

**Agency Report of:
Public Official Appointments**

A Public Document

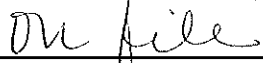
1. Agency Name Midway City Sanitary District			California Form 806
Division, Department, or Region (If Applicable) N/A			For Official Use Only
Designated Agency Contact (Name, Title) Danielle Gerardo, Board Secretary			
Area Code/Phone Number 714-893-3553	E-mail dgerardo@mcsandst.com	Page <u>1</u> of <u>2</u>	Date Posted: 12-04-2017 <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
Orange County Sanitation District Board of Directors	▶ Name <u>Nguyen, Charlie</u> <small>(Last, First)</small> Alternate, if any <u>Krippner, Al</u> <small>(Last, First)</small>	▶ <u>12 / 01 / 17</u> <small>Appt Date</small> ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>212.50</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input checked="" type="checkbox"/> <u>5000-6000</u> <small>Other</small>
Board President	▶ Name <u>Nguyen, Charlie</u> <small>(Last, First)</small> Alternate, if any <u>Diep, Tyler</u> <small>(Last, First)</small>	▶ <u>12 / 01 / 17</u> <small>Appt Date</small> ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>269.69</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input checked="" type="checkbox"/> <u>5000-6000</u> <small>Other</small>
Board Secretary	▶ Name <u>Rice, Margie</u> <small>(Last, First)</small> Alternate, if any <u>Krippner, Al</u> <small>(Last, First)</small>	▶ <u>12 / 01 / 17</u> <small>Appt Date</small> ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>269.69</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"/> <u> </u> <small>Other</small>
Board Treasurer	▶ Name <u>Cobo, Frank</u> <small>(Last, First)</small> Alternate, if any <u>Krippner, Al</u> <small>(Last, First)</small>	▶ <u>12 / 01 / 17</u> <small>Appt Date</small> ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>269.69</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input checked="" type="checkbox"/> <u>5000-6000</u> <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.

	Danielle Gerardo	Board Secretary	12-04-2017
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: _____

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

1. Agency Name
Midway City Sanitary District

Date Posted: 12-04-2017
(Month, Day, Year)

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Calendar Committee	<p>▶ Name <u>Diep, Tyler</u> <i>(Last, First)</i></p> <p>Alternate, if any _____ <i>(Last, First)</i></p>	<p>▶ <u>12 / 01 / 17</u> <i>Appt Date</i></p> <p>▶ <u>1 year</u> <i>Length of Term</i></p>	<p>▶ Per Meeting: \$ <u>269.69</u></p> <p>▶ 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</p>
Calendar Committee	<p>▶ Name <u>Nguyen, Charlie</u> <i>(Last, First)</i></p> <p>Alternate, if any <u>Krippner, Al</u> <i>(Last, First)</i></p>	<p>▶ <u>12 / 01 / 17</u> <i>Appt Date</i></p> <p>▶ <u>1 year</u> <i>Length of Term</i></p>	<p>▶ Per Meeting: \$ <u>269.69</u></p> <p>▶ 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</p>
Franchise Agreement Committee	<p>▶ Name <u>Rice, Margie</u> <i>(Last, First)</i></p> <p>Alternate, if any _____ <i>(Last, First)</i></p>	<p>▶ <u>12 / 01 / 17</u> <i>Appt Date</i></p> <p>▶ <u>1 year</u> <i>Length of Term</i></p>	<p>▶ Per Meeting: \$ <u>269.69</u></p> <p>▶ 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</p>
Franchise Agreement Committee	<p>▶ Name <u>Cobo, Frank</u> <i>(Last, First)</i></p> <p>Alternate, if any <u>Krippner, Al</u> <i>(Last, First)</i></p>	<p>▶ <u>12 / 01 / 17</u> <i>Appt Date</i></p> <p>▶ <u>1 year</u> <i>Length of Term</i></p>	<p>▶ Per Meeting: \$ <u>269.69</u></p> <p>▶ 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</p>
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