

**Agency Report of:
Public Official Appointments**

A Public Document

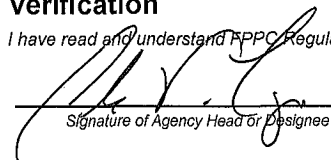
1. Agency Name Helix Water District		California Form 806 For Official Use Only	
Division, Department, or Region (If Applicable)			
Designated Agency Contact (Name, Title) Sandy Janzen, Board Secretary			
Area Code/Phone Number 619-667-6232	E-mail sandy.janzen@helixwater.org	Page <u>1</u> of <u>2</u>	Date Posted: <u>01/27/21</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
Advanced Water Purification Program Joint Powers Authority Board	▶ Name <u>Scalzitti, Joel</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>11 / 20 / 19</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 type="checkbox"/> \$2,001-\$3,000 <input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
Harry Griffen Regional Park Joint Powers Authority	▶ Name <u>Scalzitti, Joel</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 15 / 21</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
HWD Advanced Water Purification Ad Hoc Committee	▶ Name <u>Scalzitti, Joel</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 17 / 19</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 type="checkbox"/> \$2,001-\$3,000 <input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
HWD Parks, Land, Lakes and Garden Committee	▶ Name <u>Scalzitti, Joel</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>02 / 13 / 19</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 type="checkbox"/> \$2,001-\$3,000 <input checked="" 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.


Carlos V. Lugo
General Manager
1/27/2021
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____

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

Helix Water District

1. Agency Name _____ **Date Posted:** 01/27/21
(Month, Day, Year)

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Local Agency Formation Commission Special Districts Advisory Committee	▶ Name <u>Scalzitti, Joel</u> (Last, First) Alternate, if any _____ (Last, First)	▶ <u>10 / / 20</u> Appt Date <u>4 Years</u> Length of Term	▶ 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
San Diego County Water Authority	▶ Name <u>Scalzitti, Joel</u> (Last, First) Alternate, if any _____ (Last, First)	▶ <u>08 / 18 / 19</u> Appt Date <u>6 Years</u> Length of Term	▶ 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
	▶ Name _____ (Last, First) Alternate, if any _____ (Last, First)	▶ <u> / / </u> Appt Date _____ Length of Term	▶ 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"/> Other
	▶ Name _____ (Last, First) Alternate, if any _____ (Last, First)	▶ <u> / / </u> Appt Date _____ Length of Term	▶ 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"/> Other
	▶ Name _____ (Last, First) Alternate, if any _____ (Last, First)	▶ <u> / / </u> Appt Date _____ Length of Term	▶ 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"/> Other
	▶ Name _____ (Last, First) Alternate, if any _____ (Last, First)	▶ <u> / / </u> Appt Date _____ Length of Term	▶ 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"/> Other