

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name Fallbrook Public Utility District (FPUD)			California Form 806 For Official Use Only
Division, Department, or Region (If Applicable) Board of Directors			
Designated Agency Contact (Name, Title) Mary Lou West			
Area Code/Phone Number (760) 999-2704	E-mail marylou@fpud.com	Page <u>1</u> of <u>3</u>	Date Posted: 07/24/2019 <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
FPUD Fiscal Policy & Insurance Committee	▶ Name <u>Wolk, Charley</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 10 / 18</u> <small>Appt Date</small> ▶ <u>Dec. 2019</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>105</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
FPUD Personnel Committee	▶ Name <u>McDougal, Don</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 10 / 18</u> <small>Appt Date</small> ▶ <u>Dec. 2019</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>105</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
FPUD Personnel Committee	▶ Name <u>DeMeo, Jennifer</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 10 / 18</u> <small>Appt Date</small> ▶ <u>Dec. 2019</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>105</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
FPUD Engineering & Operations Committee	▶ Name <u>Wolk, Charley</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 28 / 19</u> <small>Appt Date</small> ▶ <u>Dec. 2019</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>105</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.

<small>Signature of Agency Head or Designee</small>	Mary Lou West <small>Print Name</small>	Board Secretary <small>Title</small>	07/24/2019 <small>(Month, Day, Year)</small>
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Comment: _____

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

1. Agency Name Fallbrook Public Utility District (FPUD)	Date Posted: <u>07/24/2019</u> <small>(Month, Day, Year)</small>
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Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
FPUD Engineering & Operations Committee	▶ Name <u>Endter, Kenneth</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 28 / 19</u> <small>Appt Date</small> ▶ <u>Dec. 2019</u> <small>Length of Term</small>	▶ Per Meeting: \$ _____ <u>105</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>
FPUD Ad Hoc Community Benefits Program	▶ Name <u>McDougal, Don</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>05 / 29 / 18</u> <small>Appt Date</small> ▶ <u>until done</u> <small>Length of Term</small>	▶ Per Meeting: \$ _____ <u>105</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"/> _____ <small>Other</small>
FPUD Ad Hoc Community Benefits Program	▶ Name <u>DeMeo, Jennifer</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>05 / 29 / 18</u> <small>Appt Date</small> ▶ <u>until done</u> <small>Length of Term</small>	▶ Per Meeting: \$ _____ <u>105</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"/> _____ <small>Other</small>
FPUD Ad Hoc Detachment from SDCWA and Annexation to EMWD	▶ Name <u>McDougal, Don</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>03 / 25 / 19</u> <small>Appt Date</small> ▶ <u>until done</u> <small>Length of Term</small>	▶ Per Meeting: \$ _____ <u>105</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"/> _____ <small>Other</small>
FPUD Ad Hoc Detachment from SDCWA and Annexation to EMWD	▶ Name <u>Wolk, Charley</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>03 / 25 / 19</u> <small>Appt Date</small> ▶ <u>until done</u> <small>Length of Term</small>	▶ Per Meeting: \$ _____ <u>105</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"/> _____ <small>Other</small>
Future Ad Hoc Committees as established from time to time by the Board (Placeholder)	▶ 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>

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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 Joint Powers Insurance Authority Board of Directors	▶ Name <u>DeMeo, Jennifer</u> <small>(Last, First)</small> Alternate, if any <u>Endter, Kenneth</u> <small>(Last, First)</small>	▶ <u>01 / 28 / 19</u> <small>Appt Date</small> ▶ <u>until replaced</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>105</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"/> <u> </u> Other
	▶ Name _____ <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u> / / </u> <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>	▶ <u> / / </u> <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>	▶ <u> / / </u> <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>	▶ <u> / / </u> <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>	▶ <u> / / </u> <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