

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name CITY OF WATSONVILLE		California Form 806 For Official Use Only
Division, Department, or Region (If Applicable) CITY CLERK'S OFFICE		
Designated Agency Contact (Name, Title) IRWIN I ORTIZ		
Area Code/Phone Number 831-768-3040	E-mail CITYCLERK@CITYOFWATSONVILLE.ORG	Date Posted: 3/6/23 <small>(Month, Day, Year)</small>
		Page <u>1</u> of <u>2</u>

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
ASSOCIATION OF MONTEREY BAY AREA (AMBAG)	Name <u>CLARK, CASEY</u> <small>(Last, First)</small> Alternate, if any <u>PARKER, ARI</u> <small>(Last, First)</small>	<u>1/17/23</u> <small>Appt Date</small> <u>1 YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>50.00</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
CENTRAL COAST COMMUNITY ENERGY POLICY BOARD	Name <u>DUTRA, JIMMY</u> <small>(Last, First)</small> Alternate, if any <u>MONTESINO, EDUARDO</u> <small>(Last, First)</small>	<u>1/17/23</u> <small>Appt Date</small> <u>1 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"/> Other
SANTA CRUZ COUNTY HOUSING AUTHORITY	Name <u>ALANIZ, PROVIDENCE</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	<u>1/17/23</u> <small>Appt Date</small> <u>4 YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>50.00</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
SANTA CRUZ LOCAL AGENCY FORMATION COMMISSION	Name <u>MONTESINO, EDUARDO</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	_____ <small>Appt Date</small> _____ <small>Length of Term</small>	▶ Per Meeting: \$ <u>50.00</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

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.


Irwin Ortiz City Clerk 3-6-22
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____

Print **Clear**

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

1. Agency Name

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
	▶ Name _____ <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ <u>1/19/21</u> <i>Appt Date</i> ▶ _____ <i>Length of Term</i>	▶ Per Meeting: \$ _____ ▶ Estimated Annual: \$0-\$1,000 \$2,001-\$3,000 \$1,001-\$2,000 _____ <i>Other</i>
	▶ Name _____ <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ <u>2/07/23</u> <i>Appt Date</i> ▶ _____ <i>Length of Term</i>	▶ Per Meeting: \$ _____ ▶ Estimated Annual: \$0-\$1,000 \$2,001-\$3,000 \$1,001-\$2,000 _____ <i>Other</i>
	▶ Name _____ <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ <u>1/17/23</u> <i>Appt Date</i> ▶ _____ <i>Length of Term</i>	▶ Per Meeting: \$ _____ ▶ Estimated Annual: \$0-\$1,000 \$2,001-\$3,000 \$1,001-\$2,000 _____ <i>Other</i>
	▶ Name _____ <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ <u>1/17/23</u> <i>Appt Date</i> ▶ _____ <i>Length of Term</i>	▶ Per Meeting: \$ _____ ▶ Estimated Annual: \$0-\$1,000 \$2,001-\$3,000 \$1,001-\$2,000 _____ <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: \$0-\$1,000 \$2,001-\$3,000 \$1,001-\$2,000 _____ <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: \$0-\$1,000 \$2,001-\$3,000 \$1,001-\$2,000 _____ <i>Other</i>