

**Agency Report of:
Public Official Appointments**

A Public Document

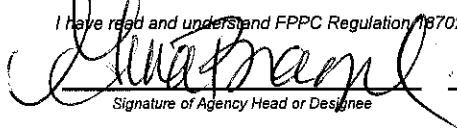
1. Agency Name COASTSIDE COUNTY WATER DISTRICT		California Form 806 For Official Use Only
Division, Department, or Region (If Applicable) BOARD OF DIRECTORS		
Designated Agency Contact (Name, Title) GINA BRAZIL, OFFICE MANAGER		
Area Code/Phone Number 650-726-4405	E-mail GBRAZIL@COASTSIDEWATER.ORG	Date Posted: 06/16/2017 <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
BAY AREA WATER CONSERVATION AGENCY (BAWSCA) & BAY AREA REGIONAL WATER SYSTEMS FINANCING AUTHORITY (RFA)	▶ Name <u>MICKELSEN, CHRIS</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>03 / 14 / 17</u> <small>Appt Date</small> ▶ <u>4 YRS (2021)</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100.00</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"/> Other
	▶ Name _____ <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u> / /</u> <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"/> Other
	▶ Name _____ <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u> / /</u> <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"/> Other
	▶ Name _____ <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u> / /</u> <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"/> 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

GINA BRAZIL
Print Name

OFFICE MANAGER
Title

06/16/2017
(Month, Day, Year)

Comment: _____