

# Agency Report of: Public Official Appointments

A Public Document

<b>1. Agency Name</b> ALAMEDA COUNTY WATER DISTRICT		<b>California Form 806</b> For Official Use Only	
Division, Department, or Region (If Applicable)			
Designated Agency Contact (Name, Title) GINA MARKOU, DISTRICT SECRETARY			
Area Code/Phone Number 510-668-4202	E-mail gina.markou@acwd.com	Page 1 of 1	Date Posted: 5/12/2022 <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
BAY AREA WATER SUPPLY & CONSERVATION AGENCY (BAWSCA)	▶ Name <u>WEED, JOHN</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>07 / 01 / 13</u> <small>Appt Date</small>  ▶ <u>4 YEARS</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100.00</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
ASSOCIATION OF CALIFORNIA WATER AGENCIES JOINT POWERS INSURANCE AUTHORITY (ACWA JPJA)	▶ Name <u>WEED, JOHN</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>04 / 10 / 12</u> <small>Appt Date</small>  ▶ <u>N/A</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>360.00</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"/> Other
COUNTY OF ALAMEDA ASSESSMENT APPEALS BOARD	▶ Name <u>WEED, JOHN</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>05 / 25 / 10</u> <small>Appt Date</small>  ▶ <u>3 YEARS</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>200.00</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"/> \$3,800.00 <span style="float: right;"><small>Other</small></span>
	▶ Name _____ <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u> / / </u> <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

## 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.

	ED STEVENSON	GENERAL MANAGER	05/12/2022
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

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