

Agency Report of: Public Official Appointments

A Public Document

1. Agency Name MIDWAY CITY SANITARY DISTRICT			California Form 806 For Official Use Only
Division, Department, or Region (If Applicable) N/A			
Designated Agency Contact (Name, Title) CYNTHIA OLSDER			
Area Code/Phone Number 714-893-3553	E-mail coldsder@midwaycitysanitaryca.gov	Page <u>1</u> of <u>2</u>	Date Posted: <u>12-06-2024</u> <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
BOARD PRESIDENT	▶ Name <u>CONTRERAS, SERGIO</u> <small>(Last, First)</small> Alternate, if any <u>NGUYEN, CHI CHARLIE</u> <small>(Last, First)</small>	▶ <u>12/6/2024</u> <small>Appt Date</small> ▶ <u>1 YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>300</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>7200+</u> <small>Other</small>
BOARD SECRETARY	▶ Name <u>NGUYEN, MARK</u> <small>(Last, First)</small> Alternate, if any <u>DIEP, TYLER</u> <small>(Last, First)</small>	▶ <u>12/6/2024</u> <small>Appt Date</small> ▶ <u>1 YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>300</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>7200+</u> <small>Other</small>
BOARD TREASURER	▶ Name <u>NGUYEN, ANDREW</u> <small>(Last, First)</small> Alternate, if any <u>DIEP, TYLER</u> <small>(Last, First)</small>	▶ <u>12/6/2024</u> <small>Appt Date</small> ▶ <u>1 YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>300</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>7200+</u> <small>Other</small>
CALENDAR COMMITTEE	▶ Name <u>NGUYEN, ANDREW</u> <small>(Last, First)</small> Alternate, if any <u>NGUYEN, CHI CHARLIE</u> <small>(Last, First)</small>	▶ <u>12/6/2024</u> <small>Appt Date</small> ▶ <u>1 YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>300</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input checked="" 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.

<i>Robert Housley</i>	ROBERT HOUSLEY	GENERAL MANAGER	12/06/2024
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _____

Print
Clear

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

1. Agency Name MIDWAY CITY SANITARY DISTRICT	Date Posted: <u>12/06/2024</u> <small>(Month, Day, Year)</small>
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2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
CALENDAR COMMITTEE	▶ Name <u>NGUYEN, MARK</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12/6/2024</u> <small>Appt Date</small> ▶ <u>1 YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>300</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____ <small>Other</small>
FRANCHISE COMMITTEE	▶ Name <u>CONTRERAS, SERGIO</u> <small>(Last, First)</small> Alternate, if any <u>NGUYEN, ANDREW</u> <small>(Last, First)</small>	▶ <u>12/6/2024</u> <small>Appt Date</small> ▶ <u>1 YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>300</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____ <small>Other</small>
FRANCHISE COMMITTEE	▶ Name <u>CONTRERAS, SERGIO</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12/6/2024</u> <small>Appt Date</small> ▶ <u>1 YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>300</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____ <small>Other</small>
LEGISLATIVE & PUBLIC AFFAIRS OUTREACH COMMITTEE	▶ Name <u>DIEP, TYLER</u> <small>(Last, First)</small> Alternate, if any <u>CONTRERAS, SERGIO</u> <small>(Last, First)</small>	▶ <u>12/6/2024</u> <small>Appt Date</small> ▶ <u>1 YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>300</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>3600+</u> <small>Other</small>
LEGISLATIVE & PUBLIC AFFAIRS OUTREACH COMMITTEE	▶ Name <u>NGUYEN, CHI CHARLIE</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12/6/2024</u> <small>Appt Date</small> ▶ <u>1 YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>300</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>3600+</u> <small>Other</small>
	▶ Name _____ <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ _____ <small>Appt Date</small> ▶ _____ <small>Length of Term</small>	▶ 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"/> _____ <small>Other</small>