

**Agency Report of:  
Public Official Appointments**

**A Public Document**

<b>1. Agency Name</b> Otay Water District		<b>California Form 806</b>	For Official Use Only
Division, Department, or Region (If Applicable)			
Designated Agency Contact (Name, Title) Susan Cruz, District Secretary			
Area Code/Phone Number 619-670-2280	E-mail scruz@otaywater.gov	Page <u>1</u> of <u>1</u>	Date Posted: <u>9/10/12</u> <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
San Diego County Water Authority	▶ Name <u>Croucher, Gary</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1 / 14 / 08</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>\$4,950/yr</u> <small>Other</small>
San Diego Metro Commission	▶ Name <u>Lopez, Jose</u> <small>(Last, First)</small>  Alternate, if any <u>Gonzalez, David</u> <small>(Last, First)</small>	▶ <u>9 / 7 / 11</u> <small>Appt Date</small>  ▶ <u>1 year</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>	▶ _____ <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 18705.5. 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

Susan Cruz  
Print Name

District Secretary  
Title

9/10/12  
(Month, Day, Year)

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