

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name NORTH MARIN WATER DISTRICT			California Form 806 For Official Use Only
Division, Department, or Region (If Applicable) GENERAL MANAGER			
Designated Agency Contact (Name, Title) EILEEN MULLINER, DISTRICT SECRETARY			
Area Code/Phone Number 415-897-4133	E-mail emulliner@nmwd.com	Page 1 of 1	Date Posted: 1/18/2024 <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
NORTH BAY WATERSHED ASSOCIATION	▶ Name <u>RICK FRAITES</u> <small>(Last, First)</small> Alternate, if any <u>JACK BAKER</u> <small>(Last, First)</small>	▶ <u>1/1/2024</u> <small>Appt Date</small> ▶ <u>1 YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>276</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
RUSSIAN RIVER PUBLIC POLICY FACILITATION COMMITTEE	▶ Name <u>STEVE PETERLE</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1/1/2024</u> <small>Appt Date</small> ▶ <u>1 YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>276</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
WATER ADVISORY COMMITTEE	▶ Name <u>JACK BAKER</u> <small>(Last, First)</small> Alternate, if any <u>MICHAEL JOLY</u> <small>(Last, First)</small>	▶ <u>1/1/2024</u> <small>Appt Date</small> ▶ <u>1 YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>276</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
NORTH BAY WATER REUSE AUTHORITY	▶ Name <u>JACK BAKER</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1/1/2024</u> <small>Appt Date</small> ▶ <u>1 YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>276</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

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.

 <small>Signature of Agency Head or Designee</small>	<u>EILEEN MULLINER</u> <small>Print Name</small>	<u>DISTRICT SECRETARY</u> <small>Title</small>	<u>01/18/2024</u> <small>(Month, Day, Year)</small>
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Comment: _____

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Clear