

2016 LOCAL AGENCY BIENNIAL NOTICE

Name of Agency: Marina Coast Water District
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Accurate disclosure is essential to monitor whether officials who make governmental decisions have conflicts of interest and to help ensure public trust in government. Your agency must conduct biennial review to ensure that your agency's code requires disclosure by agency officials who make or participate in making governmental decisions and that your agency's code meets legal requirements.

This agency has reviewed its conflict-of-interest code and has determined that (check one BOX):

Amendment is required. The following amendments are necessary: *(check all that apply)*

- Include new positions (including consultants) that must be designated
- Revise disclosure categories
- Revise the titles of existing positions
- Delete titles of positions that have been abolished and/or positions that no longer make or participate in making governmental decisions
- Other *(describe)* _____

This code is currently under review by the code reviewing body.

No amendment is required. (If your code is more than five years old, amendments may be necessary.)

Verification (to be completed if no amendment is required)

The Agency's code accurately designates all positions that make or participate in the making of governmental decisions. The disclosure requirements assigned to those positions accurately require that all investments, business positions, interests in real property, and sources of income that may foreseeably be affected materially by the decisions made by those holding the designated positions are reported. The code includes all other provisions required by Government Code Section 87302.

Signature of Chief Executive Officer

Date

All agencies must complete and return this notice regardless of how recently your code was approved or amended. Please return this report no later than

October 3, 2016 to:

Monterey County Clerk of the Board of Supervisors

Attn: Sally Kidalov

168 W. Alisal St., 1st Floor

Salinas, CA 93901

PLEASE DO NOT RETURN THIS FORM TO THE FPPC