

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name Joshua Basin Water District Division, Department, or Region (If Applicable)			California Form 806 For Official Use Only
Designated Agency Contact (Name, Title) Beverly Waszak			
Area Code/Phone Number 760-974-0072	E-mail bwaszak@jbwd.com		Page <u>1</u> of <u>3</u>

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Finance Committee	▶ Name <u>Johnson, Robert</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 19 / 18</u> <small>Appt Date</small> <u>1 Year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>173.63</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input checked="" type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
Finance Committee	▶ Name <u>Unger, Rebecca</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 19 / 18</u> <small>Appt Date</small> <u>1 Year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>173.63</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input checked="" type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
Legislative & Public Information Committee	▶ Name <u>Rebecca Unger</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 19 / 18</u> <small>Appt Date</small> <u>1 Year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>173.63</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input checked="" type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
Legislative & Public Information Committee	▶ Name <u>Tom Floen</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>08 / 14 / 19</u> <small>Appt Date</small> <u>16 Mos.</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>173.63</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input checked="" type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other

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>	Beverly Waszak <small>Print Name</small>	Executive Assistant <small>Title</small>	08/15/2019 <small>(Month, Day, Year)</small>
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Comment: Change with Tom Floen taking Micky Luckman's place (she passed away on June 9, 2019)

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Division, Department, or Region (If Applicable)			Page <u>2</u> of <u>3</u>
Designated Agency Contact (Name, Title) Beverly Waszak, Executive Assistant			
Area Code/Phone Number 760-974-0074	E-mail Bwaszak@jbbwd.com	Date Posted: <u>08/15/2019</u> <small>(Month, Day, Year)</small>	

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Water Resources & Operations Committee	▶ Name <u>Hund, Geary</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 18 / 19</u> <small>Appt Date</small> <u>1 Year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>173.63</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input checked="" type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
Water Resources & Operations Committee	▶ Name <u>Reynolds, Michael</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>08 / 14 / 19</u> <small>Appt Date</small> <u>1 Year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>173.63</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input checked="" type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
MWA Board Meeting	▶ Name <u>Floen, Tom</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>08 / 14 / 19</u> <small>Appt Date</small> <u>16 Mos.</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>173.63</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input checked="" type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
MWA Board Meeting	▶ Name <u>Hund, Geary</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 16 / 19</u> <small>Appt Date</small> <u>1 Year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>173.63</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input checked="" type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other

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Beverly Waszak	Executive Assistant	08/15/2019
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>
		<small>(Month, Day, Year)</small>

Comment: Mike Reynolds & Tom Floen changed (Mickey Luckman's passing on June 9, 2019)

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Area Code/Phone Number 760-974-0074	E-mail Bwaszak@jbwd.com		

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MWA Board Meeting	▶ Name <u>Reynolds, Michael</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 18 / 19</u> <small>Appt Date</small> ▶ <u>1 Year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>173.63</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input checked="" type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
MWA Board Meeting	▶ Name <u>Unger, Rebecca</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 18 / 19</u> <small>Appt Date</small> ▶ <u>1 Year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>173.63</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input checked="" type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
	▶ 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"/> Other

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Beverly Waszak	Executive Assistant	08/15/2019
Signature of Agency Head or Designee	Print Name	Title (Month, Day, Year)

Comment: _____