

Agency Report of: Public Official Appointments

A Public Document


1. Agency Name Valley Center Municipal Water District (VCMWD)			California Form 806 For Official Use Only
Division, Department, or Region (If Applicable) Board of Directors			
Designated Agency Contact (Name, Title) Kirsten Peraino, Board Secretary			
Area Code/Phone Number 760-735-4517	E-mail kperaino@vcmwd.org	Page 1 of 1	Date Posted: 12/21/2021 (Month, Day, Year)

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
ACWA-JPIA Board of Directors	▶ Name <u>Smith, Oliver (Director)</u> <small>(Last, First)</small> Alternate, if any <u>Pugh, James*</u> <small>(Last, First)</small>	▶ <u>04</u> / <u>19</u> / <u>21</u> <small>Appt Date</small> ▶ <u>until replaced</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100</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
Upper San Luis Rey Watershed Authority	▶ Name <u>Ferro, Enrico (Vice President)</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>08</u> / <u>01</u> / <u>16</u> <small>Appt Date</small> ▶ _____ <small>Length of Term</small>	▶ Per Meeting: \$ <u>100</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
San Diego County LAFCO Special District's Advisory Committee	▶ Name <u>Smith, Oliver (Director)</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>11</u> / <u>16</u> / <u>20</u> <small>Appt Date</small> ▶ _____ <small>Length of Term</small>	▶ Per Meeting: \$ <u>100</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
	▶ 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.

 Signature of Agency Head or Designee	<u>Kirsten N. Peraino</u> Print Name	<u>Board Secretary</u> Title	<u>12/21/2021</u> (Month, Day, Year)
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Comment: *Alternate is a staff member and not eligible for additional compensation.

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Clear