CALIFORNIA COASTAL COMMISSION

45 FREMONT STREET, SUITE 2000 SAN FRANCISCO, CA 94105-2219 VOICE: (415) 904-5200 FAX: (415) 904-5400 TDD: (415) 597-5885



Th12b

CD-0004-19

JULY 26, 2019

(UPDATED AUGUST 2, 2019)

EX PARTE FORMS

Filed by Commissioner: Dayna Bochco		RECEIVE
1) Name or description of project: Trinic		302 24 2019
2) Date and time of receipt of communic	cation: July 23 9:25 PM	<u>И</u>
3) Location of communication: text		
(if not in person, include the means of 4) Identity of person(s) initiating commu		
5) Identity of person(s) on whose behalf	f communication was m	ade: Ryan Sundberg
6) Identity of persons(s) receiving comm	nunication: myself*	ANTONIO DE LA CONTRACTORIO DE LA
7) Identity of all person(s) present during	g the communication: _	
Complete, comprehensive description of any text or graphic material presented):	communication content	(attach complete set of
Hi, Dayna, we have had rilling rig tooking for well	water so we don't have to de	epend on the City of Trinidad
Today was very exciting, we hit water today and will		
Can't wait to see you all when you com	e up next Month! Bes	t Ryan"
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	. —	
· · · · · · · · · · · · · · · · · · ·		
Date	Signature of Commiss	sioner

TIMING FOR FILING OF DISCLOSURE FORM: File this form with the Executive Director within seven (7) days of the ex parte communication, if the communication occurred seven or more days in advance of the Commission hearing on the item that was the subject of the communication. If the communication occurred within seven (7) days of the hearing, provide the information orally on the record of the proceeding and provide the Executive Director with a copy of any written material that was part of the communication. This form may be filed with the Executive Director in addition to the oral disclosure.

EX PARTE COMMUNICATION DISCLOSURE FOR RECEIVED

AUG 02 2019

Filed by Commissioner: Mike vvilson	<u></u> .		
Name or description of project:	Trinidad Rancheria Hotel Project		
2) Date and time of receipt of communication:	August 1, 2019 – 3:30 p.m.		
3) Location of communication:	Supervisor Steve Madrone's Office		
(If not in person, include the means of communication, e.g., telephone, e-mail, etc.)			
4) Identity of person(s) initiating communication: H Supervisor Steve Madrone	lumboldt County 5 th District		
5) Identity of person(s) on whose behalf communic Supervisor Steve Madrone	cation was made: Constituents of		
6) Identity of persons(s) receiving communication:	Commissioner Mike Wilson		
7) Identity of all person(s) present during the communication and Commissioner Mike Wilson	nunication: Supervisor Steve		
Complete, comprehensive description of communic any text or graphic material presented):	cation content (attach complete set of		
Supervisor Madrone expressed concerns about the from his constituents. Specifically, they are concern neighborhood character, and water quality and qual wastewater and also slope hazards.	ned about impacts to view sheds,		
August 2, 2019 Date Signature	e of Commissioner		

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