

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name San Bernardino Valley Water Conservation District Division, Department, or Region (If Applicable) Board of Directors, Divisions 1-5 Designated Agency Contact (Name, Title) Athena Laroche, Administrative Specialist		California Form 806 For Official Use Only
Area Code/Phone Number (909) 793-2503	E-mail athena@sbvwcd.org	Page <u>1</u> of <u>3</u>
		Date Posted: <u>6-4-24</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
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>270.00</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
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 / 10 / 24</u> <small>Appt Date</small> ▶ <u>until removed</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>270.00</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
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 / 10 / 24</u> <small>Appt Date</small> ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>270.00</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
SBVWCD Outreach & Communications Committee	▶ Name <u>Longville, John</u> <small>(Last, First)</small> Alternate, if any <u>Cornelle, Richard</u> <small>(Last, First)</small>	▶ <u>01 / 10 / 24</u> <small>Appt Date</small> ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>270.00</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.

 _____ <small>Signature of Agency Head or Designee</small>	Betsy Miller _____ <small>Print Name</small>	General Manager _____ <small>Title</small>	05/31/2024 _____ <small>(Month, Day, Year)</small>
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Comment: _____

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

1. Agency Name
San Bernardino Valley Water Conservation District

Date Posted: 6-4-24
(Month, Day, Year)

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 / 10 / 24</u> <small>Appt Date</small> <u>1 year</u> <small>Length of Term</small>	Per Meeting: \$ <u>270.00</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 / 10 / 24</u> <small>Appt Date</small> <u>1 year</u> <small>Length of Term</small>	Per Meeting: \$ <u>270.00</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
SBVWCD Finance & Administration Committee	Name <u>Longville, John</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	<u>01 / 10 / 24</u> <small>Appt Date</small> <u>1 year</u> <small>Length of Term</small>	Per Meeting: \$ <u>270.00</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
SBVWCD Operations Committee	Name <u>Corneille, Richard</u> <small>(Last, First)</small> Alternate, if any <u>McDonald, Melody</u> <small>(Last, First)</small>	<u>01 / 10 / 24</u> <small>Appt Date</small> <u>1 year</u> <small>Length of Term</small>	Per Meeting: \$ <u>270.00</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
SBVWCD Operations Committee	Name <u>Stewart, Robert</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	<u>01 / 10 / 24</u> <small>Appt Date</small> <u>1 year</u> <small>Length of Term</small>	Per Meeting: \$ <u>270.00</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
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 / 10 / 24</u> <small>Appt Date</small> <u>2 years</u> <small>Length of Term</small>	Per Meeting: \$ <u>270.00</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

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1. Agency Name San Bernardino Valley Water Conservation District <hr/> Division, Department, or Region (If Applicable) Board of Directors, Divisions 1-5 <hr/> Designated Agency Contact (Name, Title) Athena Laroche, Administrative Specialist <hr/> Area Code/Phone Number (909) 793-2503 E-mail athena@sbvwcd.org		California Form 806 For Official Use Only <hr/> Date Posted: <u>6-4-24</u> <small>(Month, Day, Year)</small>
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 - State Legislative Committee	▶ Name <u>McDonald, Melody</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 10 / 24</u> <small>Appt Date</small> <u>2 years</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>270.00</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
	▶ 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.

 _____ <small>Signature of Agency Head or Designee</small>	Betsy Miller _____ <small>Print Name</small>	General Manager _____ <small>Title</small>	05/31/2024 _____ <small>(Month, Day, Year)</small>
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Comment: _____