Agency Report of:
Public Official Appointments

A Public Document

California Form **806**

For Official Use Only

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	E-mail
760-632-6466	jjoslin@olivenhain.com

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Date Posted:
03/13/2023
(Month, Day, Year)

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 Meyers, Neal *(Last, First)* Alternate, if any _____ *(Last, First)*	▶ 3/15/2023 *Appt Date* ▶ 08/01/2026 *Length of Term*	▶ *Per Meeting:* $ 0 ▶ *Estimated Annual:* ☑ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ _____ *Other*
	▶Name _____ *(Last, First)* Alternate, if any _____ *(Last, First)*	▶ _____ *Appt Date* ▶ _____ *Length of Term*	▶ *Per Meeting:* $ _____ ▶ *Estimated Annual:* ☐ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ _____ *Other*
	▶Name _____ *(Last, First)* Alternate, if any _____ *(Last, First)*	▶ _____ *Appt Date* ▶ _____ *Length of Term*	▶ *Per Meeting:* $ _____ ▶ *Estimated Annual:* ☐ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ _____ *Other*
	▶Name _____ *(Last, First)* Alternate, if any _____ *(Last, First)*	▶ _____ *Appt Date* ▶ _____ *Length of Term*	▶ *Per Meeting:* $ _____ ▶ *Estimated Annual:* ☐ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ _____ *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*	03/13/2023 *(Month, Day, Year)*

Comment: _____

Print   Clear

FPPC Form 806 (1/18)
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