Agency Report of: Public Official Appointments

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1.	Agency Name					California 806
	Goleta Sanitary District					
	Division, Department, or Reg	ion (If Applicable)				For Official Use Only
	Designated Agency Contact	(Nama Titla)				
	Rob Mangus, Board Secret	ary / Finance and H.R. Manager				Date Posted:
	Area Code/Phone Number	E-mail		Page1_ of	_F 5	01/17/2023
	805 967 4519 x126	rmangus@goletasanitary.org		Fage 0		(Month, Day, Year)
2.	Appointments			•		
	Agency Boards and	Name of Associated Bosses		Appt Date and	Don Mo	- ti
	Commissions	Name of Appointed Person		Length of Term	Per Me	eting/Annual Salary/Stipend
	En ain a suin a Committe a					225.00
	Engineering Committee	Name <u>Jerry D. Smith</u> (Last, First)	\ 0	01 / 16 / 23	▶ Per Me	eeting: \$225.00
		(Last, First)	— ' —	Appt Date	\ Fatima	ted Annual:
					l	
		Alternate, if any	— • —	One year Length of Term	\$0-\$1	,000 \$2,001-\$3,000
				•	\$1,00	01-\$2,000
	Engineering Committee					225.00
	Engineering Committee	Name Steve Majoewsky (Last, First)	<u> </u>	01 / 16 / 23	▶ Per Me	eeting: \$225.00
		(Last, First)	_ _	Appt Date	▶ Estima	ted Annual:
				one year	\$0-\$1	
		Alternate, if any(Last, First)	— ^ —	Length of Term		
					\$1,00	01-\$2,000
	Engineering Committee					225.00
	Engineering Committee	▶Name(Last, First)	• _C	01 / 16 / 23	▶ Per Me	eeting: \$225.00
		(Last, riist)		Appt Date	▶ Fatima	tod Americals
		Alternate, if any		one year	\$0-\$1	ted Annual:
		(Last, First)	_ _	Length of Term		
					\$1,00	01-\$2,000
						0.1107
					Don M.	eeting: \$
		Name(Last, First)	•	//	Per Me	eung. • ————
				Appt Date	▶ Estima	ted Annual:
		Alternate, if any	_		\$0-\$1	,000 \$2,001-\$3,000
		(Last, First)		Length of Term		01-\$2,000
					 \$1,00	Other
_	Vanification	L				
5.	Verification	ulation 19705 5 I have verified that the amainteent	informatio-	identified shows in to	ie to the b-	et of my information and ballet
		ulation 18705.5. I have verified that the appointment and	ırııormation			
,	Robert O. Mangus	Rob Mangus	_	Board Secre	etary	01/17/2023
	Signature of Agency Head or Designe	e / Print Name		Title		(Month, Day, Year)
	Comment:					

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



(Month, Day, Year)

	Page _	2 of _5
1. Agency Name		01/17/2023
Goleta Sanitary District	Date Posted:	(Month, Day, Year)

2	Ap	noi	int	me	nts
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Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Finance Committee	Name Jerry D. Smith (Last, First) Alternate, if any(Last, First)	• 01 / 16 / 23 Appt Date • one year Length of Term	▶ Per Meeting: \$
Finance Committee	►Name Edward Fuller (Last, First) Alternate, if any (Last, First)	• 01 / 16 / 23 Appt Date One year Length of Term	▶ Per Meeting: \$
Finance Committee	Name(Last, First) Alternate, if any Sharon Rose (Last, First)	• 01 / 16 / 23 Appt Date one year Length of Term	▶ Per Meeting: \$
Outreach and Public Education Committee	Name Sharon Rose (Last, First) Alternate, if any(Last, First)	• 01 / 16 / 23 Appt Date One year Length of Term	▶ Per Meeting: \$
Outreach and Public Education Committee	Name Edward Fuller (Last, First) Alternate, if any(Last, First)	• 01 / 16 / 23 Appt Date one year Length of Term	▶ Per Meeting: \$
Outreach and Public Education Committee	Name	• 01 / 16 / 23 Appt Date One year Length of Term	▶ Per Meeting: \$ 225.00 ▶ Estimated Annual: \$2,001-\$3,000 \$1,001-\$2,000 Other

Agency Report of: Public Official Appointments

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	Agency Name Goleta Sanitary District Division, Department, or Regi	ion (If Applicable)				California 806 For Official Use Only
	Designated Agency Contact (Rob Mangus, Board Secreta Area Code/Phone Number 805 967 4519 x126 Appointments	Name,Title) ary / Administration Supervisor E-mail rmangus@goletasanitary.org		Page3 of	55	Date Posted: 04/01/2022 (Month, Day, Year)
	Agency Boards and	Name of Appointed Person		Appt Date and	Per Me	eting/Annual Salary/Stipend
	Personnel Committee	Name George W. Emerson (Last, First) Alternate, if any (Last, First)		Length of Term 1 / 16 / 23 Appt Date One year Length of Term	▶ Per Me ▶ Estima: □ \$0-\$1	eting: \$
	Personnel Committee	Name Steve T. Majoewsky (Last, First) Alternate, if any(Last, First)	<u> </u>	one year Length of Term		
	Personnel Committee	►Name	<u> </u>	One year Length of Term	▶ Estima	ted Annual: ,000 \$2,001-\$3,000 1-\$2,000 Other
		Name(Last, First) Alternate, if any(Last, First)	<u>-</u>	/ / Appt Date Length of Term		
3.	Verification I have read and understand FPPC Regu	lation 18705.5. I have verified that the appointment and infor	mation	identified above is tru	e to the bes	st of my information and belief.
	Signature of Agency Head or Designed See page 1 of 4 1			Title		(Month, Day, Year)

Agency Report of: Public Official Appointments Continuation Sheet



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I. Agency Name	But But d	01/17/2023
Goleta Sanitary District	Date Posted: _	(Month Day Year)

Appointments

Agency Boards and	Name of Appointed Person	Appt Date and	Per Meeting/Annual Salary/Stipend
Goleta Sanitary District (GSD) Representative to Goleta West Sanitary District (GWSD)	Name Sharon Rose Name Sharon Rose	Length of Term O1 / 16 / 23 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(Last, First) Alternate, if any(Last, First)	• 01 / 16 / 23 Appt Date one year 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: \$
Goleta Sanitary District (GSD) Representative to Goleta Water District (GWD)	Name Steve T. Majoewsky (Last, First) Alternate, if any (Last, First)	one year Length of Term	▶ Per Meeting: \$ 225.00 ▶ Estimated Annual: \$2,001-\$3,000 \$1,001-\$2,000 Other
Goleta Sanitary District (GSD) Representative to Goleta Water District (GWD)	Name(Last, First) Alternate, if any(Last, First)	• 01 / 16 / 23 Appt Date one year 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: \$

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

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	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