

**Agency Report of:  
Public Official Appointments**

**A Public Document**

<b>1. Agency Name</b> Rainbow Municipal Water District		California Form <b>806</b> For Official Use Only
Division, Department, or Region (If Applicable)		
Designated Agency Contact (Name, Title) Terese Quintanar, District Secretary		
Area Code/Phone Number 760-728-1178 x 129	E-mail Tquintanar@rainbowmwd.ca.gov	Date Posted: 1/29/25 <i>(Month, Day, Year)</i>
Page 1 of 2		

**2. Appointments**

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
California Special District Association	▶ Name Hoffman, Lisa <small>(Last, First)</small> Alternate, if any Mack, Michael <small>(Last, First)</small>	▶ 1/28/2025 <small>Appt Date</small> ▶ 1 year <small>Length of Term</small>	▶ Per Meeting: \$ 150.00 ▶ 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) & ACWA Joint Powers Insurance Authority (JPIA)	▶ Name Mack, Michael <small>(Last, First)</small> Alternate, if any Irvine, Greg <small>(Last, First)</small>	▶ 1/28/2025 <small>Appt Date</small> ▶ 1 year <small>Length of Term</small>	▶ Per Meeting: \$ 150.00 ▶ 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
Eastern Municipal Water District and Rainbow Municipal Water District Coordination Meeting	▶ Name Irvine, Greg <small>(Last, First)</small> Alternate, if any Hamilton, Hayden <small>(Last, First)</small>	▶ 1/28/2025 <small>Appt Date</small> ▶ 1 year <small>Length of Term</small>	▶ Per Meeting: \$ 150.00 ▶ 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
San Diego Farm Bureau - Farm Bureau Water Committee	▶ Name Hoffman, Lisa <small>(Last, First)</small> Alternate, if any Townsend-Smith, Patti <small>(Last, First)</small>	▶ 1/28/2025 <small>Appt Date</small> ▶ 1 year <small>Length of Term</small>	▶ Per Meeting: \$ 150.00 ▶ 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.

see page 2 \_\_\_\_\_  
Signature of Agency Head or Designee    Print Name    Title    (Month, Day, Year)

Comment: Continued on Page 2

**Print**    **Clear**

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Page <u>2</u> of <u>2</u>		Date Posted: 1/29/25 <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
Engineering & Operations Committee	▶ Name <u>Irvine, Greg</u> <small>(Last, First)</small>  Alternate, if any <u>Townsend-Smith, Patti</u> <small>(Last, First)</small>	▶ _____ <small>Appt Date</small>  <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>150.00</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"/> _____ <small>Other</small>
Budget & Finance Committee	▶ Name <u>Townsend-Smith, Patti</u> <small>(Last, First)</small>  Alternate, if any <u>Hamilton, Hayden</u> <small>(Last, First)</small>	▶ _____ <small>Appt Date</small>  <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>150.00</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"/> _____ <small>Other</small>
Communications & Customer Service Committee	▶ Name <u>Hoffman, Lisa</u> <small>(Last, First)</small>  Alternate, if any <u>Hamilton, Hayden</u> <small>(Last, First)</small>	▶ _____ <small>Appt Date</small>  <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>150.00</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"/> _____ <small>Other</small>
	▶ Name _____ <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ _____ <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>

**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

Terese Quintanar  
Print Name

District Secretary  
Title

January 29, 2025  
(Month, Day, Year)

Comment: \_\_\_\_\_

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