

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name MIDWAY CITY SANITARY DISTRICT		California Form 806 <small>For Official Use Only</small>	
Division, Department, or Region <i>(If Applicable)</i> N/A			
Designated Agency Contact <i>(Name, Title)</i> CYNTHIA OLSDER			
Area Code/Phone Number 714-893-3553	E-mail COLSDER@MIDWAYCITYSANITARYCA.GC	Page 1 of 2	Date Posted: 12-12-2023 <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>NGUYEN, MARK</u> <small>(Last, First)</small> Alternate, if any <u>NGUYEN, CHI CHARLIE</u> <small>(Last, First)</small>	▶ <u>12 / 05 / 23</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, ANDREW</u> <small>(Last, First)</small> Alternate, if any <u>DIEP, TYLER</u> <small>(Last, First)</small>	▶ <u>12 / 05 / 23</u> <small>Appt Date</small> ▶ <u>1 YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>300</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>Other</u>
BOARD TREASURER	▶ Name <u>CONTRERAS, SERGIO</u> <small>(Last, First)</small> Alternate, if any <u>DIEP, TYLER</u> <small>(Last, First)</small>	▶ <u>12 / 05 / 23</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>DIEP, TYLER</u> <small>(Last, First)</small> Alternate, if any <u>NGUYEN, MARK</u> <small>(Last, First)</small>	▶ <u>12 / 05 / 23</u> <small>Appt Date</small> ▶ <u>1 YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>300</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>Other</u>

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.

	CYNTHIA OLSDER	BOARD SECRETARY	12-12-2023
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: _____

Print
Clear

Agency Report of:
Public Official Appointments
Continuation Sheet

1. Agency Name MIDWAY CITY SANITARY DISTRICT	Date Posted: <u>12-12-2023</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>CONTRERAS, SERGIO</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 05 / 23</u> <small>Appt Date</small> <u>1 YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>300</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>Other</u>
FRANCHISE COMMITTEE	▶ Name <u>DIEP, TYLER</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 05 / 23</u> <small>Appt Date</small> <small>Length of Term</small>	▶ Per Meeting: \$ <u>300</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>Other</u>
FRANCHISE COMMITTEE	▶ Name <u>NGUYEN, CHI CHARLIE</u> <small>(Last, First)</small> Alternate, if any <u>CONTRERAS, SERGIO</u> <small>(Last, First)</small>	▶ <u>12 / 05 / 23</u> <small>Appt Date</small> <u>1 YEAR</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>300</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>Other</u>
OUTREACH COMMITTEE	▶ Name <u>NGUYEN, CHI CHARLIE</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12 / 05 / 23</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>
OUTREACH COMMITTEE	▶ Name <u>DIEP, TYLER</u> <small>(Last, First)</small> Alternate, if any <u>CONTRERAS, SERGIO</u> <small>(Last, First)</small>	▶ <u>12 / 05 / 23</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"/> <u>Other</u>