# Agency Report of:
# Public Official Appointments

## A Public Document

### 1. Agency Name

Phelan Piñon Hills Community Services District

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

**Designated Agency Contact** *(Name, Title)*

Kim Sevy

| **Area Code/Phone Number** | **E-mail** |
|---|---|
| 760-868-1212 | ksevy@pphcsd.org |

**California Form 806**

For Official Use Only

Page __1__ of __3__

**Date Posted:**
04/15/23
*(Month, Day, Year)*

### 2. Appointments

| Agency Boards and Commissions | Name of Appointed Person | Appt Date and Length of Term | Per Meeting/Annual Salary/Stipend |
|---|---|---|---|
| CSEA Chapter 278-Snowline | ▶Name **Kujawa, Rebecca** *(Last, First)* <br><br> Alternate, if any _____ *(Last, First)* | ▶ __/__/__ *Appt Date* <br><br> ▶ _____ *Length of Term* | ▶ *Per Meeting:* $ 0 <br><br> ▶ *Estimated Annual:* <br> ☐ $0-$1,000   ☐ $2,001-$3,000 <br> ■ $1,001-$2,000   ☐ _____ *Other* |
| Phelan Chamber of Commerce | ▶Name **Kujawa, Rebecca** *(Last, First)* <br><br> Alternate, if any _____ *(Last, First)* | ▶ __/__/__ *Appt Date* <br><br> ▶ _____ *Length of Term* | ▶ *Per Meeting:* $ 0 <br><br> ▶ *Estimated Annual:* <br> ☐ $0-$1,000   ☐ $2,001-$3,000 <br> ■ $1,001-$2,000   ☐ _____ *Other* |
| PPHCSD Parks, Recreation, & Street Lighting Committee | ▶Name **Kujawa, Rebecca** *(Last, First)* <br><br> Alternate, if any _____ *(Last, First)* | ▶ 12/14/22 *Appt Date* <br><br> ▶ _____ *Length of Term* | ▶ *Per Meeting:* $ 120 <br><br> ▶ *Estimated Annual:* <br> ☐ $0-$1,000   ☐ $2,001-$3,000 <br> ■ $1,001-$2,000   ☐ _____ *Other* |
| PPHCSD Engineering Committee | ▶Name **Kujawa, Rebecca** *(Last, First)* <br><br> Alternate, if any _____ *(Last, First)* | ▶ 04/12/23 *Appt Date* <br><br> ▶ _____ *Length of Term* | ▶ *Per Meeting:* $ 120 <br><br> ▶ *Estimated Annual:* <br> ☐ $0-$1,000   ☐ $2,001-$3,000 <br> ■ $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.*

| *Kim Sevy* | Kim Sevy | HR Manager/District Clerk | 04/15/23 |
|---|---|---|---|
| *Signature of Agency Head or Designee* | *Print Name* | *Title* | *(Month, Day, Year)* |

Comment: _____

**Print**     **Clear**

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

## 1. Agency Name

Phelan Piñon Hills Community Services District

Date Posted: 04/15/23
*(Month, Day, Year)*

## 2. Appointments

| Agency Boards and Commissions | Name of Appointed Person | Appt Date and Length of Term | Per Meeting/Annual Salary/Stipend |
|---|---|---|---|
| PPHCSD Finance Committee | ▶Name **Hays, Chuck** *(Last, First)* — Alternate, if any *(Last, First)* | ▶ 12 / 14 / 22 *Appt Date* — ▶ *Length of Term* | ▶ *Per Meeting:* $ 120 — ▶ *Estimated Annual:* ☐ $0-$1,000  ☐ $2,001-$3,000  ■ $1,001-$2,000  ☐ ___ *Other* |
| PPHCSD Waste and Recycling Committee | ▶Name **Hays, Chuck** *(Last, First)* — Alternate, if any *(Last, First)* | ▶ 04 / 12 / 23 *Appt Date* — ▶ *Length of Term* | ▶ *Per Meeting:* $ 120 — ▶ *Estimated Annual:* ☐ $0-$1,000  ☐ $2,001-$3,000  ■ $1,001-$2,000  ☐ ___ *Other* |
| Bear Valley Mutual Water Company | ▶Name **Snyder, Greg** *(Last, First)* — Alternate, if any *(Last, First)* | ▶ / / *Appt Date* — ▶ *Length of Term* | ▶ *Per Meeting:* $ 0 — ▶ *Estimated Annual:* ☐ $0-$1,000  ☐ $2,001-$3,000  ■ $1,001-$2,000  ☐ ___ *Other* |
| PPHCSD Parks, Recreation, & Street Lighting Committee | ▶Name **Snyder, Greg** *(Last, First)* — Alternate, if any *(Last, First)* | ▶ 12 / 14 / 22 *Appt Date* — ▶ *Length of Term* | ▶ *Per Meeting:* $ 120 — ▶ *Estimated Annual:* ☐ $0-$1,000  ☐ $2,001-$3,000  ■ $1,001-$2,000  ☐ ___ *Other* |
| PPHCSD Legislative Committee | ▶Name **Snyder, Greg** *(Last, First)* — Alternate, if any *(Last, First)* | ▶ 05 / 10 / 23 *Appt Date* — ▶ *Length of Term* | ▶ *Per Meeting:* $ 120 — ▶ *Estimated Annual:* ☐ $0-$1,000  ☐ $2,001-$3,000  ■ $1,001-$2,000  ☐ ___ *Other* |
| PPHCSD Finance Committee | ▶Name **Roberts, Mark** *(Last, First)* — Alternate, if any *(Last, First)* | ▶ 12 / 14 / 22 *Appt Date* — ▶ *Length of Term* | ▶ *Per Meeting:* $ 120 — ▶ *Estimated Annual:* ☐ $0-$1,000  ☐ $2,001-$3,000  ■ $1,001-$2,000  ☐ ___ *Other* |

**Print**     **Clear**

# Agency Report of:
## Public Official Appointments
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## 1. Agency Name
Phelan Piñon Hills Community Services District

Date Posted: __04/15/23__
*(Month, Day, Year)*

## 2. Appointments

| Agency Boards and Commissions | Name of Appointed Person | Appt Date and Length of Term | Per Meeting/Annual Salary/Stipend |
|---|---|---|---|
| PPHCSD Engineering Committee | ▶Name **Roberts, Mark** *(Last, First)* <br><br> Alternate, if any ____ *(Last, First)* | ▶ 12 / 14 / 22 *Appt Date* <br><br> ▶ ____ *Length of Term* | ▶ *Per Meeting:* $ 120 <br> ▶ *Estimated Annual:* <br> ☐ $0-$1,000  ☐ $2,001-$3,000 <br> ■ $1,001-$2,000  ☐ ____ *Other* |
| PPHCSD Waste and Recycling Committee | ▶Name **Philips, Deborah** *(Last, First)* <br><br> Alternate, if any ____ *(Last, First)* | ▶ 05 / 10 / 23 *Appt Date* <br><br> ▶ ____ *Length of Term* | ▶ *Per Meeting:* $ 120 <br> ▶ *Estimated Annual:* <br> ☐ $0-$1,000  ☐ $2,001-$3,000 <br> ■ $1,001-$2,000  ☐ ____ *Other* |
| PPHCSD Legislative Committee | ▶Name **Philips, Deborah** *(Last, First)* <br><br> Alternate, if any ____ *(Last, First)* | ▶ 05 / 10 / 23 *Appt Date* <br><br> ▶ ____ *Length of Term* | ▶ *Per Meeting:* $ 120 <br> ▶ *Estimated Annual:* <br> ☐ $0-$1,000  ☐ $2,001-$3,000 <br> ■ $1,001-$2,000  ☐ ____ *Other* |
| | ▶Name ____ *(Last, First)* <br><br> Alternate, if any ____ *(Last, First)* | ▶ ____ / ____ / ____ *Appt Date* <br><br> ▶ ____ *Length of Term* | ▶ *Per Meeting:* $ ____ <br> ▶ *Estimated Annual:* <br> ☐ $0-$1,000  ☐ $2,001-$3,000 <br> ☐ $1,001-$2,000  ☐ ____ *Other* |
| | ▶Name ____ *(Last, First)* <br><br> Alternate, if any ____ *(Last, First)* | ▶ ____ / ____ / ____ *Appt Date* <br><br> ▶ ____ *Length of Term* | ▶ *Per Meeting:* $ ____ <br> ▶ *Estimated Annual:* <br> ☐ $0-$1,000  ☐ $2,001-$3,000 <br> ☐ $1,001-$2,000  ☐ ____ *Other* |
| | ▶Name ____ *(Last, First)* <br><br> Alternate, if any ____ *(Last, First)* | ▶ ____ / ____ / ____ *Appt Date* <br><br> ▶ ____ *Length of Term* | ▶ *Per Meeting:* $ ____ <br> ▶ *Estimated Annual:* <br> ☐ $0-$1,000  ☐ $2,001-$3,000 <br> ☐ $1,001-$2,000  ☐ ____ *Other* |

**Print**     **Clear**