

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name

Olivenhain Municipal Water District

Division, Department, or Region (If Applicable)

Designated Agency Contact (Name, Title)

Jennifer Joslin, HR Manager and Filing Officer

Area Code/Phone Number
(760)753 6466

E-mail
jjoslin@olivenhain.com

California Form **806**

For Official Use Only

Date Posted:

6/11/2026

(Month, Day, Year)

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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
San Diego County Water Authority (SDCWA) Board of Directors	▶ Name <u>Meyers, Neal</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>8/1/2026</u> <small>Appt Date</small> ▶ <u>to 8/1/2032</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
	▶ 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.


Signature of Agency Head or Designee

Kimberly A. Thorner
Print Name

General Manager
Title

6/11/2026
(Month, Day, Year)

Comment: _____

Print

Clear