

Agency Report of: Public Official Appointments

A Public Document

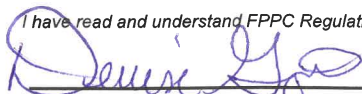
1. Agency Name Inland Empire Utilities Agency		California Form 806 For Official Use Only	
Division, Department, or Region (If Applicable) Board of Directors			
Designated Agency Contact (Name, Title) Denise Garzaro, Board Secretary/Office Manager			
Area Code/Phone Number 909-993-1600	E-mail dgarzaro@ieua.org	Page <u>1</u> of <u>1</u>	Date Posted: 12/22/2021 <small>(Month, Day, Year)</small>

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 <u>N/A</u> <small>(Last, First)</small>	▶ <u>12 / 8 / 21</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>9100</u> <small>Other</small>
Santa Ana Watershed Project Authority Commission	▶ Name <u>Tule, Marco</u> <small>(Last, First)</small> Alternate, if any <u>Camacho, Michael</u> <small>(Last, First)</small>	▶ <u>12 / 8 / 21</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 Project Agreement 23 Committee	▶ Name <u>Tule, Marco</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 8 / 21</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>1560</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>

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.


Signature of Agency Head or Designee

Denise Garzaro
Print Name

Board Secretary/Office Manager
Title

12/21/2021
(Month, Day, Year)

Comment: _____