Agency Report of:
Public Official Appointments

A Public Document

California Form 806

For Official Use Only

1. Agency Name

Marina Coast Water District

Division, Department, or Region *(If Applicable)*

Designated Agency Contact *(Name, Title)*

Remleh Scherzinger

Area Code/Phone Number	E-mail
831-883-5925	rscherzinger@mcwd.org

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Date Posted: 03/23/2026 *(Month, Day, Year)*

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
	Name: Moore, Thomas P *(Last, First)* Alternate, if any: Imamura, Brad *(Last, First)*	Appt Date: Length of Term: 12 Months	Per Meeting: $ 100 Estimated Annual: ☐ $0-$1,000 ☐ $2,001-$3,000 ■ $1,001-$2,000 ☐ Other
	Name: *(Last, First)* Alternate, if any: *(Last, First)*	Appt Date: Length of Term:	Per Meeting: $ Estimated Annual: ☐ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ Other
	Name: *(Last, First)* Alternate, if any: *(Last, First)*	Appt Date: Length of Term:	Per Meeting: $ Estimated Annual: ☐ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ Other
	Name: *(Last, First)* Alternate, if any: *(Last, First)*	Appt Date: Length of Term:	Per Meeting: $ Estimated Annual: ☐ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ 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	Print Name	Title	Date (Month, Day, Year)
	Remleh Scherzinger	General Manager	03/23/2026

Comment:

Print Clear