

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name MONTARA WATER AND SANITARY DISTRICT Division, Department, or Region (If Applicable)		California Form 806 For Official Use Only	
Designated Agency Contact (Name, Title) CLEMENS HELDMAIER			
Area Code/Phone Number 650-728-3545	E-mail CLEMENS@MWSD.NET		

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
BOARD PRESIDENT	▶ Name <u>BOYD, SCOTT</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1/15/2026</u> <small>Appt Date</small> ▶ <u>ONE YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>150.00</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input checked="" type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
PRESIDENT PRO-TEM	▶ Name <u>SLATER-CARTER, KATHRYN</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1/15/2026</u> <small>Appt Date</small> ▶ <u>ONE YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>150</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input checked="" type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
SECRETARY	▶ Name <u>SOFTKY, BILL</u> <small>(Last, First)</small> Alternate, if any <u>SLATER-CARTER, YOUNG</u> <small>(Last, First)</small>	▶ <u>1/15/2026</u> <small>Appt Date</small> ▶ <u>ONE YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>150.00</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input checked="" type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
TREASURER	▶ Name <u>CHAMPION, LEAH</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1/15/2026</u> <small>Appt Date</small> ▶ <u>ONE YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>150.00</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input checked="" 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.

 _____ <small>Signature of Agency Head or Designee</small>	CLEMENS HELDMAIER _____ <small>Print Name</small>	GENERAL MANAGER _____ <small>Title</small>	2/3/2026 _____ <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: <u>02/03/2026</u> <small>(Month, Day, Year)</small>
--	--

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
SEWER AUTHORITY MID-COASTSIDE REPRESENTATIVE	▶ Name <u>BOYD, SCOTT</u> <small>(Last, First)</small> Alternate, if any <u>SOFTKY, YOUNG, CHAMP</u> <small>(Last, First)</small>	▶ <u>1/15/2026</u> <small>Appt Date</small> ▶ <u>ONE YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>145.00</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input checked="" type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
SEWER AUTHORITY MID-COASTSIDE REPRESENTATIVE	▶ Name <u>SLATER-CARTER, KATHRYN</u> <small>(Last, First)</small> Alternate, if any <u>SOFTKY, YOUNG, CHAMP</u> <small>(Last, First)</small>	▶ <u>1/15/2026</u> <small>Appt Date</small> ▶ <u>ONE YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>145.00</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input checked="" type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
CALIFORNIA SPECIAL DISTRICT ASSOCIATION REPRESENTATIVE	▶ Name <u>SLATER-CARTER, KATHRYN</u> <small>(Last, First)</small> Alternate, if any <u>BOYD,SOFTKY,YOUNG, C</u> <small>(Last, First)</small>	▶ <u>1/15/2026</u> <small>Appt Date</small> ▶ <u>ONE YEAR</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 REPRESENTATIVE	▶ Name <u>SOFTKY, BILL</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1/15/2026</u> <small>Appt Date</small> ▶ <u>ONE YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100.00</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
CALIFORNIA ASSOCIATION OF SANITATION AGENCIES REPRESENTATIVE	▶ Name <u>YOUNG, CARLYSLE</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1/15/2026</u> <small>Appt Date</small> ▶ <u>ONE YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>0</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
BUDGET & FINANCE STANDING COMMITTEE	▶ Name <u>CHAMPION, LEAH</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1/15/2026</u> <small>Appt Date</small> ▶ <u>ONE YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>150.00</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

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

1. Agency Name MONTARA WATER AND SANITARY DISTRICT	Date Posted: <u>02/03/2026</u> <small>(Month, Day, Year)</small>
--	--

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
BUDGET & FINANCE STANDING COMMITTEE	▶ Name <u>SOFTKY, BILL</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1/15/2026</u> <small>Appt Date</small> ▶ <u>ONE YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>150.00</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"/> <u> </u> <small>Other</small>
PERSONNEL STANDING COMMITTEE	▶ Name <u>SLATER-CARTER, KATHRYN</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1/15/2026</u> <small>Appt Date</small> ▶ <u>ONE YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>150.00</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"/> <u> </u> <small>Other</small>
PERSONNEL STANDING COMMITTEE	▶ Name <u>BOYD, SCOTT</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1/15/2026</u> <small>Appt Date</small> ▶ <u>ONE YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>150.00</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"/> <u> </u> <small>Other</small>
STRATEGIC PLAN PROGRESS AD HOC COMMITTEE	▶ Name <u>SOFTKY, BILL</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1/15/2026</u> <small>Appt Date</small> ▶ <u>ONE YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>150.00</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"/> <u> </u> <small>Other</small>
STRATEGIC PLAN PROGRESS AD HOC COMMITTEE	▶ Name <u>YOUNG, CARLYSLE</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1/15/2026</u> <small>Appt Date</small> ▶ <u>ONE YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>150.00</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"/> <u> </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"/> <u> </u> <small>Other</small>