

# 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
Division, Department, or Region (If Applicable) CITY CLERK'S OFFICE			Date Posted:  (Month, Day, Year)
Designated Agency Contact (Name, Title) BEATRIZ VÁZQUEZ FLORES			
Area Code/Phone Number 831-768-3040	E-mail beatriz.flores@cityofwatsonville.org	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"/> Other
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"/> Other
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"/> Other
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"/> 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.

DocuSigned by:  Signature of Agency Head or Designee	BEATRIZ VAZQUEZ FLORES Print Name	CITY CLERK Title	01/27/22 (Month, Day, Year)
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Comment: \_\_\_\_\_

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Clear

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

<b>1. Agency Name</b>	Date Posted: _____ <small>(Month, Day, Year)</small>
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**2. Appointments**

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
SANTA CRUZ COUNTY METROPOLITAN TRANSIT DISTRICT - SEAT 2	▶ Name <u>DUTRA, JIMMY</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 19 / 21</u> <small>Appt Date</small>  <u>4 YEARS</u> <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 checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____ <small>Other</small>
SANTA CRUZ COUNTY METROPOLITAN TRANSIT DISTRICT - SEAT 10	▶ Name <u>PARKER, ARI</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 25 / 22</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 checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____ <small>Other</small>
SANTA CRUZ LAFCO	▶ Name <u>ESTRADA FRANCISCO</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>05 / 14 / 23</u> <small>Appt Date</small>  <u>4 YEARS</u> <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 checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____ <small>Other</small>
SANTA CRUZ COUNTY REGIONAL TRANSPORTATION COMMISSION	▶ 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>
CITY OF WATSONVILLE	▶ Name <u>PARKER, ARI (MAYOR)</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 14 / 21</u> <small>Appt Date</small>  _____ <small>Length of Term</small>	▶ Per Meeting: \$ <u>100.00</u> 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"/> _____ <small>Other</small>
	▶ Name _____ <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ _____ <small>Appt Date</small>  _____ <small>Length of Term</small>	▶ 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"/> _____ <small>Other</small>