

**Agency Report of:  
Public Official Appointments**

**A Public Document**

**1. Agency Name**

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

California **806**  
Form

For Official Use Only

Designated Agency Contact (Name, Title)

Kathleen Billinger, District Secretary

Area Code/Phone Number

951-658-3241, Ext. 239

E-mail

kbillinger@lhmwd.org

Page 1 of 1

Date Posted:

01/27/2021

(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 Dir.	<p>▶ Name <u>Pastor, Steven</u> <small>(Last, First)</small></p> <p>Alternate, if any <u>Jorgensen, D. Joe</u> <small>(Last, First)</small></p>	<p>▶ <u>01 / 21 / 21</u> <small>Appt Date</small></p> <p>▶ <u>End of Term</u> <small>Length of Term</small></p>	<p>▶ Per Meeting: \$ <u>\$150.00</u></p> <p>▶ 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"/> Other</p>
Finance Committee	<p>▶ Name <u>Foutz, Todd</u> <small>(Last, First)</small></p> <p>Alternate, if any <u>N/A</u> <small>(Last, First)</small></p>	<p>▶ <u>01 / 21 / 21</u> <small>Appt Date</small></p> <p>▶ <u>End of Term</u> <small>Length of Term</small></p>	<p>▶ Per Meeting: \$ <u>\$150.00</u></p> <p>▶ 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"/> Other</p>
Finance Committee	<p>▶ Name <u>Marshall, Doug</u> <small>(Last, First)</small></p> <p>Alternate, if any <u>N/A</u> <small>(Last, First)</small></p>	<p>▶ <u>01 / 21 / 21</u> <small>Appt Date</small></p> <p>▶ <u>Comp. of Task</u> <small>Length of Term</small></p>	<p>▶ Per Meeting: \$ <u>150.00</u></p> <p>▶ 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"/> Other</p>
	<p>▶ Name _____ <small>(Last, First)</small></p> <p>Alternate, if any _____ <small>(Last, First)</small></p>	<p>▶ _____ <small>Appt Date</small></p> <p>▶ _____ <small>Length of Term</small></p>	<p>▶ Per Meeting: \$ _____</p> <p>▶ 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</p>

**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.



Kathleen Billinger

District Secretary

01/27/2021

Signature of Agency Head or Designee

Print Name

Title

(Month, Day, Year)

Comment: Please note that Director Foutz waives his stipends.