

**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)			Date Posted: 02/26/2019 <small>(Month, Day, Year)</small>
Designated Agency Contact (Name, Title) Kathleen Billinger, District Secretary			
Area Code/Phone Number 951-658-3241 Ext. 239	E-mail kbillinger@lhmwd.org	Page <u>1</u> of <u>1</u>	

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 Groundwater Management Plan GWMP	▶ Name <u>Marshall, Doug</u> <small>(Last, First)</small> Alternate, if any <u>Pastor, Steven</u> <small>(Last, First)</small>	▶ <u>02 / 21 / 19</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"/> <u>Other</u>
Finance Committee	▶ Name <u>Foutz, Todd</u> <small>(Last, First)</small> Alternate, if any <u>N/A</u> <small>(Last, First)</small>	▶ <u>02 / 21 / 19</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"/> <u>Other</u>
Finance Committee	▶ Name <u>Marshall, Doug</u> <small>(Last, First)</small> Alternate, if any <u>N/A</u> <small>(Last, First)</small>	▶ <u>02 / 21 / 19</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"/> <u>Other</u>
	▶ 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"/> <u>Other</u>

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>	02/26/2019 _____ <small>(Month, Day, Year)</small>
---	--	---	--

Comment: _____