

Agency Report of: Public Official Appointments

A Public Document

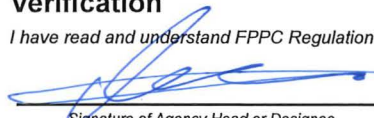
1. Agency Name CITY OF WATSONVILLE			California Form 806 For Official Use Only
Division, Department, or Region (If Applicable) CITY CLERK'S OFFICE			
Designated Agency Contact (Name, Title) IRWIN I ORTIZ			
Area Code/Phone Number 831-768-3010	E-mail CITYCLERK@WATSONVILLE.GOV	Page 1 of 2	Date Posted: 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> (Last, First) Alternate, if any <u>OROZCO, MARIA</u> (Last, First)	▶ <u>1</u> / <u>14</u> / <u>25</u> Appt Date ▶ <u>1 YEAR</u> Length of Term	▶ 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"/> Other
CENTRAL COAST COMMUNITY ENERGY (3CE)	▶ Name <u>DUTRA, JIMMY</u> (Last, First) Alternate, if any <u>MONTESINO, EDUARDO</u> (Last, First)	▶ <u>1</u> / <u>14</u> / <u>25</u> Appt Date ▶ <u>1 YEAR</u> Length of Term	▶ 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"/> Other
SANTA CRUZ COUNTY HOUSING AUTHORITY	▶ Name <u>ALANIZ, PROVIDENCE</u> (Last, First) Alternate, if any _____ (Last, First)	▶ <u>1</u> / <u>17</u> / <u>23</u> Appt Date ▶ <u>4 YEAR</u> Length of Term	▶ 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"/> Other
SANTA CRUZ LOCAL AGENCY FORMATION COMMISSION	▶ Name <u>MONTESINO, EDUARDO</u> (Last, First) Alternate, if any _____ (Last, First)	▶ <u>2</u> / <u>21</u> / <u>23</u> Appt Date ▶ <u>4</u> Length of Term	▶ 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"/> 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	1/31/25
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**

California Form 806
A Public Document

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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	<p>▶ Name <u>DUTRA, JIMMY</u> (Last, First)</p> <p>Alternate, if any _____ (Last, First)</p>	<p>▶ <u>1 / 14 / 25</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 METROPOLITAN TRANSIT DISTRICT - SEAT 10	<p>▶ Name <u>QUIROZ-CARTER, VANESSA</u> (Last, First)</p> <p>Alternate, if any _____ (Last, First)</p>	<p>▶ <u>02 / 07 / 23</u> Appt Date</p> <p><u>3 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 COUNTY REGIONAL TRANSPORTATION COMMISSION	<p>▶ Name <u>MONTESINO, EDUARDO</u> (Last, First)</p> <p>Alternate, if any _____ (Last, First)</p>	<p>▶ <u>1 / 14 / 25</u> Appt Date</p> <p>_____ Length of Term</p>	<p>▶ Per Meeting: \$ _____</p> <p>▶ Estimated Annual:</p> <p><input 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>
CITY OF WATSONVILLE - MAYOR	<p>▶ Name _____ (Last, First)</p> <p>Alternate, if any _____ (Last, First)</p>	<p>▶ ____ / ____ / ____ Appt Date</p> <p>_____ Length of Term</p>	<p>▶ Per Meeting: \$ _____</p> <p>▶ Estimated Annual:</p> <p><input 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>
	<p>▶ Name _____ (Last, First)</p> <p>Alternate, if any _____ (Last, First)</p>	<p>▶ ____ / ____ / ____ Appt Date</p> <p>_____ Length of Term</p>	<p>▶ Per Meeting: \$ _____</p> <p>▶ Estimated Annual:</p> <p><input 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>
	<p>▶ Name _____ (Last, First)</p> <p>Alternate, if any _____ (Last, First)</p>	<p>▶ ____ / ____ / ____ Appt Date</p> <p>_____ Length of Term</p>	<p>▶ Per Meeting: \$ _____</p> <p>▶ Estimated Annual:</p> <p><input 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>

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Clear