ Other</p>

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

Print Name

District Secretary

1/15/2026

(Month, Day, Year)

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