

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name		California Form 806	For Official Use Only
Marina Coast Water District			
Division, Department, or Region (If Applicable)			
Designated Agency Contact (Name, Title)		Date Posted:	
Derek Cray		01/29/2021	
Area Code/Phone Number		Page 1 of 1	
831-883-5903		(Month, Day, Year)	
E-mail			
dcray@mcwd.org			

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>Thomas P. Moore</u> <small>(Last, First)</small>	▶ <u>12 / 16 / 20</u> <small>Appt Date</small>	▶ Per Meeting: \$ <u>50</u>
	Alternate, if any <u>Matt Zefferman</u> <small>(Last, First)</small>	▶ <u>12 Months</u> <small>Length of Term</small>	▶ 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> </u> <small>Other</small>
	▶ Name _____ <small>(Last, First)</small>	▶ _____/_____/_____ <small>Appt Date</small>	▶ Per Meeting: \$ _____
	Alternate, if any _____ <small>(Last, First)</small>	▶ _____ <small>Length of Term</small>	▶ 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"/> _____ <small>Other</small>
	▶ Name _____ <small>(Last, First)</small>	▶ _____/_____/_____ <small>Appt Date</small>	▶ Per Meeting: \$ _____
	Alternate, if any _____ <small>(Last, First)</small>	▶ _____ <small>Length of Term</small>	▶ 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"/> _____ <small>Other</small>
	▶ Name _____ <small>(Last, First)</small>	▶ _____/_____/_____ <small>Appt Date</small>	▶ Per Meeting: \$ _____
	Alternate, if any _____ <small>(Last, First)</small>	▶ _____ <small>Length of Term</small>	▶ 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"/> _____ <small>Other</small>

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.

Derek Cray
Signature of Agency Head or Designee

Derek Cray
Print Name

Interim General Manager
Title

01/29/2021
(Month, Day, Year)

Comment: _____