

Agency Report of: Public Official Appointments

A Public Document

1. Agency Name ALAMEDA COUNTY WATER DISTRICT		California Form 806 For Official Use Only	
Division, Department, or Region (If Applicable)			
Designated Agency Contact (Name, Title) MARIAN HSU, DISTRICT SECRETARY			
Area Code/Phone Number 510-668-4202	E-mail marian.hsu@acwd.com	Page <u>1</u> of <u>1</u>	Date Posted: (Month, Day, Year)

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>7/1/2013</u> <small>Appt Date</small> ▶ <u>4 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 checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
ASSOCIATION OF CALIFORNIA WATER AGENCIES JOINT POWERS INSURANCE AUTHORITY (ACWA JPIA)	▶ Name <u>WEED, JOHN</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>4/10/2012</u> <small>Appt Date</small> ▶ <u>N/A</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>430.00</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>5/25/2010</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"/> <u>4,200.00</u> <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"/> 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	ED STEVENSON	GENERAL MANAGER	01/23/2026
Digitally signed by Ed Stevenson Date: 2026.01.23 11:33:55 -08'00'	Print Name	Title	(Month, Day, Year)
Signature of Agency Head or Designee			

Comment: _____

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Clear