

**Agency Report of:  
Public Official Appointments**

**A Public Document**

<b>1. Agency Name</b> Midway City Sanitary District		<b>California Form 806</b> For Official Use Only
Division, Department, or Region (if Applicable) N/A		
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: 12-10-2018 <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, Andrew</u> <small>(Last, First)</small> Alternate, if any <u>Krippner, Al</u> <small>(Last, First)</small>	<u>12 / 07 / 18</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, Chi Charlie</u> <small>(Last, First)</small> Alternate, if any <u>Contreras, Sergio</u> <small>(Last, First)</small>	<u>12 / 07 / 18</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>Nguyen, Andrew</u> <small>(Last, First)</small> Alternate, if any <u>Rice, Margie L.</u> <small>(Last, First)</small>	<u>12 / 07 / 18</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>Krippner, Al</u> <small>(Last, First)</small> Alternate, if any <u>Rice, Margie L.</u> <small>(Last, First)</small>	<u>12 / 07 / 18</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.

<u>on file</u> <small>Signature of Agency Head or Designee</small>	<u>Danielle Gerardo</u> <small>Print Name</small>	<u>Board Secretary</u> <small>Title</small>	<u>12-10-2018</u> <small>(Month, Day, Year)</small>
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Comment: \_\_\_\_\_

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

<b>1. Agency Name</b> Midway City Sanitary District	<b>Date Posted:</b> <u>12-10-2018</u> <i>(Month, Day, Year)</i>
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Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Calendar Committee	▶ Name <u>Nguyen, Chi Charlie</u> <i>(Last, First)</i>  Alternate, if any _____ <i>(Last, First)</i>	▶ <u>12 / 07 / 18</u> <i>Appt Date</i>  ▶ <u>1 year</u> <i>Length of Term</i>	▶ 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"/> _____ <i>Other</i>
Calendar Committee	▶ Name <u>Rice, Margie L.</u> <i>(Last, First)</i>  Alternate, if any <u>Krippner, Al</u> <i>(Last, First)</i>	▶ <u>12 / 07 / 18</u> <i>Appt Date</i>  ▶ <u>1 year</u> <i>Length of Term</i>	▶ 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"/> _____ <i>Other</i>
Franchise Agreement Committee	▶ Name <u>Nguyen, Chi Charlie</u> <i>(Last, First)</i>  Alternate, if any _____ <i>(Last, First)</i>	▶ <u>12 / 07 / 18</u> <i>Appt Date</i>  ▶ <u>1 year</u> <i>Length of Term</i>	▶ 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"/> _____ <i>Other</i>
Franchise Agreement Committee	▶ Name <u>Rice, Margie L.</u> <i>(Last, First)</i>  Alternate, if any <u>Contreras, Sergio</u> <i>(Last, First)</i>	▶ <u>12 / 07 / 18</u> <i>Appt Date</i>  ▶ <u>1 year</u> <i>Length of Term</i>	▶ 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"/> _____ <i>Other</i>
	▶ Name _____ <i>(Last, First)</i>  Alternate, if any _____ <i>(Last, First)</i>	▶ ____ / ____ / ____ <i>Appt Date</i>  ▶ _____ <i>Length of Term</i>	▶ 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"/> _____ <i>Other</i>
	▶ Name _____ <i>(Last, First)</i>  Alternate, if any _____ <i>(Last, First)</i>	▶ ____ / ____ / ____ <i>Appt Date</i>  ▶ _____ <i>Length of Term</i>	▶ 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"/> _____ <i>Other</i>