

**Agency Report of:
Public Official Appointments**

A Public Document

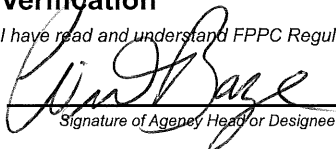
1. Agency Name Rincon del Diablo Municipal Water District		California Form 806	For Official Use Only
Division, Department, or Region (If Applicable)			
Designated Agency Contact (Name, Title) Wanda Cassidy, Clerk of the Board			
Area Code/Phone Number 760 745-5522	E-mail wcassidy@rinconwater.org	Page <u>1</u> of <u>1</u>	Date Posted: <u>11/21/2022</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
San Diego County Water Authority	▶ Name <u>Murtland, James</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>05 / 26 / 20</u> <small>Appt Date</small> ▶ <u>6 yrs</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>150</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____ <small>Other</small>
Association of California Water Agencies/Joint Powers Insurance Authority	▶ Name <u>Drake, David</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>05 / 10 / 21</u> <small>Appt Date</small> ▶ <u>4</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>343</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"/> <u>8,538</u> <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>
	▶ 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.


Signature of Agency Head or Designee

Clint R. Baze
Print Name

General Manager
Title

11/21/2022
(Month, Day, Year)

Comment: _____

Print

Clear