

Agency Report of: Public Official Appointments

A Public Document


1. Agency Name Goleta Water District		California Form 806 For Official Use Only	
Division, Department, or Region (If Applicable)			
Designated Agency Contact (Name, Title) David Matson			
Area Code/Phone Number 805-964-6761	E-mail dmatson@goletawater.com	Page <u>1</u> of <u>2</u>	Date Posted: March 12, 2026 <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 (ACWA) and Association of California Water Agencies Joint Powers Insurance Authority	▶ Name <u>Evans, Tom</u> <small>(Last, First)</small> Alternate, if any <u>Linville, David</u> <small>(Last, First)</small>	▶ <u>1/13/2026</u> <small>Appt Date</small> ▶ <u>12 Months</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>278.00</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
Cachuma Conservation Release Board (CCRB)	▶ Name <u>Hanson, Lauren</u> <small>(Last, First)</small> Alternate, if any <u>Klein-Rothschild, Susan</u> <small>(Last, First)</small>	▶ <u>1/13/2026</u> <small>Appt Date</small> ▶ <u>12 Months</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>278.00</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
Cachuma Operation and Maintenance Board (COMB)	▶ Name <u>Hanson, Lauren</u> <small>(Last, First)</small> Alternate, if any <u>Linville, David</u> <small>(Last, First)</small>	▶ <u>1/13/2026</u> <small>Appt Date</small> ▶ <u>12 Months</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>278.00</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
CENtral Coast Water Authority (CCWA)	▶ Name <u>Werner, Kathleen</u> <small>(Last, First)</small> Alternate, if any <u>Linville, David</u> <small>(Last, First)</small>	▶ <u>1/13/2026</u> <small>Appt Date</small> ▶ <u>12 Months</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>278.00</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>	<u>David Matson</u> <small>Print Name</small>	<u>General Manager</u> <small>Title</small>	<u>3/12/2026</u> <small>(Month, Day, Year)</small>
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Comment: Effective May 9, 2026 stipend rate will increase to \$288/meeting/day with a maximum of 10/month

Print **Clear**

