

# Agency Report of: Public Official Appointments

A Public Document

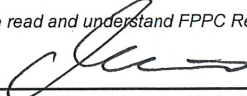
<b>1. Agency Name</b> CITY OF WATSONVILLE			<b>California Form 806</b> For Official Use Only
<b>Division, Department, or Region (If Applicable)</b> CITY CLERK'S OFFICE			
<b>Designated Agency Contact (Name, Title)</b> IRWIN I ORTIZ			
<b>Area Code/Phone Number</b> 831-768-3010	<b>E-mail</b> CITYCLERK@WATSONVILLE.GOV	Page <u>1</u> of <u>2</u>	<b>Date Posted:</b> 9/10/24 (Month, Day, Year)

## 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)	<p>► Name <u>QUIROZ-CARTER, VANESSA</u> (Last, First)</p> <p>Alternate, if any <u>MONTESINO, EDUARDO</u> (Last, First)</p>	<p>► <u>1</u> / <u>16</u> / <u>24</u> Appt Date</p> <p>► <u>1</u> Length of Term</p>	<p>► Per Meeting: \$ <u>50</u></p> <p>► Estimated Annual:</p> <p><input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000</p> <p><input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other</p>
CENTRAL COAST COMMUNITY ENERGY (3CE)	<p>► Name <u>DUTRA, JIMMY</u> (Last, First)</p> <p>Alternate, if any <u>MONTESINO, EDUARDO</u> (Last, First)</p>	<p>► <u>1</u> / <u>16</u> / <u>24</u> Appt Date</p> <p>► <u>1 YEAR</u> Length of Term</p>	<p>► Per Meeting: \$ <u>100</u></p> <p>► Estimated Annual:</p> <p><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000</p> <p><input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other</p>
SANTA CRUZ COUNTY HOUSING AUTHORITY	<p>► Name <u>ALANIZ, PROVIDENCE</u> (Last, First)</p> <p>Alternate, if any _____ (Last, First)</p>	<p>► <u>1</u> / <u>16</u> / <u>24</u> Appt Date</p> <p>► <u>4 YEAR</u> Length of Term</p>	<p>► Per Meeting: \$ <u>50</u></p> <p>► Estimated Annual:</p> <p><input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000</p> <p><input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other</p>
SANTA CRUZ LOCAL AGENCY FORMATION COMMISSION	<p>► Name <u>MONTESINO, EDUARDO</u> (Last, First)</p> <p>Alternate, if any _____ (Last, First)</p>	<p>► <u>1</u> / <u>6</u> / <u>24</u> Appt Date</p> <p>► <u>4</u> Length of Term</p>	<p>► Per Meeting: \$ <u>50</u></p> <p>► Estimated Annual:</p> <p><input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000</p> <p><input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other</p>

## 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
9-10-24  
 Signature of Agency Head or Designee      Print Name      Title      (Month, Day, Year)

Comment: \_\_\_\_\_

Print

Clear

FPPC Form 806 (1/18)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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

Page \_\_\_\_ of \_\_\_\_

**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 _____ (Last, First)  Alternate, if any _____ (Last, First)	▶ ____/____/____ Appt Date  ▶ _____ Length of Term	▶ Per Meeting: \$ _____  ▶ Estimated Annual: \$0-\$1,000      \$2,001-\$3,000 \$1,001-\$2,000      _____ Other
	▶ Name _____ (Last, First)  Alternate, if any _____ (Last, First)	▶ ____/____/____ Appt Date  ▶ _____ Length of Term	▶ Per Meeting: \$ _____  ▶ Estimated Annual: \$0-\$1,000      \$2,001-\$3,000 \$1,001-\$2,000      _____ Other
	▶ Name _____ (Last, First)  Alternate, if any _____ (Last, First)	▶ ____/____/____ Appt Date  ▶ _____ Length of Term	▶ Per Meeting: \$ _____  ▶ Estimated Annual: \$0-\$1,000      \$2,001-\$3,000 \$1,001-\$2,000      _____ Other
	▶ Name _____ (Last, First)  Alternate, if any _____ (Last, First)	▶ ____/____/____ Appt Date  ▶ _____ Length of Term	▶ Per Meeting: \$ _____  ▶ Estimated Annual: \$0-\$1,000      \$2,001-\$3,000 \$1,001-\$2,000      _____ Other
	▶ Name _____ (Last, First)  Alternate, if any _____ (Last, First)	▶ ____/____/____ Appt Date  ▶ _____ Length of Term	▶ Per Meeting: \$ _____  ▶ Estimated Annual: \$0-\$1,000      \$2,001-\$3,000 \$1,001-\$2,000      _____ Other
	▶ Name _____ (Last, First)  Alternate, if any _____ (Last, First)	▶ ____/____/____ Appt Date  ▶ _____ Length of Term	▶ Per Meeting: \$ _____  ▶ Estimated Annual: \$0-\$1,000      \$2,001-\$3,000 \$1,001-\$2,000      _____ Other