Agency Report of:
Public Official Appointments

A Public Document

California Form 806

For Official Use Only

1. Agency Name

Las Virgenes Municipal Water District

Division, Department, or Region *(If Applicable)*

Designated Agency Contact *(Name, Title)*

Josie Guzman, Executive Assistant/Clerk of the Board

Area Code/Phone Number	E-mail
(818) 251-2123	jguzman@lvmwd.com

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Date Posted: 1/7/2025 *(Month, Day, Year)*

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 Insurance Authority (ACWA/JPIA)	Name: Burns, Gary *(Last, First)* Alternate, if any: Crocker, Sophia *(Last, First)*	Appt Date: Length of Term: indefinite	Per Meeting: $ 252.35 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	Print Name	Title	(Month, Day, Year)
Josie Guzman Digitally signed by Josie Guzman Date: 2025.01.07 15:56:56 -08'00'	Josie Guzman	Exec. Asst./Clerk of the Board	1/7/2025

Comment: Stipend paid to Director Burns only, which is included as one of his ten authorized per diem per month.

Print Clear