# Agency Report of: Public Official Appointments 1. Agency Name

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	Agency Name					California 806
	Division, Department, or Reg	ion (If Applicable)				For Official Use Only
	Designated Agency Contact	(Name,Title)				
	Area Code/Phone Number	E-mail		D		Date Posted:
				Page of		(Month, Day, Year)
2.	Appointments					_
	Agency Boards and Commissions	Name of Appointed Person		Appt Date and Length of Term	Per Me	eting/Annual Salary/Stipend
		Name(Last, First)  Alternate, if any(Last, First)	<u>-</u>	/ / / Appt Date  Length of Term	▶ <i>Estima</i>	ted Annual: 1,000
		Name(Last, First)  Alternate, if any(Last, First)	<u>-</u>	Appt Date  Length of Term	▶ <i>Estima</i>	ted Annual:  1,000
		Name(Last, First)  Alternate, if any(Last, First)	<u>}_</u>	Appt Date  Length of Term	▶ Estima	ted Annual:  ,000
		Name(Last, First)  Alternate, if any(Last, First)	<u>-</u>	Appt Date  Length of Term	▶ <i>Estima</i>	ted Annual:  1,000
ş-	Robert O. Mangus, Jr.	ulation 18705.5. I have verified that the appointment and infor	mation		e to the bes	
	Signature of Agency Head or Besigne	e Print Name		Title		(Month, Day, Year)
	Comment:					

## Agency Report of: Public Official Appointments **Continuation Sheet**



			Page of
Agency Name			Date Posted:(Month, Day, Year)
Appointments			
Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
	Name(Last, First)  Alternate, if any(Last, First)	Appt Date  Length of Term	▶ Per Meeting: \$         ▶ Estimated Annual:         □ \$0-\$1,000       □ \$2,001-\$3,000         □ \$1,001-\$2,000       □         Other       Other
	Name(Last, First)  Alternate, if any(Last, First)	Appt Date  Length of Term	▶ Per Meeting:       \$
	Name(Last, First)  Alternate, if any(Last, First)	Appl Date  Length of Term	▶ Per Meeting: \$
	Name(Last, First)  Alternate, if any(Last, First)	Appl Date  Length of Term	▶ Per Meeting:       \$
	Name(Last, First)  Alternate, if any(Last, First)	Appt Date  Length of Term	▶ Per Meeting:       \$
	Name(Last, First)  Alternate, if any(Last, First)	Appl Date  Length of Term	▶ Per Meeting:       \$

# Agency Report of: Public Official Appointments 1. Agency Name

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١.	Agency Name					California 806
	Goleta Sanitary District					Form OUO  For Official Use Only
	Division, Department, or Reg	ion (If Applicable)				. 1. 1
	Designated Agency Contact	(Marsa Titla)				
	Designated Agency Contact (					
	Area Code/Phone Number	ary / Administration Supervisor  TE-mail				Date Posted:
	805 967 4519 x126	rmangus@goletasanitary.org		Page 3 of	5	04/01/2022 (Month, Day, Year)
<u> </u>	Appointments					(Monur, Day, Tear)
	Agency Boards and	Name of Appointed Person		Appt Date and	Per Me	eting/Annual Salary/Stipend
	Commissions		+	Length of Term		
	Personnel Committee	George W. Emerson		14 , 17 , 22	▶ Per Me	eeting: \$225.00
		Name George W. Emerson (Last, First)	·   • — •	01 / 17 / 22 Appt Date		
				one year	\$0-\$1	,000 \$2,001-\$3,000
		Alternate, if any(Last, First)	·   • —	Length of Term		11-\$2,000
					<b>Ε.</b> Ι ψ1,00	Other
	Personnel Committee					eeting: \$225.00
	r ersonner Commutee	Name Steve T. Majoewsky (Last, First)	.   • _0	01 / 17 / 22 Appt Date	▶ Per Me	eeting: \$
				<i>Аррі Ба</i> ю		ted Annual:
		Alternate, if any	.  ▶	one year	\$0-\$1	,000 \$2,001-\$3,000
					<b>X</b> \$1,00	11-\$2,000
	Personnel Committee		. 0	01 / 17 / 22	▶ Per Me	eeting: \$225.00
		Name(Last, First)	·	Appt Date	, , , , , , , , , , , , , , , , , , , ,	oung.
		Alternate, if any		one year		ted Annual:
		(Last, First)		Length of Term		,000
					\$1,00	11-\$2,000
		Name(Last, First)	·   •	Appt Date	▶ Per Me	eeting: \$
					_	ted Annual:
		Alternate, if any(Last, First)	·   •	Length of Term	\$0-\$1	,000 \$2,001-\$3,000
					\$1,00	11-\$2,000 Other
_	Verification					
٠.		ulation 18705.5. I have verified that the appointment and info	ormation	identified above is tru	e to the bes	st of my information and belief.
	Signature of Agency Head or Designed	e Print Name		Title		(Month, Day, Year)
	Comment: See page 1 of 4 f	for signature				
					_	

## Agency Report of: Public Official Appointments **Continuation Sheet**



Page	4	of	5

1. Agency Name		04/01/2022
Goleta Sanitary District	Date Posted: _	(Month, Day, Year)

Appointments			
Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Goleta Sanitary District (GSD) Representative to Goleta West Sanitary District (GWSD)	Name Sharon Rose  (Last, First)  Alternate, if any(Last, First)	• 01 / 17 / 22  Appt Date  one year  Length of Term	▶ Per Meeting: \$       225.00         ▶ Estimated Annual:       \$0-\$1,000       \$2,001-\$3,000         □ \$1,001-\$2,000       □       Other
Goleta Sanitary District (GSD) Representative to Goleta West Sanitary District (GWSD)	Name	• 01 / 17 / 22  Appt Date  Length of Term	▶ Per Meeting: \$       225.00         ▶ Estimated Annual:       \$ \$0-\$1,000       \$2,001-\$3,000         \$ \$1,001-\$2,000       \$ Other
	Name(Last, First)  Alternate, if any(Last, First)	Appt Date  Length of Term	▶ Per Meeting: \$         ▶ Estimated Annual:         □ \$0-\$1,000       □ \$2,001-\$3,000         □ \$1,001-\$2,000       □         Other
Goleta Sanitary District (GSD) Representative to Goleta Water District (GWD)	Name Steve T. Majoewsky  (Last, First)  Alternate, if any(Last, First)	• 01 / 17 / 22  Appt Date  Length of Term	▶ Per Meeting: \$
Goleta Sanitary District (GSD) Representative to Goleta Water District (GWD)	Name(Last, First)  Alternate, if any(Last, First)	• 01 / 17 / 22  Appt Date  Length of Term	▶ Per Meeting: \$       225.00         ▶ Estimated Annual:       \$2,001-\$3,000         □ \$1,001-\$2,000       □         Other       Other
	Name(Last, First)  Alternate, if any(Last, First)	Appt Date  Length of Term	▶ Per Meeting: \$         ▶ Estimated Annual:         □ \$0-\$1,000       □ \$2,001-\$3,000         □ \$1,001-\$2,000       □         Other

### Agency Report of: Public Official Appointments Continuation Sheet



	Page _	5 of <u>5</u>
I. Agency Name	Date Posted: _	04/01/2022
Goleta Sanitary District	Date i Osted	(Month, Day, Year)

#### 2. Appointments

. <i>'</i>	Appointments			
	Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
	Santa Barbara Chapter California Special Districts Association (CSDA) Executive Board Meetings	Name George W. Emerson  (Last, First)  Alternate, if any (Last, First)	• 04 / 04 / 22  Appt Date  one year  Length of Term	▶ Per Meeting: \$       225.00         ▶ Estimated Annual:       \$2,001-\$3,000         □ \$1,001-\$2,000       □         Other       Other
	Santa Barbara Chapter California Special Districts Association (CSDA) Executive Board Meetings	Sharon Rose  (Last, First)  Alternate, if any	• 04 / 04 / 22  Appt Date  one year  Length of Term	▶ Per Meeting: \$
		▶Name(Last, First)  Alternate, if any(Last, First)	Appt Date  Length of Term	▶ Per Meeting: \$         ▶ Estimated Annual:         □ \$0-\$1,000       □ \$2,001-\$3,000         □ \$1,001-\$2,000       □         Other
		Name(Last, First)  Alternate, if any(Last, First)	Appt Date  Length of Term	▶ Per Meeting: \$         ▶ Estimated Annual:         □ \$0-\$1,000       □ \$2,001-\$3,000         □ \$1,001-\$2,000       □         Other
		Name(Last, First)  Alternate, if any(Last, First)	Appt Date  Length of Term	▶ Per Meeting: \$         ▶ Estimated Annual:         □ \$0-\$1,000       □ \$2,001-\$3,000         □ \$1,001-\$2,000       □         Other
		Name(Last, First)  Alternate, if any(Last, First)	Appt Date  Length of Term	▶ Per Meeting: \$         ▶ Estimated Annual:         □ \$0-\$1,000       □ \$2,001-\$3,000         □ \$1,001-\$2,000       □         Other