

# Agency Report of: Public Official Appointments

A Public Document

<b>1. Agency Name</b> North Marin Water District		<b>California Form 806</b> For Official Use Only	
Division, Department, or Region (If Applicable)			
Designated Agency Contact (Name, Title) Eileen Mulliner, Executive Assistant/District Secretary			
Area Code/Phone Number 415-761-8921	E-mail emulliner@nmwd.com	Page <u>1</u> of <u>2</u>	Date Posted: <u>3/9/2026</u> <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>Fraites, Rick</u> <small>(Last, First)</small>  Alternate, if any <u>Baker, Jack</u> <small>(Last, First)</small>	▶ <u>12/2/2025</u> <small>Appt Date</small>  ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>291</u>  ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input checked="" type="checkbox"/> <u>3,492</u> <small>Other</small>
Russian River Public Policy Facilitation Committee	▶ Name <u>Petterle, Stephen</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12/2/2025</u> <small>Appt Date</small>  ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>291</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>
Water Advisory Committee	▶ Name <u>Baker, Jack</u> <small>(Last, First)</small>  Alternate, if any <u>Eichstaedt, Ken</u> <small>(Last, First)</small>	▶ <u>12/2/2025</u> <small>Appt Date</small>  ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>291</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"/> _____ <small>Other</small>
North Bay Water Reuse Authority	▶ Name <u>Baker, Jack</u> <small>(Last, First)</small>  Alternate, if any <u>Eichstaedt, Ken</u> <small>(Last, First)</small>	▶ <u>12/2/2025</u> <small>Appt Date</small>  ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>291</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"/> _____ <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

Eileen Mulliner  
Print Name

Exec. Assistant/Dist. Secretary  
Title

3/9/2026  
(Month, Day, Year)

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

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

<b>1. Agency Name</b>	Date Posted: _____ <small>(Month, Day, Year)</small>
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**2. Appointments**

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Marin-Sonoma Water Coordination Committee	▶ Name <u>Fraites, Rick</u> <small>(Last, First)</small>  Alternate, if any <u>Joly, Michael</u> <small>(Last, First)</small>	▶ <u>12/2/2025</u> <small>Appt Date</small>  ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>291</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"/> <u>                    </u> Other
	▶ 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"/> _____ Other
	▶ 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"/> _____ Other
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