

# Agency Report of: Public Official Appointments

**A Public Document**

<b>1. Agency Name</b>		<b>California Form 806</b> For Official Use Only	
Inland Empire Utilities Agency			
<b>Division, Department, or Region</b> (If Applicable)			
Board of Directors		Page <u>1</u> of <u>1</u>	<b>Date Posted:</b> 12/31/2020 <small>(Month, Day, Year)</small>
<b>Designated Agency Contact</b> (Name, Title)			
Denise Garzaro, Board Secretary/Office Manager			
<b>Area Code/Phone Number</b>	<b>E-mail</b>		
909-993-1600	dgarzaro@ieua.org		

## 2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Metropolitan Water District of Southern California	▶ Name <u>Camacho, Michael</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 16 / 20</u> <small>Appt Date</small>  ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>260</u>  ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input checked="" type="checkbox"/> <u>6,240</u> <small>Other</small>
Santa Ana Watershed Project Authority	▶ Name <u>Hall, Jasmin</u> <small>(Last, First)</small>  Alternate, if any <u>Tule, Marco</u> <small>(Last, First)</small>	▶ <u>12 / 16 / 20</u> <small>Appt Date</small>  ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>260</u>  ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input checked="" type="checkbox"/> <u>6,240</u> <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>
	▶ 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>

## 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.

Denise Garzaro	Denise Garzaro	Board Secretary/Office Manager	12/31/2020
Digitally signed by Denise Garzaro Date: 2020.12.31 14:29:19 -08'00'	Signature of Agency Head or Designee	Print Name	Title
		(Month, Day, Year)	

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