

# Agency Report of: Public Official Appointments

A Public Document

<b>1. Agency Name</b> Goleta Sanitary District			<b>California Form 806</b> For Official Use Only
Division, Department, or Region (If Applicable)			
Designated Agency Contact (Name, Title) Rob Mangus, Board Secretary / Finance Director			
Area Code/Phone Number 805 967 4519 x126	E-mail rmangus@goletasanitary.org	Page <u>1</u> of <u>4</u>	Date Posted: <u>09/06/2024</u> <small>(Month, Day, Year)</small>

## 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>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 15 / 24</u> <small>Appt Date</small>  <u>one year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>236.25</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> Other
Engineering Committee	▶ Name <u>Steve Majoewsky</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 15 / 24</u> <small>Appt Date</small>  <u>one year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>236.25</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> Other
Engineering Committee	▶ Name _____ <small>(Last, First)</small>  Alternate, if any <u>Edward Fuller</u> <small>(Last, First)</small>	▶ <u>01 / 15 / 24</u> <small>Appt Date</small>  <u>one year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>236.25</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> Other
	▶ Name _____ <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>  /  /  </u> <small>Appt Date</small>  <u>          </u> <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"/> <u>          </u> Other

## 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.

Robert O. Mangus, Jr.  
Signature of Agency Head or Designee

Rob Mangus  
Print Name

Board Secretary  
Title

09/06/2024  
(Month, Day, Year)

Comment: \_\_\_\_\_

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

**1. Agency Name**

Goleta Sanitary District

Date Posted: 09/06/2024  
(Month, Day, Year)

**2. Appointments**

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Finance Committee	<p>▶ Name <u>Jerry D. Smith</u> <small>(Last, First)</small></p> <p>Alternate, if any _____ <small>(Last, First)</small></p>	<p>▶ <u>01 / 15 / 24</u> <small>Appt Date</small></p> <p>▶ <u>one year</u> <small>Length of Term</small></p>	<p>▶ Per Meeting: \$ <u>236.25</u></p> <p>▶ Estimated Annual:</p> <p><input type="checkbox"/> \$0-\$1,000    <input type="checkbox"/> \$2,001-\$3,000</p> <p><input checked="" type="checkbox"/> \$1,001-\$2,000    <input type="checkbox"/> _____ <small>Other</small></p>
Finance Committee	<p>▶ Name <u>Edward Fuller</u> <small>(Last, First)</small></p> <p>Alternate, if any _____ <small>(Last, First)</small></p>	<p>▶ <u>01 / 15 / 24</u> <small>Appt Date</small></p> <p>▶ <u>one year</u> <small>Length of Term</small></p>	<p>▶ Per Meeting: \$ <u>236.25</u></p> <p>▶ Estimated Annual:</p> <p><input type="checkbox"/> \$0-\$1,000    <input type="checkbox"/> \$2,001-\$3,000</p> <p><input checked="" type="checkbox"/> \$1,001-\$2,000    <input type="checkbox"/> _____ <small>Other</small></p>
Finance Committee	<p>▶ Name _____ <small>(Last, First)</small></p> <p>Alternate, if any _____ <small>(Last, First)</small></p>	<p>▶ _____ / _____ / _____ <small>Appt Date</small></p> <p>▶ _____ <small>Length of Term</small></p>	<p>▶ Per Meeting: \$ _____</p> <p>▶ Estimated Annual:</p> <p><input type="checkbox"/> \$0-\$1,000    <input type="checkbox"/> \$2,001-\$3,000</p> <p><input type="checkbox"/> \$1,001-\$2,000    <input type="checkbox"/> _____ <small>Other</small></p>
Outreach and Public Education Committee	<p>▶ Name _____ <small>(Last, First)</small></p> <p>Alternate, if any _____ <small>(Last, First)</small></p>	<p>▶ _____ / _____ / _____ <small>Appt Date</small></p> <p>▶ _____ <small>Length of Term</small></p>	<p>▶ Per Meeting: \$ _____</p> <p>▶ Estimated Annual:</p> <p><input type="checkbox"/> \$0-\$1,000    <input type="checkbox"/> \$2,001-\$3,000</p> <p><input type="checkbox"/> \$1,001-\$2,000    <input type="checkbox"/> _____ <small>Other</small></p>
Outreach and Public Education Committee	<p>▶ Name <u>Edward Fuller</u> <small>(Last, First)</small></p> <p>Alternate, if any _____ <small>(Last, First)</small></p>	<p>▶ <u>01 / 15 / 24</u> <small>Appt Date</small></p> <p>▶ <u>one year</u> <small>Length of Term</small></p>	<p>▶ Per Meeting: \$ <u>236.25</u></p> <p>▶ Estimated Annual:</p> <p><input type="checkbox"/> \$0-\$1,000    <input type="checkbox"/> \$2,001-\$3,000</p> <p><input checked="" type="checkbox"/> \$1,001-\$2,000    <input type="checkbox"/> _____ <small>Other</small></p>
Outreach and Public Education Committee	<p>▶ Name _____ <small>(Last, First)</small></p> <p>Alternate, if any <u>Dean Nevins</u> <small>(Last, First)</small></p>	<p>▶ <u>01 / 15 / 24</u> <small>Appt Date</small></p> <p>▶ <u>one year</u> <small>Length of Term</small></p>	<p>▶ Per Meeting: \$ <u>236.25</u></p> <p>▶ Estimated Annual:</p> <p><input checked="" type="checkbox"/> \$0-\$1,000    <input type="checkbox"/> \$2,001-\$3,000</p> <p><input type="checkbox"/> \$1,001-\$2,000    <input type="checkbox"/> _____ <small>Other</small></p>

# Agency Report of: Public Official Appointments

A Public Document

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

## 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>Dean Nevins</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 15 / 24</u> <small>Appt Date</small>  ▶ <u>one year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>236.25</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>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 15 / 24</u> <small>Appt Date</small>  ▶ <u>one year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>236.25</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>(Last, First)</small>  Alternate, if any <u>Jerry D. Smith</u> <small>(Last, First)</small>	▶ <u>01 / 15 / 24</u> <small>Appt Date</small>  ▶ <u>one year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>236.25</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>(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"/> <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 4 for signature

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

**1. Agency Name**

Goleta Sanitary District

Date Posted: 09/06/2024  
*(Month, Day, Year)*

**2. 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 <u>Dean Nevins</u> <i>(Last, First)</i>  Alternate, if any _____ <i>(Last, First)</i>	▶ <u>09 / 06 / 24</u> <i>Appt Date</i>  ▶ <u>End of 2024</u> <i>Length of Term</i>	▶ Per Meeting: \$ <u>236.25</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"/> _____ <i>Other</i>
Goleta Sanitary District (GSD) Representative to Goleta West Sanitary District (GWSD)	▶ Name _____ <i>(Last, First)</i>  Alternate, if any <u>Ed Fuller</u> <i>(Last, First)</i>	▶ <u>09 / 06 / 24</u> <i>Appt Date</i>  ▶ <u>End of 2024</u> <i>Length of Term</i>	▶ Per Meeting: \$ <u>236.25</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"/> _____ <i>Other</i>
	▶ Name _____ <i>(Last, First)</i>  Alternate, if any _____ <i>(Last, First)</i>	▶ _____ / _____ / _____ <i>Appt Date</i>  ▶ _____ <i>Length of Term</i>	▶ 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"/> _____ <i>Other</i>
Goleta Sanitary District (GSD) Representative to Goleta Water District (GWD)	▶ Name <u>Steve T. Majoewsky</u> <i>(Last, First)</i>  Alternate, if any _____ <i>(Last, First)</i>	▶ <u>01 / 15 / 24</u> <i>Appt Date</i>  ▶ <u>one year</u> <i>Length of Term</i>	▶ Per Meeting: \$ <u>236.25</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"/> _____ <i>Other</i>
Goleta Sanitary District (GSD) Representative to Goleta Water District (GWD)	▶ Name _____ <i>(Last, First)</i>  Alternate, if any <u>Edward Fuller</u> <i>(Last, First)</i>	▶ <u>01 / 15 / 24</u> <i>Appt Date</i>  ▶ <u>one year</u> <i>Length of Term</i>	▶ Per Meeting: \$ <u>236.25</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"/> _____ <i>Other</i>
	▶ Name _____ <i>(Last, First)</i>  Alternate, if any _____ <i>(Last, First)</i>	▶ _____ / _____ / _____ <i>Appt Date</i>  ▶ _____ <i>Length of Term</i>	▶ 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"/> _____ <i>Other</i>