

Agency Report of: Public Official Appointments

A Public Document


1. Agency Name Calaveras County Water District			California Form 806 <small>For Official Use Only</small> RECEIVED JAN 10, 2025 CCWD
Division, Department, or Region (If Applicable) Calaveras County			
Designated Agency Contact (Name, Title) Rebecca Hitchcock			
Area Code/Phone Number 209-754-3028	E-mail rebeccah@ccwd.org	Page <u>1</u> of <u>3</u>	Date Posted: <u>1/10/2025</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
Association of California Water Agencies JPIA (ACWA JPIA)	▶ Name <u>Ratterman, Scott</u> <small>(Last, First)</small> Alternate, if any <u>Minkler, Michael</u> <small>(Last, First)</small>	▶ <u>01/08/2025</u> <small>Appt Date</small> ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>120</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
Calaveras-Amador Mokelumne River Water Authority (CAMRA)	▶ Name <u>Ratterman, Scott</u> <small>(Last, First)</small> Alternate, if any <u>Minkler, Michael</u> <small>(Last, First)</small>	▶ <u>01/08/2025</u> <small>Appt Date</small> ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>120</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
Calaveras-Amador Mokelumne River Water Authority (CAMRA)	▶ Name <u>Secada, Cindy</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01/08/2025</u> <small>Appt Date</small> ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>120</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
Calaveras County Water District Public Financing Authority (CCWD PFA)	▶ Name <u>Ratterman, Scott</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01/05/2025</u> <small>Appt Date</small> ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>120</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.



Signature of Agency Head or Designee

Rebecca Hitchcock

Print Name

Clerk to the Board

Title

01/10/2025

(Month, Day, Year)

Comment: _____

Print

Clear

FPPC Form 806 (1/18)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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

1. Agency Name Calaveras County Water Disitrc	Date Posted: <u>1/10/2025</u> <i>(Month, Day, Year)</i>
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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
CCWD PFA	▶ Name <u>Secada, Cindy</u> <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ <u>01/08/2025</u> <i>Appt Date</i> ▶ <u>1 year</u> <i>Length of Term</i>	▶ Per Meeting: \$ <u>120</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"/> _____ <i>Other</i>
CCWD PFA	▶ Name <u>Underhill, Bertha</u> <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ <u>01/08/2025</u> <i>Appt Date</i> ▶ <u>1 year</u> <i>Length of Term</i>	▶ Per Meeting: \$ <u>120</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"/> _____ <i>Other</i>
CCWD PFA	▶ Name <u>Thomas, Russ</u> <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ <u>01/08/2025</u> <i>Appt Date</i> ▶ <u>1 year</u> <i>Length of Term</i>	▶ Per Meeting: \$ <u>120</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"/> _____ <i>Other</i>
CCWD PFA	▶ Name <u>Davidson, Jeff</u> <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ <u>01/08/2025</u> <i>Appt Date</i> ▶ <u>1 year</u> <i>Length of Term</i>	▶ Per Meeting: \$ <u>120</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"/> _____ <i>Other</i>
ESJGA	▶ Name <u>Thomas, Russ</u> <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ <u>01/08/2025</u> <i>Appt Date</i> ▶ <u>1 year</u> <i>Length of Term</i>	▶ Per Meeting: \$ <u>120</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"/> _____ <i>Other</i>
T-STAN	▶ Name <u>Thomas, Russ</u> <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ <u>01/08/2025</u> <i>Appt Date</i> ▶ <u>1 year</u> <i>Length of Term</i>	▶ Per Meeting: \$ <u>120</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"/> _____ <i>Other</i>

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Continuation Sheet**

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2. Appointments

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UMRWA	▶ Name <u>Davidson, Jeff</u> <i>(Last, First)</i> Alternate, if any <u>Ratterman, Scott</u> <i>(Last, First)</i>	▶ <u>01/08/2025</u> <i>Appt Date</i> ▶ <u>1 year</u> <i>Length of Term</i>	▶ Per Meeting: \$ <u>120</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> </u> <i>Other</i>
	▶ Name _____ <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ _____ <i>Appt Date</i> ▶ _____ <i>Length of Term</i>	▶ 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> </u> <i>Other</i>
	▶ Name _____ <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ _____ <i>Appt Date</i> ▶ _____ <i>Length of Term</i>	▶ 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> </u> <i>Other</i>
	▶ Name _____ <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ _____ <i>Appt Date</i> ▶ _____ <i>Length of Term</i>	▶ 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> </u> <i>Other</i>
	▶ Name _____ <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ _____ <i>Appt Date</i> ▶ _____ <i>Length of Term</i>	▶ 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> </u> <i>Other</i>
	▶ Name _____ <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ _____ <i>Appt Date</i> ▶ _____ <i>Length of Term</i>	▶ 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> </u> <i>Other</i>