

**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) Kathleen Billinger, District Secretary		Page <u>1</u> of <u>1</u>	Date Posted: <u>01/21/2025</u> <small>(Month, Day, Year)</small>
Area Code/Phone Number 951-658-3241, Ext. 239	E-mail kbillinger@lhmwd.org		

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>Elam, Darrell</u> <small>(Last, First)</small>	▶ <u>1/16/2025</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"/> WAIVED <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>1/16/2025</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"/> WAIVED <small>Other</small>
Finance Committee	▶ Name <u>Marshall, Frank Doug</u> <small>(Last, First)</small> Alternate, if any <u>N/A</u> <small>(Last, First)</small>	▶ <u>1/16/2025</u> <small>Appt Date</small> ▶ <u>End of Term</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>150.00</u> ▶ Estimated Annual: <input checked="" 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>
	▶ 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 18702.5. I have verified that the appointment and information identified above is true to the best of my information and belief.

 _____ <small>Signature of Agency Head or Designee</small>	Kathleen Billinger _____ <small>Print Name</small>	District Secretary _____ <small>Title</small>	01/21/2025 _____ <small>(Month, Day, Year)</small>
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Comment: Please note that Directors Elam, Foutz, Minor & Pastor waive their stipends.

Print **Clear**