

**Agency Report of:  
Public Official Appointments**

**A Public Document**

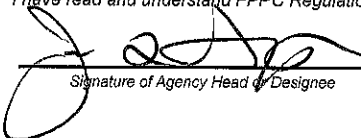
|   |                                 |  |   |
|---|---------------------------------|--|---|
| <b>1. Agency Name</b><br>South Bay Irrigation District<br>Division, Department, or Region (if Applicable) |                                 |  | <b>California Form 806</b><br>For Official Use Only |
| Designated Agency Contact (Name, Title)<br>Jim Smyth, General Manager                                     |                                 |  |   |
| Area Code/Phone Number<br>619-409-6701  | E-mail<br>jsmyth@sweetwater.org |  | Page <u>1</u> of <u>1</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 Board of Directors | ▶ Name <u>Preciado, Jose</u><br><small>(Last, First)</small><br><br>Alternate, if any _____<br><small>(Last, First)</small> | ▶ <u>10 / 20 / 14</u><br><small>Appt Date</small><br><br><u>6 years</u><br><small>Length of Term</small> | ▶ Per Meeting: \$ <u>150.00</u><br><br>▶ Estimated Annual:<br><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000<br><input type="checkbox"/> \$1,001-\$2,000 <input checked="" type="checkbox"/> <u>\$3,600</u><br><small>Other</small> |
|   | ▶ Name _____<br><small>(Last, First)</small><br><br>Alternate, if any _____<br><small>(Last, First)</small>                 | ▶ _____<br><small>Appt Date</small><br><br>_____<br><small>Length of Term</small>                        | ▶ Per Meeting: \$ _____<br><br>▶ Estimated Annual:<br><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000<br><input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____<br><small>Other</small>                             |
|   | ▶ Name _____<br><small>(Last, First)</small><br><br>Alternate, if any _____<br><small>(Last, First)</small>                 | ▶ _____<br><small>Appt Date</small><br><br>_____<br><small>Length of Term</small>                        | ▶ Per Meeting: \$ _____<br><br>▶ Estimated Annual:<br><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000<br><input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____<br><small>Other</small>                             |
|   | ▶ Name _____<br><small>(Last, First)</small><br><br>Alternate, if any _____<br><small>(Last, First)</small>                 | ▶ _____<br><small>Appt Date</small><br><br>_____<br><small>Length of Term</small>                        | ▶ Per Meeting: \$ _____<br><br>▶ Estimated Annual:<br><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000<br><input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____<br><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.*

|   |                                     |                                 |                                     |
|---|-------------------------------------|---------------------------------|-------------------------------------|
| <br>Signature of Agency Head or Designee | <u>James L. Smyth</u><br>Print Name | <u>General Manager</u><br>Title | <u>2-4-15</u><br>(Month, Day, Year) |
|---|-------------------------------------|---------------------------------|-------------------------------------|

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