

**Agency Report of:
Public Official Appointments**

A Public Document

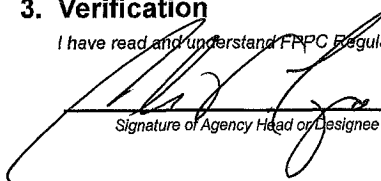
1. Agency Name Helix Water District			California Form 806	For Official Use Only
Division, Department, or Region (If Applicable)				
Designated Agency Contact (Name, Title) Sandy Janzen, Board Secretary				
Area Code/Phone Number 619-667-6232	E-mail sandy.janzen@helixwater.org	Page <u>1</u> of <u>2</u>	Date Posted: <u>01/29/20</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
California Special Districts Association Grant Committee	▶ Name <u>Gracyk, Mark</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 15 / 20</u> <small>Appt Date</small> ▶ <u>Until Removed</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>225.00</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
City of La Mesa Environmental Sustainability Commission	▶ Name <u>Gracyk, Mark</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 15 / 20</u> <small>Appt Date</small> ▶ <u>Until Removed</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>225.00</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input checked="" type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
Harry Griffen Regional Park Joint Powers Authority	▶ Name <u>Gracyk, Mark</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 15 / 20</u> <small>Appt Date</small> ▶ <u>Until Removed</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>225.00</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
Helix Water District Engineering and Operations Committee	▶ Name <u>Gracyk, Mark</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 15 / 20</u> <small>Appt Date</small> ▶ <u>Until Removed</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>225.00</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.


Signature of Agency Head or Designee

Carlos V. Lugo
Print Name

General Manager
Title

1/29/2020
(Month, Day, Year)

Comment: _____

**Agency Report of:
Public Official Appointments
Continuation Sheet**

1. Agency Name Helix Water District	Date Posted: <u>01/29/20</u> <small>(Month, Day, Year)</small>
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Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Helix Water District Finance and Administration Committee	▶ Name _____ <small>(Last, First)</small> Gracyk, Mark Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 15 / 20</u> <small>Appt Date</small> ▶ <u>Until Removed</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>225.00</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"/> <u>Other</u>
Helix Water District Scholarship Committee	▶ Name <u>Gracyk, Mark</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 15 / 20</u> <small>Appt Date</small> ▶ <u>Until Removed</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>225.00</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"/> <u>Other</u>
	▶ 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"/> <u>Other</u>
	▶ 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"/> <u>Other</u>
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