

**Agency Report of:  
Public Official Appointments**

**A Public Document**


<b>1. Agency Name</b>		<b>California Form 806</b>	For Official Use Only
Otay Water District			
Division, Department, or Region (If Applicable)			
Designated Agency Contact (Name, Title)		Page <u>1</u> of <u>1</u>	Date Posted: <u>3/6/15</u> <small>(Month, Day, Year)</small>
Susan Cruz			
Area Code/Phone Number 619-670-2280	E-mail scruz@otaywater.gov		

**2. Appointments**

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
San Diego County Water Authority	▶ Name <u>Croucher, Gary</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>3 / 11 / 14</u> <small>Appt Date</small>  ▶ <u>6 years</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>150.00</u>  ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input checked="" type="checkbox"/> <u>\$4950.00</u> <small>Other</small>
San Diego Area Waste Water Commission (Metro Commission)	▶ Name <u>Lopez, Jose</u> <small>(Last, First)</small>  Alternate, if any <u>Robak, Mark</u> <small>(Last, First)</small>	▶ <u>9 / 7 / 11</u> <small>Appt Date</small>  ▶ <u>Until New Appt</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>150.00</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>
	▶ Name _____ <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u> / / </u> <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>	▶ <u> / / </u> <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 18705.5. I have verified that the appointment and information identified above is true to the best of my information and belief.*

 <small>Signature of Agency Head or Designee</small>	<u>Susan Cruz</u> <small>Print Name</small>	<u>District Secretary</u> <small>Title</small>	<u>3/6/15</u> <small>(Month, Day, Year)</small>
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Comment: \_\_\_\_\_