

Agency Report of: Public Official Appointments

A Public Document

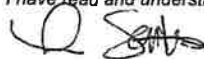
1. Agency Name Castroville Community Services District			California Form 806 For Official Use Only
Division, Department, or Region (If Applicable)			
Designated Agency Contact (Name, Title) Lidia Santos, Office Manager			
Area Code/Phone Number 831-633-2560	E-mail lidia@castrovillecsd.org	Page <u>1</u> of <u>1</u>	Date Posted: 01/27/2025 <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
Monterey One Water	▶ Name <u>Stefani, Ronald J.</u> <small>(Last, First)</small> Alternate, if any <u>Derbin, James</u> <small>(Last, First)</small>	▶ <u>12/15/2009</u> <small>Appt Date</small> ▶ <u>11/2028</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100</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
SVGSA JPA Salinas Valley Groundwater Sustainability Agency	▶ Name <u>Stefani, Ronald J.</u> <small>(Last, First)</small> Alternate, if any <u>Leonard, Grant</u> <small>(Last, First)</small>	▶ <u>9/19/2017</u> <small>Appt Date</small> ▶ <u>7/2025</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100</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 _____ <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"/> Other
	▶ 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"/> 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>	Lidia Santos _____ <small>Print Name</small>	Office Manager _____ <small>Title</small>	01/27/2025 _____ <small>(Month, Day, Year)</small>
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Comment: _____

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Clear