

**Agency Report of:  
Public Official Appointments**

**A Public Document**

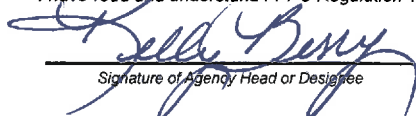
<b>1. Agency Name</b> Santa Ana Watershed Project Authority		Page <u>1</u> of <u>1</u>	<b>California Form 806</b> For Official Use Only
Division, Department, or Region (if Applicable)			
Designated Agency Contact (Name, Title) Kelly Berry, Admin Services Mgr/Clk of the Bd			
Area Code/Phone Number 951-354-4220	E-mail kberry@sawpa.org		Date Posted: Feb 8 2017 <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
Lake Elsinore and San Jacinto Watersheds Authority (LESJWA)	Name <u>Brenda Dennstedt</u> <small>(Last, First)</small>  Alternate, if any <u>N/A</u> <small>(Last, First)</small>	Appt Date <u>01 / 17 / 17</u> <small>Appt Date</small>  Length of Term <u>2 years</u> <small>Length of Term</small>	Per Meeting: \$ <u>197.82</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>	Appt Date ____ / ____ / ____ <small>Appt Date</small>  Length of Term _____ <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>	Appt Date ____ / ____ / ____ <small>Appt Date</small>  Length of Term _____ <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>	Appt Date ____ / ____ / ____ <small>Appt Date</small>  Length of Term _____ <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	Kelly Berry Print Name	Clerk of the Board Title	Feb 8 2017 (Month, Day, Year)
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Comment: \_\_\_\_\_