

**Agency Report of:  
Public Official Appointments**

**A Public Document**

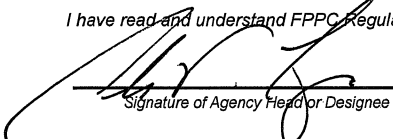
<b>1. Agency Name</b> Helix Water District			<b>California Form 806</b> For Official Use Only
Division, Department, or Region (If Applicable)			Date Posted: <u>06/01/17</u> <small>(Month, Day, Year)</small>
Designated Agency Contact (Name, Title) Sandy Janzen, Board Secretary			
Area Code/Phone Number 619-667-6232	E-mail sandy.janzen@helixwater.org	Page <u>1</u> of <u>2</u>	

**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>Coates Hedberg, Kathleen</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 21 / 16</u> <small>Appt Date</small>  ▶ <u>Until 07/15/19</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"/> Other
San Diego County Water Authority	▶ Name <u>Scalzitti, Joel A.</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 21 / 16</u> <small>Appt Date</small>  ▶ <u>Until 08/18/19</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"/> Other
San Diego River Conservancy	▶ Name <u>Scalzitti, Joel A.</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 21 / 16</u> <small>Appt Date</small>  ▶ <u>Until Removed</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>200.00</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"/> Other
Helix Water District Scholarship Committee	▶ Name <u>Scalzitti, Joel A.</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 06 / 16</u> <small>Appt Date</small>  ▶ <u>Until Removed</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>200.00</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

**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.*

 <small>Signature of Agency Head or Designee</small>	<u>Carlos V. Lugo</u> <small>Print Name</small>	<u>General Manager</u> <small>Title</small>	<u>5/29/2017</u> <small>(Month, Day, Year)</small>
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Comment: \_\_\_\_\_

