

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name Rainbow Municipal Water District			California Form 806
Division, Department, or Region (If Applicable)			For Official Use Only
Designated Agency Contact (Name, Title) Dawn Washburn, Executive Assistant/Board Secretary			Date Posted: 2/5/19
Area Code/Phone Number (760) 728-1178	E-mail dwashburn@rainbowmwd.com	Page <u>1</u> of <u>1</u>	(Month, Day, Year)

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Santa Margarita Watershed Council	▶ Name <u>Hamilton, Hayden</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 22 / 19</u> <small>Appt Date</small> _____ <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 checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
San Luis Rey Watershed Council	▶ Name <u>Gasca, Miguel</u> <small>(Last, First)</small> Alternate, if any <u>Rindfleisch, Carl</u> <small>(Last, First)</small>	▶ <u>1 / 22 / 19</u> <small>Appt Date</small> _____ <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 checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
California Special Districts Association (CSDA)	▶ Name <u>Mack, Michael</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 22 / 19</u> <small>Appt Date</small> _____ <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 checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
ACWA/JPIA	▶ Name <u>Mack, Michael</u> <small>(Last, First)</small> Alternate, if any <u>Gasca, Miguel</u> <small>(Last, First)</small>	▶ <u>1 / 22 / 19</u> <small>Appt Date</small> _____ <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 checked="" 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.


Signature of Agency Head or Designee

Dawn Washburn
Print Name

Executive Assistant/Board Sec.
Title

2/5/19
(Month, Day, Year)

Comment: _____