

**Agency Report of:
Public Official Appointments**

A Public Document

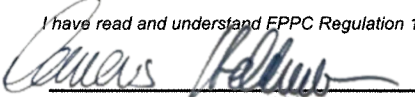
1. Agency Name MONTARA WATER AND SANITARY DISTRICT			California Form 806 For Official Use Only
Division, Department, or Region (If Applicable) SAN MATEO COUNTY			Page <u>1</u> of <u>3</u>
Designated Agency Contact (Name, Title) CLEMENS HELDMAIER			
Area Code/Phone Number (650)728-3545	E-mail CLEMENS@MWSD.NET	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
SAM BOARD	▶ Name <u>SLATER-CARTER, KATHRYN</u> <small>(Last, First)</small> Alternate, if any <u>SOFTKY, BILL</u> <small>(Last, First)</small>	▶ <u>1/1/2025</u> <small>Appt Date</small> ▶ <u>ONE YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>190</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>\$4,500</u> <small>Other</small>
SAM BOARD	▶ Name <u>BOYD, SCOTT</u> <small>(Last, First)</small> Alternate, if any <u>YOUNG, CID CARLYSLE</u> <small>(Last, First)</small>	▶ <u>1/1/2025</u> <small>Appt Date</small> ▶ <u>ONE YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>190</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>\$4,500</u> <small>Other</small>
LAFCO	▶ Name <u>SLATER-CARTER, KATHRYN</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1/1/2025</u> <small>Appt Date</small> ▶ <u>ONE YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100</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 STANDING	▶ Name <u>SOFTKY, BILL</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1/1/2025</u> <small>Appt Date</small> ▶ <u>ONE YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>150</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>

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.

	CLEMENS HELDMAIER	GENERAL MANAGER	01/31/25
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: _____

Print
Clear

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

1. Agency Name MONTARA WATER AND SANITARY DISTRICT	Date Posted: _____ <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
BUDGET & FINANCE STANDING	▶ Name <u>SLATER-CARTER, KATHRYN</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1/1/2025</u> <small>Appt Date</small> ▶ <u>ONE YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>150</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
PERSONNEL STANDING	▶ Name <u>SLATER-CARTER, KATHRYN</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1/1/2025</u> <small>Appt Date</small> ▶ <u>ONE YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>150</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
PERSONNEL STANDING	▶ Name <u>BOYD, SCOTT</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1/1/2025</u> <small>Appt Date</small> ▶ <u>ONE YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>150</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
RECYCLING/SOLID WASTE ADHOC	▶ Name <u>SOFTKY, BILL</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1/1/2025</u> <small>Appt Date</small> ▶ <u>ONE YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>150</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
RECYCLING/SOLID WASTER ADHOC	▶ Name <u>YOUNG, CID CARLYSLE</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1/1/2025</u> <small>Appt Date</small> ▶ <u>ONE YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>150</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
LEGISLATIVE ADHOC	▶ Name <u>SLATER-CARTER, KATHRYN</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1/1/2025</u> <small>Appt Date</small> ▶ <u>ONE YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>150</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

Print

Clear

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

1. Agency Name MONTARA WATER AND SANITARY DISTRICT	Date Posted: _____ <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
STRATEGIC PLAN ADHOC	▶ Name <u>SOFTKY, BILL</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1/1/2025</u> <small>Appt Date</small> ▶ <u>ONE YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>150</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"/> <u>Other</u>
STRATEGIC PLAN ADHOC	▶ Name <u>YOUNG, CID CARLYSLE</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1/1/2025</u> <small>Appt Date</small> ▶ <u>ONE YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>150</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"/> <u>Other</u>
	▶ 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"/> <u>Other</u>
	▶ 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"/> <u>Other</u>
	▶ 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"/> <u>Other</u>
	▶ 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"/> <u>Other</u>

Print

Clear