Agency Report of: Public Official Appointments

A D						- 4
A P	ומנוי	IC	IJŊ	CH	me	nt

1.	Agency Name					California 806	
	Goleta Sanitary District						
	Division, Department, or Reg	ion (If Applicable)				For Official Use Only	
	Designated Agency Contact	(Name Title)					
	Rob Mangus, Board Secret			Ī		Date Posted:	
	Area Code/Phone Number	E-mail		Page1 of4		01/17/2025	
	805 967 4519 x126	rmangus@goletasanitary.org				(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	
	Engineering Committee					236.25	
	Engineering Committee	Name Jon Frye (Last, First)	_ • _0	1 / 20 / 25	▶ Per Me	eeting: \$236.25	
		(Last, First)		Appt Date	▶ Estima:	ted Annual:	
		Alternate if any		one year	☐ \$0-\$1	,000	
		Alternate, if any(Last, First)	- ' —	Length of Term	□ •4 00	11-\$2,000	
					△ \$1,00	Other	
			+			000.05	
	Engineering Committee	Name Steve Majoewsky (Last, First)	▶ 0	1 / 20 / 25	▶ Per Me	eeting: \$236.25	
		(Last, First)	- -	Appt Date	▶ Fatima	ted Annual:	
				one year	\$0-\$1		
		Alternate, if any	- • —	Length of Term			
					\$1,00	01-\$2,000 Other	
			+				
	Engineering Committee			1 / 20 / 25	N Dan 14a	eeting: \$236.25	
		▶Name(Last, First)	- •	Appt Date	▶ Per Me	eting: \$ ———	
		Jerry D. Smith			▶ Estima	ted Annual:	
		Alternate, if any	- ▶—	one year Length of Term	☒ \$0-\$1	,000 \$2,001-\$3,000	
					☐\$1.00	11-\$2,000	
						Other	
					Par Ma	veting: \$	
		▶Name(Last, First)	- •	Appt Date	V I GI IVIG	eung. V	
					▶ Estima	ted Annual:	
		Alternate, if any(Last, First)	- -		\$0-\$1	,000 \$2,001-\$3,000	
		(220)		Length of Term	\$1,00		
						Other	
3.	Verification		•				
		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.	
	Robert O. Mangus, (ှာ. Rob Mangus		Board Secre	tary	01/17/2025	
	Signature of Agency Head or Designe	Print Name		Title		(Month, Day, Year)	
	Comment:						

Agency Report of: Public Official Appointments Continuation Sheet

Outreach and Public

Education Committee

Outreach and Public

Education Committee

▶Name Edward Fuller

Alternate, if any _____



Page	2	of	4

1.	Agency Name Goleta Sanitary District	Date Posted:	01/17/2025 (Month, Day, Year)
2.	Appointments		

Agency Boards and Appt Date and Name of Appointed Person Per Meeting/Annual Salary/Stipend Commissions Length of Term **Finance Committee** ▶ Per Meeting: \$_______236.25 Dean Nevins ▶ 01 / 20 / 25 Appt Date Estimated Annual: \$0-\$1,000 \$2,001-\$3,000 one year Alternate, if any _____ \$1,001-\$2,000 Other Length of Term Finance Committee ▶ Per Meeting: \$_______236.25 Edward Fuller 01 / 15 / 24 Appt Date Estimated Annual: \$0-\$1,000 \$2,001-\$3,000 one year Alternate, if any _____ **☒** \$1,001-\$2,000 ☐ _____ Length of Term **Finance Committee** ▶ Per Meeting: \$_______236.25 ▶ 01 / 20 / 25 Appt Date ▶Name ______(Last, First) Estimated Annual: \$0-\$1,000 \$2,001-\$3,000 one year \$1,001-\$2,000 D Outreach and Public ▶ Per Meeting: \$ ______36.25 Dean Nevins 01 / 20 / 25 Appt Date **Education Committee** Estimated Annual: \$0-\$1,000 \$2,001-\$3,000 one year Alternate, if any _____ (Last, First) Length of Term

▶ Per Meeting: \$ ______236.25

☒ \$1,001-\$2,000 ☐ _____

▶ Per Meeting: \$ ______236.25

\$2,001-\$3,000

\$2,001-\$3,000

► Estimated Annual:

\$0-\$1,000

Estimated Annual:

\$1,001-\$2,000

\$0-\$1,000

01 / 15 / 24 Appt Date

one year

one year

Agency Report of: Public Official Appointments 1. Agency Name

A D						- 4
A P	ומנוי	IC	IJŊ	CH	me	nt

_						
١.	Agency Name					California 806
	Goleta Sanitary District					Form OUO For Official Use Only
	Division, Department, or Reg	ion (If Applicable)				1 of official doc offing
	Designated Agency Contact (Name, Title)				
	Rob Mangus, Board Secret	<u> </u>				Date Posted:
	Area Code/Phone Number	E-mail		Page 3 of	4	01/17/2025
_	805 967 4519 x126	rmangus@goletasanitary.org				(Month, Day, Year)
2.	Appointments			A 1 D . 1 1		
	Agency Boards and Commissions	Name of Appointed Person		Appt Date and Length of Term	Per Me	eting/Annual Salary/Stipend
	Personnel Committee	Name	<u>→</u> _0	One year Length of Term	▶ <i>Estimat</i>	ted Annual: ,000 \$\Bigsim \frac{\\$2,001-\\$3,000}{\\$0ther}\$
	Personnel Committee	Name Steve T. Majoewsky (Last, First) Alternate, if any(Last, First)	<u> </u>	One year Length of Term		
	Personnel Committee	Name(Last, First) Alternate, if any(Last, First)	<u> </u>	O1 / 20 / 25 Appt Date One year Length of Term	▶ Estimat	236.25 ted Annual: ,000
		Name(Last, First) Alternate, if any(Last, First)	<u> </u>	Appt Date Length of Term		
3.	Verification I have read and understand FPPC Regu	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)
	See page 1 of 4 t	for signature				
	Comment:	ioi signature				

Agency Report of: Public Official Appointments Continuation Sheet



	Page _	4 of 4
I. Agency Name	Date Posted: _	01/17/2025
Goleta Sanitary District	Date i osteu.	(Month, Day, Year)

2. Appointments

Agency Boards and		Appt Date and	Per Meeting/Annual Salary/Stipend	
Commissions	Name of Appointed Person	Length of Term	Per weeting/Annual Salary/Stipend	
Goleta Sanitary District (GSD) Representative to Goleta West Sanitary District (GWSD)	Name Dean Nevins (Last, First) Alternate, if any(Last, First)	• 01 / 20 / 25 Appt Date one year Length of Term	▶ Per Meeting: \$ 236.25 ▶ 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 / 20 / 25 Appt Date one year Length of Term	▶ Per Meeting: \$ 236.25 ▶ Estimated Annual: X \$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: \$	
Goleta Sanitary District (GSD) Representative to Goleta Water District (GWD)	Name Steve T. Majoewsky (Last, First) Alternate, if any (Last, First)	• 01 / 20 / 25 Appt Date one year Length of Term	▶ Per Meeting: \$ 236.25 ▶ Estimated Annual: \$2,001-\$3,000 \$1,001-\$2,000 Cther	
Goleta Sanitary District (GSD) Representative to Goleta Water District (GWD)	Name(Last, First) Alternate, if any(Last, First)	• 01 / 20 / 25 Appt Date one year Length of Term	▶ Per Meeting: \$ 236.25 ▶ 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: \$	