

Agency Report of: Public Official Appointments

A Public Document

1. Agency Name Jurupa Community Services District Division, Department, or Region (If Applicable)		California Form 806 For Official Use Only	Date Posted: 1/6/2022 <small>(Month, Day, Year)</small>
Designated Agency Contact (Name, Title) Maria E. Ayala, Executive Services Manager/Secretary to the Board of Directors			
Area Code/Phone Number 951-685-7434	E-mail mayala@jcsd.us		

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Chino Basin Watermaster	▶ Name <u>Folsom, Betty</u> <small>(Last, First)</small> Alternate, if any <u>Anderson, Jane</u> <small>(Last, First)</small>	▶ <u>12 / 13 / 21</u> <small>Appt Date</small> ▶ <u>1 Year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>125</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
Chino Basin Desalter Authority	▶ Name <u>McLaughlin, Kenneth</u> <small>(Last, First)</small> Alternate, if any <u>Moreno, Bart</u> <small>(Last, First)</small>	▶ <u>12 / 13 / 21</u> <small>Appt Date</small> ▶ <u>1 Year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>150</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

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>	Maria E. Ayala <small>Print Name</small>	Exec. Svcs. Mgr./Secretary to the Board of Directors <small>Title</small>	01/06/2022 <small>(Month, Day, Year)</small>
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Comment: _____

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Clear