

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name		California Form 806 For Official Use Only
COASTSIDE COUNTY WATER DISTRICT		
Division, Department, or Region (If Applicable)		
BOARD OF DIRECTORS		
Designated Agency Contact (Name, Title)		Date Posted: 04/06/2021 <small>(Month, Day, Year)</small>
DENISE FORD, ADMINISTRATIVE ASSISTANT		
Area Code/Phone Number	E-mail	Page 1 of 1
650-276-5000	DFORD@COASTSIDEWATER.ORG	

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>	▶ <u>03 / 09 / 21</u> <small>Appt Date</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
	Alternate, if any _____ <small>(Last, First)</small>	▶ <u>4 YEARS (2025)</u> <small>Length of Term</small>	
	▶ Name _____ <small>(Last, First)</small>	▶ _____ <small>Appt Date</small>	▶ Per Meeting: \$ _____
	Alternate, if any _____ <small>(Last, First)</small>	▶ _____ <small>Length of Term</small>	▶ 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>	▶ _____ <small>Appt Date</small>	▶ Per Meeting: \$ _____	
Alternate, if any _____ <small>(Last, First)</small>	▶ _____ <small>Length of Term</small>	▶ 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>	▶ _____ <small>Appt Date</small>	▶ Per Meeting: \$ _____	
Alternate, if any _____ <small>(Last, First)</small>	▶ _____ <small>Length of Term</small>	▶ 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>	▶ _____ <small>Appt Date</small>	▶ Per Meeting: \$ _____	
Alternate, if any _____ <small>(Last, First)</small>	▶ _____ <small>Length of Term</small>	▶ 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.

Denise Ford DENISE FORD ADMINISTRATIVE ASSISTANT 04/06/2021
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____