

Agency Report of: Public Official Appointments

A Public Document

1. Agency Name

CITY OF WATSONVILLE

Division, Department, or Region (If Applicable)

CITY CLERK'S OFFICE

Designated Agency Contact (Name, Title)

BEATRIZ VÁZQUEZ FLORES

Area Code/Phone Number

831-768-3040

E-mail

beatriz.flores@cityofwatsonville.org

California
Form

806

For Official Use Only

Date Posted:

(Month, Day, Year)

Page 1 of 2

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>MONTESINO, EDUARDO</u> <small>(Last, First)</small> Alternate, if any <u>HURST, LOWELL</u> <small>(Last, First)</small>	► <u>01 / 25 / 22</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"/> _____ <small>Other</small>
CENTRAL COAST COMMUNITY ENERGY	► Name <u>QUIROZ-CARTER, VANESSA</u> <small>(Last, First)</small> Alternate, if any <u>ESTRADA, FRANCISCO</u> <small>(Last, First)</small>	► <u>01 / 25 / 22</u> <small>Appt Date</small> ► <u>1 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"/> _____ <small>Other</small>
PAJARO RIVER WATERSHED FLOOD PREVENTION AUTHORITY	► Name _____ <small>(Last, First)</small> Alternate, if any <u>PARKER, ARI</u> <small>(Last, First)</small>	► <u>01 / 25 / 22</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"/> _____ <small>Other</small>
SANTA CRUZ COUNTY HOUSING AUTHORITY	► Name <u>GARCIA, REBECCA</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	► <u>01 / 22 / 19</u> <small>Appt Date</small> ► _____ <small>Length of Term</small>	► Per Meeting: \$ <u>50.00</u> ► 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"/> _____ <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.

DocuSigned by:


Signature of Agency Head or Designee
26A0UECA30A14E3...

BEATRIZ VAZQUEZ FLORES

Print Name

CITY CLERK

Title

01/27/22

(Month, Day, Year)

Comment: _____

Print**Clear**

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

California Form

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A Public Document

Page _____ of _____

1. Agency NameDate Posted: _____
(Month, Day, Year)**2. Appointments**

Agency Boards and Commissions	Name of Appointed Person (Last, First)	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
SANTA CRUZ COUNTY METROPOLITAN TRANSIT DISTRICT - SEAT 2	► Name DUTRA, JIMMY Alternate, if any _____ (Last, First)	► 01 / 19 / 21 Appt Date ► 4 YEARS Length of Term	► Per Meeting: \$ 50.00 ► 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 _____
SANTA CRUZ COUNTY METROPOLITAN TRANSIT DISTRICT - SEAT 10	► Name PARKER, ARI Alternate, if any _____ (Last, First)	► 01 / 25 / 22 Appt Date ► Length of Term	► Per Meeting: \$ 50.00 ► 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 _____
SANTA CRUZ LAFCO	► Name ESTRADA FRANCISCO Alternate, if any _____ (Last, First)	► 05 / 14 / 23 Appt Date ► 4 YEARS Length of Term	► Per Meeting: \$ 50.00 ► 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 _____
SANTA CRUZ COUNTY REGIONAL TRANSPORTATION COMMISSION	► Name MONTESINO, EDUARDO Alternate, if any HURST, LOWELL (Last, First)	► 01 / 25 / 22 Appt Date ► 1 YEAR Length of Term	► Per Meeting: \$ 50.00 ► 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 _____
CITY OF WATSONVILLE	► Name PARKER, ARI (MAYOR) Alternate, if any _____ (Last, First)	► 12 / 14 / 21 Appt Date ► Length of Term	► Per Meeting: \$ 100.00 ► ADDITIONAL PER MONTH ► 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 _____
	► Name _____ (Last, First)	► _____ / _____ / _____ Appt Date ► Length of Term	► 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"/> _____ Other _____

Print**Clear**