

**Agency Report of:
Public Official Appointments**

A Public Document

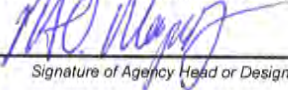
1. Agency Name Goleta Sanitary District			California Form 806
Division, Department, or Region <i>(If Applicable)</i>			For Official Use Only
Designated Agency Contact <i>(Name, Title)</i> Rob Mangus, Board Secretary / Finance and H.R. Manager			Date Posted: 02/19/2019 <small><i>(Month, Day, Year)</i></small>
Area Code/Phone Number 805 967 4519 x126	E-mail rmangus@goletasanitary.org	Page <u>1</u> of <u>5</u>	

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Engineering Committee	▶ Name <u>Jerry D. Smith</u> <small><i>(Last, First)</i></small> Alternate, if any _____ <small><i>(Last, First)</i></small>	▶ <u>01 / 21 / 19</u> <small><i>Appt Date</i></small> <u>one year</u> <small><i>Length of Term</i></small>	▶ Per Meeting: \$ <u>209.82</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u> </u> <small><i>Other</i></small>
Engineering Committee	▶ Name <u>Robert O. Wageneck</u> <small><i>(Last, First)</i></small> Alternate, if any _____ <small><i>(Last, First)</i></small>	▶ <u>01 / 21 / 19</u> <small><i>Appt Date</i></small> <u>one year</u> <small><i>Length of Term</i></small>	▶ Per Meeting: \$ <u>209.82</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u> </u> <small><i>Other</i></small>
Engineering Committee	▶ Name _____ <small><i>(Last, First)</i></small> Alternate, if any <u>Steve Majoewsky</u> <small><i>(Last, First)</i></small>	▶ <u>01 / 21 / 19</u> <small><i>Appt Date</i></small> <u>one year</u> <small><i>Length of Term</i></small>	▶ Per Meeting: \$ <u>209.82</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"/> <u> </u> <small><i>Other</i></small>
	▶ Name _____ <small><i>(Last, First)</i></small> Alternate, if any _____ <small><i>(Last, First)</i></small>	▶ <u> / / </u> <small><i>Appt Date</i></small> <u> </u> <small><i>Length of Term</i></small>	▶ Per Meeting: \$ _____ ▶ 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"/> <u> </u> <small><i>Other</i></small>

3. Verification

I have read and understand FPPC Regulation 18705.5. I have verified that the appointment and information identified above is true to the best of my information and belief.

	Rob Mangus	Board Secretary	02/19/2019
<small><i>Signature of Agency Head or Designee</i></small>	<small><i>Print Name</i></small>	<small><i>Title</i></small>	<small><i>(Month, Day, Year)</i></small>

Comment: _____

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

1. Agency Name Goleta Sanitary District	Date Posted: <u>02/19/2019</u> <small>(Month, Day, Year)</small>
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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 <u>Jerry D. Smith</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 21 / 19</u> <small>Appt Date</small> <u>one year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>209.82</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input checked="" type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
Finance Committee	▶ Name <u>Robert O. Wageneck</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 21 / 19</u> <small>Appt Date</small> <u>one year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>209.82</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
Finance Committee	▶ Name _____ <small>(Last, First)</small> Alternate, if any <u>Sharon Rose</u> <small>(Last, First)</small>	▶ <u>01 / 21 / 19</u> <small>Appt Date</small> <u>one year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>209.82</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
Outreach and Public Education Committee	▶ Name <u>Sharon Rose</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 21 / 19</u> <small>Appt Date</small> <u>one year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>209.82</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
Outreach and Public Education Committee	▶ Name <u>Steve T. Majoewsky</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 21 / 19</u> <small>Appt Date</small> <u>one year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>209.82</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
Outreach and Public Education Committee	▶ Name _____ <small>(Last, First)</small> Alternate, if any <u>Jerry D. Smith</u> <small>(Last, First)</small>	▶ <u>01 / 21 / 19</u> <small>Appt Date</small> <u>one year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>209.82</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

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1. Agency Name Goleta Sanitary District Division, Department, or Region <i>(If Applicable)</i>			California Form 806 For Official Use Only
Designated Agency Contact <i>(Name, Title)</i> Rob Mangus, Board Secretary / Administration Supervisor			
Area Code/Phone Number 805 967 4519 x126	E-mail rmangus@goletasanitary.org		Page <u>3</u> of <u>5</u>

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Personnel Committee	▶ Name <u>George W. Emerson</u> <small><i>(Last, First)</i></small> Alternate, if any _____ <small><i>(Last, First)</i></small>	▶ <u>01 / 21 / 19</u> <small><i>Appt Date</i></small> <u>one year</u> <small><i>Length of Term</i></small>	▶ Per Meeting: \$ <u>209.82</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u>Other</u>
Personnel Committee	▶ Name <u>Steve T. Majoewsky</u> <small><i>(Last, First)</i></small> Alternate, if any _____ <small><i>(Last, First)</i></small>	▶ <u>01 / 21 / 19</u> <small><i>Appt Date</i></small> <u>one year</u> <small><i>Length of Term</i></small>	▶ Per Meeting: \$ <u>209.82</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u>Other</u>
Personnel Committee	▶ Name _____ <small><i>(Last, First)</i></small> Alternate, if any <u>Sharon Rose</u> <small><i>(Last, First)</i></small>	▶ <u>01 / 21 / 19</u> <small><i>Appt Date</i></small> <u>one year</u> <small><i>Length of Term</i></small>	▶ Per Meeting: \$ <u>209.82</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"/> <u>Other</u>
	▶ Name _____ <small><i>(Last, First)</i></small> Alternate, if any _____ <small><i>(Last, First)</i></small>	▶ _____ / _____ / _____ <small><i>Appt Date</i></small> _____ <small><i>Length of Term</i></small>	▶ Per Meeting: \$ _____ ▶ 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"/> <u>Other</u>

3. Verification

I have read and understand FPPC Regulation 18705.5. I have verified that the appointment and information identified above is true to the best of my information and belief.

Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: See page 1 of 5 for signature

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Continuation Sheet

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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 <u>Steve T. Majoewsky</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 21 / 19</u> <small>Appt Date</small> <u>one year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>209.82</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input checked="" type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____ <small>Other</small>
Goleta Sanitary District (GSD) Representative to Goleta West Sanitary District (GWSD)	▶ Name _____ <small>(Last, First)</small> Alternate, if any <u>Jerry D. Smith</u> <small>(Last, First)</small>	▶ <u>01 / 21 / 19</u> <small>Appt Date</small> _____ <small>Length of Term</small>	▶ Per Meeting: \$ <u>209.82</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"/> _____ <small>Other</small>
	▶ Name _____ <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ _____ / _____ / _____ <small>Appt Date</small> _____ <small>Length of Term</small>	▶ Per Meeting: \$ _____ ▶ 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"/> _____ <small>Other</small>
Goleta Sanitary District (GSD) Representative to Goleta Water District (GWD)	▶ Name <u>Sharon Rose</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 21 / 19</u> <small>Appt Date</small> _____ <small>Length of Term</small>	▶ Per Meeting: \$ <u>209.82</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input checked="" type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____ <small>Other</small>
Goleta Sanitary District (GSD) Representative to Goleta Water District (GWD)	▶ Name _____ <small>(Last, First)</small> Alternate, if any <u>Steve T. Majoewsky</u> <small>(Last, First)</small>	▶ <u>01 / 21 / 19</u> <small>Appt Date</small> _____ <small>Length of Term</small>	▶ Per Meeting: \$ <u>209.82</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"/> _____ <small>Other</small>
	▶ Name _____ <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ _____ / _____ / _____ <small>Appt Date</small> _____ <small>Length of Term</small>	▶ Per Meeting: \$ _____ ▶ 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"/> _____ <small>Other</small>

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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 <u>George W. Emerson</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 21 / 19</u> <small>Appt Date</small> ▶ <u>one year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>209.82</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
California Special Districts Association (CSDA) Legislative Committee Meetings and Fiscal Committee Meetings	▶ Name <u>George W. Emerson</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 21 / 19</u> <small>Appt Date</small> ▶ <u>one year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>209.82</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
California Special Districts Association Finance Corporation Board Meeting	▶ Name <u>George W. Emerson</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 21 / 19</u> <small>Appt Date</small> ▶ <u>one year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>209.82</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
California Sanitation Risk Management Association Board of Directors Meetings, Board Secretary	▶ Name <u>George W. Emerson</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 21 / 19</u> <small>Appt Date</small> ▶ <u>one year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>209.82</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
California Special Districts Association (CSDA) Professional Development Committee Meetings	▶ Name <u>Sharon Rose</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 21 / 19</u> <small>Appt Date</small> ▶ <u>one year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>209.82</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
Santa Barbara Chapter California Special Districts Association (CSDA) Executive Board Meetings	▶ Name <u>Sharon Rose</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 21 / 19</u> <small>Appt Date</small> ▶ <u>one year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>209.82</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