

**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

E-mail

CITYCLERK@WATSONVILLE.GOV

**California Form 806**

For Official Use Only

Date Posted:

1/31/25

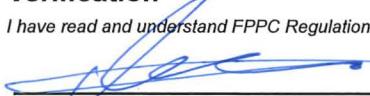
(Month, Day, Year)

**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)	► Name <u>MONTESINO, EDUARDO</u> <small>(Last, First)</small> Alternate, if any <u>OROZCO, MARIA</u> <small>(Last, First)</small>	► <u>1</u> / <u>14</u> / <u>25</u> <small>Appt Date</small>  ► <u>1 YEAR</u> <small>Length of Term</small>	► Per Meeting: \$ <u>50</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 (3CE)	► Name <u>DUTRA, JIMMY</u> <small>(Last, First)</small> Alternate, if any <u>MONTESINO, EDUARDO</u> <small>(Last, First)</small>	► <u>1</u> / <u>14</u> / <u>25</u> <small>Appt Date</small>  ► <u>1 YEAR</u> <small>Length of Term</small>	► Per Meeting: \$ <u>100</u>  ► 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 <u>ALANIZ, PROVIDENCE</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	► <u>1</u> / <u>17</u> / <u>23</u> <small>Appt Date</small>  ► <u>4 YEAR</u> <small>Length of Term</small>	► Per Meeting: \$ <u>50</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>
SANTA CRUZ LOCAL AGENCY FORMATION COMMISSION	► Name <u>MONTESINO, EDUARDO</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	► <u>2</u> / <u>21</u> / <u>23</u> <small>Appt Date</small>  ► <u>4</u> <small>Length of Term</small>	► Per Meeting: \$ <u>50</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>

**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

Signature of Agency Head or Designee

Print Name

City Clerk

Title

1/31/25

(Month, Day, Year)

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

**Print**

**Clear**

Agency Report of:  
Public Official Appointments  
Continuation Sheet

California Form 806  
A Public Document

Page 2 of 2

1. Agency Name  
CITY OF WATSONVILLE

Date Posted: 1/31/25  
(Month, Day, Year)

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
SANTA CRUZ METROPOLITAN TRANSIT DISTRICT - SEAT 2	► Name DUTRA, JIMMY (Last, First)  Alternate, if any _____ (Last, First)	► 1 / 14 / 25 Appt Date  ► 4 YEAR Length of Term	► Per Meeting: \$ 50  ► Estimated Annual: █ \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000  <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____ Other
SANTA CRUZ METROPOLITAN TRANSIT DISTRICT - SEAT 10	► Name QUIROZ-CARTER, VANESSA (Last, First)  Alternate, if any _____ (Last, First)	► 02 / 07 / 23 Appt Date  ► 3 YEAR Length of Term	► Per Meeting: \$ 50  ► Estimated Annual: █ \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000  <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____ Other
SANTA CRUZ COUNTY REGIONAL TRANSPORTATION COMMISSION	► Name MONTESINO, EDUARDO (Last, First)  Alternate, if any _____ (Last, First)	► 1 / 14 / 25 Appt Date  ► _____ Length of Term	► Per Meeting: \$ _____  ► Estimated Annual: █ \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000  <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____ Other
CITY OF WATSONVILLE - MAYOR	► Name _____ (Last, First)  Alternate, if any _____ (Last, First)	► _____ / _____ / _____ Appt Date  ► _____ Length of Term	► Per Meeting: \$ _____  ► Estimated Annual: █ \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000  <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____ Other
	► Name _____ (Last, First)  Alternate, if any _____ (Last, First)	► _____ / _____ / _____ Appt Date  ► _____ Length of Term	► Per Meeting: \$ _____  ► Estimated Annual: █ \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000  <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____ Other
	► Name _____ (Last, First)  Alternate, if any _____ (Last, First)	► _____ / _____ / _____ Appt Date  ► _____ Length of Term	► Per Meeting: \$ _____  ► Estimated Annual: █ \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000  <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____ Other

Print

Clear