

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name WEST VALLEY WATER DISTRICT		California Form 806 For Official Use Only
Division, Department, or Region (If Applicable)		
Designated Agency Contact (Name, Title) CRYSTAL L. ESCALERA		
Area Code/Phone Number (909) 875-1804	E-mail cescalera@wwwd.org	Page <u>1</u> of <u>3</u>
		Date Posted: 01/09/2020 <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
ASSOCIATION OF CALIFORNIA WATER AGENCIES/JOINT POWERS AUTHORITY	▶ Name <u>HAWKINS, CHANNING</u> <small>(Last, First)</small> Alternate, if any <u>N/A</u> <small>(Last, First)</small>	▶ <u>12 / 19 / 19</u> <small>Appt Date</small> ▶ <u>4 YEARS</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>169.79</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
ASSOCIATION OF CALIFORNIA WATER AGENCIES/JOINT POWERS AUTHORITY	▶ Name <u>TAYLOR, MICHAEL</u> <small>(Last, First)</small> Alternate, if any <u>MANSELL, CLARENCE</u> <small>(Last, First)</small>	▶ <u>12 / 19 / 19</u> <small>Appt Date</small> ▶ <u>2 YEARS</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>169.79</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
ASSOCIATION OF CALIFORNIA WATER AGENCIES (ACWA)	▶ Name <u>ALL DIRECTORS</u> <small>(Last, First)</small> Alternate, if any <u>N/A</u> <small>(Last, First)</small>	▶ <u>12 / 19 / 19</u> <small>Appt Date</small> ▶ <u>2-4 YEARS</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>169.79</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
SAN BERNARDINO VALLEY MUNICIPAL WATER DISTRICT	▶ Name <u>YOUNG, DR. CLIFFORD</u> <small>(Last, First)</small> Alternate, if any <u>TAYLOR, MICHAEL</u> <small>(Last, First)</small>	▶ <u>12 / 19 / 19</u> <small>Appt Date</small> ▶ <u>2 YEARS</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>169.79</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.


Signature of Agency Head or Designee

CRYSTAL L. ESCALERA
Print Name

BOARD SECRETARY
Title

01-09-2020
(Month, Day, Year)

Comment: _____

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

1. Agency Name WEST VALLEY WATER DISTRICT	Date Posted: <u>01/09/2020</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
SAN BERNARDINO VALLEY MUNICIPAL WATER DISTRICT ADVISORY COMMISSION ON WATER POLICY	▶ Name <u>TAYLOR, MICHAEL</u> <small>(Last, First)</small> Alternate, if any <u>HAWKINS, CHANNING</u> <small>(Last, First)</small>	▶ <u>12 / 19 / 19</u> <small>Appt Date</small> ▶ <u>2 YEARS</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>169.79</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"/> <u>Other</u>
WEST END WATER DEVELOPMENT TREATMENT AND CONSERVATION JOINT POWERS AUTHORITY	▶ Name <u>HAWKINS, CHANNING</u> <small>(Last, First)</small> Alternate, if any <u>N/A</u> <small>(Last, First)</small>	▶ <u>12 / 19 / 19</u> <small>Appt Date</small> ▶ <u>4 YEARS</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>169.79</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input checked="" type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u>Other</u>
WEST END WATER DEVELOPMENT TREATMENT AND CONSERVATION JOINT POWERS AUTHORITY	▶ Name <u>TAYLOR, MICHAEL</u> <small>(Last, First)</small> Alternate, if any <u>CROWTHER, KYLE</u> <small>(Last, First)</small>	▶ <u>12 / 19 / 19</u> <small>Appt Date</small> ▶ <u>2 YEARS</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>169.79</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input checked="" type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u>Other</u>
BLOOMINGTON MUNICIPAL ADVISORY COUNCIL	▶ Name <u>YOUNG, GREG</u> <small>(Last, First)</small> Alternate, if any <u>N/A</u> <small>(Last, First)</small>	▶ <u>12 / 19 / 19</u> <small>Appt Date</small> ▶ <u>4 YEARS</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>169.79</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input checked="" type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u>Other</u>
BLOOMINGTON MUNICIPAL ADVISORY COUNCIL	▶ Name <u>CROWTHER, KYLE</u> <small>(Last, First)</small> Alternate, if any <u>HAWKINS, CHANNING</u> <small>(Last, First)</small>	▶ <u>12 / 19 / 19</u> <small>Appt Date</small> ▶ <u>4 YEARS</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>169.79</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input checked="" type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u>Other</u>
WESTERN COALITION OF ARID STATES (WESTCAS)	▶ Name <u>YOUNG, GREG</u> <small>(Last, First)</small> Alternate, if any <u>N/A</u> <small>(Last, First)</small>	▶ <u>12 / 12 / 19</u> <small>Appt Date</small> ▶ <u>4 YEARS</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>169.79</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"/> <u>Other</u>

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Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
WESTERN COALITION OF ARID STATES (WESTCAS)	▶ Name <u>YOUNG, CLIFFORD</u> <small>(Last, First)</small> Alternate, if any <u>HAWKINS, CHANNING</u> <small>(Last, First)</small>	▶ <u>12 / 19 / 19</u> <small>Appt Date</small> ▶ <u>2 YEARS</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>169.79</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"/> <u> </u> <small>Other</small>
	▶ 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"/> _____ <small>Other</small>
	▶ 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"/> _____ <small>Other</small>
	▶ 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"/> _____ <small>Other</small>
	▶ 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"/> _____ <small>Other</small>
	▶ 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"/> _____ <small>Other</small>