

**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) IRWIN I ORTIZ Area Code/Phone Number 831-768-3010		California Form 806 For Official Use Only Date Posted: 9/10/24 <small>(Month, Day, Year)</small>
E-mail CITYCLERK@WATSONVILLE.GOV		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 GOVERNMENTS (AMBAG)	►Name QUIROZ-CARTER, VANESSA <small>(Last, First)</small> Alternate, if any MONTESINO, EDUARDO <small>(Last, First)</small>	► 1 / 16 / 24 <small>Appt Date</small> ► 1 <small>Length of Term</small>	► Per Meeting: \$ 50 ► 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 (3CE)	►Name DUTRA, JIMMY <small>(Last, First)</small> Alternate, if any MONTESINO, EDUARDO <small>(Last, First)</small>	► 1 / 16 / 24 <small>Appt Date</small> ► 1 YEAR <small>Length of Term</small>	► Per Meeting: \$ 100 ► 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"/> _____ <small>Other</small>
SANTA CRUZ COUNTY HOUSING AUTHORITY	►Name ALANIZ, PROVIDENCE <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	► 1 / 16 / 24 <small>Appt Date</small> ► 4 YEAR <small>Length of Term</small>	► Per Meeting: \$ 50 ► 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 LOCAL AGENCY FORMATION COMMISSION	►Name MONTESINO, EDUARDO <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	► 1 / 6 / 24 <small>Appt Date</small> ► 4 <small>Length of Term</small>	► Per Meeting: \$ 50 ► 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.

Signature of Agency Head or Designee

Print Name

Title

(Month, Day, Year)

Comment: _____

Print

Clear

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

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Page _____ of _____

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Date Posted: _____
(Month, Day, Year)

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