

**Agency Report of:
Public Official Appointments**

A Public Document

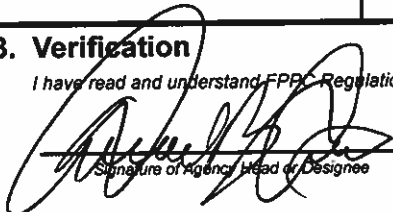
1. Agency Name San Bernardino Valley Water Conservation District			California Form 806 For Official Use Only
Division, Department, or Region (If Applicable) Board of Directors, Divisions 1-5			
Designated Agency Contact (Name, Title) Athena L. Monge, Administrative Specialist			
Area Code/Phone Number (909) 793-2503	E-mail athena@sbvwcd.org	Page <u>1</u> of <u>3</u>	Date Posted: <u>2/18/20</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 Bernardino Valley Municipal Water District Advisory Commission on Water Policy	▶ Name <u>Corneille, Richard</u> <small>(Last, First)</small> Alternate, if any <u>Raley, David</u> <small>(Last, First)</small>	▶ <u>01 / 09 / 13</u> <small>Appt Date</small> ▶ <u>until removed</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>231.00</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>McDonald, Melody</u> <small>(Last, First)</small> Alternate, if any <u>Raley, David</u> <small>(Last, First)</small>	▶ <u>02 / 13 / 19</u> <small>Appt Date</small> ▶ <u>until removed</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>0</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"/> Other
Big Bear Watermaster Committee	▶ Name <u>Raley, David E.</u> <small>(Last, First)</small> Alternate, if any <u>Stewart, Robert</u> <small>(Last, First)</small>	▶ <u>01 / 08 / 20</u> <small>Appt Date</small> ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>231.00</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"/> Other
SBWCD Outreach & Communications Committee	▶ Name <u>Longville, John</u> <small>(Last, First)</small> Alternate, if any <u>McDonald, Melody</u> <small>(Last, First)</small>	▶ <u>01 / 08 / 20</u> <small>Appt Date</small> ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>231.00</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"/> Other

3. Verification

I have read and understand FPPC Regulation 18705.5. 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

Daniel Cozad
Print Name

General Manager
Title

02/12/2020
(Month, Day, Year)

Comment: _____

**Agency Report of:
Public Official Appointments
Continuation Sheet**

1. Agency Name
San Bernardino Valley Water Conservation District

Date Posted: 2-18-20
(Month, Day, Year)

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
SBVWCD Outreach & Communications Committee	▶ Name <u>Stewart, Robert</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 08 / 20</u> <small>Appt Date</small> <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>231.00</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"/> Other
SBVWCD Finance & Administration Committee	▶ Name <u>Raley, David E.</u> <small>(Last, First)</small> Alternate, if any <u>Stewart, Robert</u> <small>(Last, First)</small>	▶ <u>01 / 08 / 20</u> <small>Appt Date</small> <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>231.00</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"/> Other
SBVWCD Finance & Administration Committee	▶ Name <u>Longville, John</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 08 / 20</u> <small>Appt Date</small> <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>231.00</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"/> Other
SBVWCD Operations Committee	▶ Name <u>Corneille, Richard</u> <small>(Last, First)</small> Alternate, if any <u>Stewart, Robert</u> <small>(Last, First)</small>	▶ <u>01 / 08 / 20</u> <small>Appt Date</small> <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>231.00</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"/> Other
SBVWCD Operations Committee	▶ Name <u>McDonald, Melody</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 08 / 20</u> <small>Appt Date</small> <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>231.00</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
Association of San Bernardino County Special Districts	▶ Name <u>McDonald, Melody</u> <small>(Last, First)</small> Alternate, if any <u>Stewart, Robert</u> <small>(Last, First)</small>	▶ <u>01 / 08 / 20</u> <small>Appt Date</small> <u>until removed</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>231.00</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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1. Agency Name San Bernardino Valley Water Conservation District			California Form 806 For Official Use Only
Division, Department, or Region (If Applicable) Board of Directors, Divisions 1-5			Date Posted: <u>2/18/20</u> <small>(Month, Day, Year)</small>
Designated Agency Contact (Name, Title) Athena L. Monge, Administrative Specialist			
Area Code/Phone Number (909) 793-2503	E-mail athena@sbvwcd.org	Page <u>3</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
Association of California Water Agencies - Groundwater Committee	▶ Name <u>Corneille, Richard</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 01 / 20</u> <small>Appt Date</small> <u>2 years</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>231.00</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
	▶ 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
	▶ 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
	▶ 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

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.

	Daniel Cozad	General Manager	02/12/2020
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: _____