

Agency Report of: Public Official Appointments

A Public Document

1. Agency Name Ross Valley Sanitary District			California Form 806
Division, Department, or Region (If Applicable)			For Official Use Only
Designated Agency Contact (Name, Title) Christina Winnicki			
Area Code/Phone Number 415-870-9775	E-mail cwinnicki@rvsd.org	Page <u>1</u> of <u>2</u>	Date Posted: <u>7/16/2025</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
Finance Committee	▶ Name <u>Thomas Gaffney</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>7/1/2025</u> <small>Appt Date</small> ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>314</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>3768</u> <small>Other</small>
Finance Committee	▶ Name <u>Doug Kelly</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>7/1/2025</u> <small>Appt Date</small> ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>314</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>3768</u> <small>Other</small>
Human Resources Committee	▶ Name <u>Mary Sylla</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>7/1/2025</u> <small>Appt Date</small> ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>314</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>
Human Resources Committee	▶ Name <u>Michael Boorstein</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>7/1/2025</u> <small>Appt Date</small> ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>314</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.

	Christina Winnicki	Board Clerk	07/16/2025
<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 Ross Valley Sanitary District	Date Posted: <u>7/16/2025</u> <small>(Month, Day, Year)</small>
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Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Business Plan Committee	▶ Name <u>Doug Kelly</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>7/1/2025</u> <small>Appt Date</small> ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>314</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
Business Plan Committee	▶ Name <u>Pamela Meigs</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>7/1/2025</u> <small>Appt Date</small> ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>314</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
Education and Outreach Committee	▶ Name <u>Doug Kelly</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>7/1/2025</u> <small>Appt Date</small> ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>314</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
Education and Outreach Committee	▶ Name <u>Pamela Meigs</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>7/1/2025</u> <small>Appt Date</small> ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>314</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
North Bay Watershed Association	▶ Name <u>Pamela Meigs</u> <small>(Last, First)</small> Alternate, if any <u>Michael Boorstein</u> <small>(Last, First)</small>	▶ <u>7/1/2025</u> <small>Appt Date</small> ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>314</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>3140</u> <small>Other</small>
California Sanitation Risk Management Authority	▶ Name <u>Michael Boorstein</u> <small>(Last, First)</small> Alternate, if any <u>Pamela Meigs</u> <small>(Last, First)</small>	▶ <u>7/1/2025</u> <small>Appt Date</small> ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>314</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