

# 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
<b>Division, Department, or Region</b> (If Applicable)			
<b>Designated Agency Contact</b> (Name, Title) Rob Mangus, Board Secretary / Finance Director			
<b>Area Code/Phone Number</b> 805 967 4519 x126	<b>E-mail</b> rmangus@goletasanitary.org	Page <u>1</u> of <u>4</u>	<b>Date Posted:</b> 12/23/2025 (Month, Day, Year)

## 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>Frye, Jon</u> (Last, First)  Alternate, if any _____ (Last, First)	▶ <u>01 / 05 / 26</u> Appt Date  ▶ <u>one year</u> Length of Term	▶ 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"/> Other
Engineering Committee	▶ Name <u>Majoewsky, Steve</u> (Last, First)  Alternate, if any _____ (Last, First)	▶ <u>01 / 05 / 26</u> Appt Date  ▶ <u>one year</u> Length of Term	▶ 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"/> Other
Engineering Committee	▶ Name _____ (Last, First)  Alternate, if any <u>Nevins, Dean</u> (Last, First)	▶ <u>01 / 05 / 26</u> Appt Date  ▶ <u>one year</u> Length of Term	▶ 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"/> Other
	▶ Name _____ (Last, First)  Alternate, if any _____ (Last, First)	▶ _____ Appt Date  ▶ _____ Length of Term	▶ 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"/> 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.

<u>Robert O. Mangus, Jr</u> Signature of Agency Head or Designee	<u>Rob Mangus</u> Print Name	<u>Board Secretary</u> Title	<u>12/23/2025</u> (Month, Day, Year)
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Comment: \_\_\_\_\_

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

**California  
Form 806**

**A Public Document**

Page 2 of 4

**1. Agency Name**

Goleta Sanitary District

Date Posted: 12/23/25  
(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>Fuller, Ed</u> (Last, First)</p> <p>Alternate, if any _____ (Last, First)</p>	<p>▶ <u>01 / 05 / 26</u> Appt Date</p> <p>▶ <u>one year</u> Length of Term</p>	<p>▶ Per Meeting: \$ <u>236.25</u></p> <p>▶ Estimated Annual:</p> <p><input type="checkbox"/> \$0-\$1,000    <input checked="" type="checkbox"/> \$2,001-\$3,000</p> <p><input type="checkbox"/> \$1,001-\$2,000    <input type="checkbox"/> _____ Other</p>
Finance Committee	<p>▶ Name <u>Nevins, Dean</u> (Last, First)</p> <p>Alternate, if any _____ (Last, First)</p>	<p>▶ <u>01 / 05 / 26</u> Appt Date</p> <p>▶ <u>one year</u> Length of Term</p>	<p>▶ Per Meeting: \$ <u>236.25</u></p> <p>▶ Estimated Annual:</p> <p><input type="checkbox"/> \$0-\$1,000    <input checked="" type="checkbox"/> \$2,001-\$3,000</p> <p><input type="checkbox"/> \$1,001-\$2,000    <input type="checkbox"/> _____ Other</p>
Finance Committee	<p>▶ Name _____ (Last, First)</p> <p>Alternate, if any <u>Glancy, Joe</u> (Last, First)</p>	<p>▶ <u>01 / 05 / 26</u> Appt Date</p> <p>▶ _____ Length of Term</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"/> _____ Other</p>
Outreach and Public Education Committee	<p>▶ Name <u>Fuller, Ed</u> (Last, First)</p> <p>Alternate, if any _____ (Last, First)</p>	<p>▶ <u>01 / 05 / 26</u> Appt Date</p> <p>▶ _____ Length of Term</p>	<p>▶ Per Meeting: \$ <u>236.25</u></p> <p>▶ Estimated Annual:</p> <p><input type="checkbox"/> \$0-\$1,000    <input checked="" type="checkbox"/> \$2,001-\$3,000</p> <p><input type="checkbox"/> \$1,001-\$2,000    <input type="checkbox"/> _____ Other</p>
Outreach and Public Education Committee	<p>▶ Name <u>Glancy, Joe</u> (Last, First)</p> <p>Alternate, if any _____ (Last, First)</p>	<p>▶ <u>01 / 05 / 26</u> Appt Date</p> <p>▶ _____ Length of Term</p>	<p>▶ Per Meeting: \$ <u>236.25</u></p> <p>▶ Estimated Annual:</p> <p><input type="checkbox"/> \$0-\$1,000    <input checked="" type="checkbox"/> \$2,001-\$3,000</p> <p><input type="checkbox"/> \$1,001-\$2,000    <input type="checkbox"/> _____ Other</p>
Outreach and Public Education Committee	<p>▶ Name _____ (Last, First)</p> <p>Alternate, if any <u>Frye, Jon</u> (Last, First)</p>	<p>▶ <u>01 / 05 / 26</u> Appt Date</p> <p>▶ _____ Length of Term</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"/> _____ Other</p>

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<b>Designated Agency Contact</b> (Name, Title) Rob Mangus, Board Secretary / Finance Director			
<b>Area Code/Phone Number</b> 805 967 4519 x126	<b>E-mail</b> rmangus@goletasanitary.org	Page <u>3</u> of <u>4</u>	<b>Date Posted:</b> <u>12/23/25</u> (Month, Day, Year)

## 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>Frye, Jon</u> (Last, First)  Alternate, if any _____ (Last, First)	▶ <u>01 / 05 / 26</u> Appt Date  ▶ <u>one year</u> Length of Term	▶ 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"/> Other _____
Personnel Committee	▶ Name <u>Majoewsky, Steve</u> (Last, First)  Alternate, if any _____ (Last, First)	▶ <u>01 / 05 / 26</u> Appt Date  ▶ <u>one year</u> Length of Term	▶ 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"/> Other _____
Personnel Committee	▶ Name _____ (Last, First)  Alternate, if any <u>Dean Nevins</u> (Last, First)	▶ <u>01 / 05 / 26</u> Appt Date  ▶ <u>one year</u> Length of Term	▶ 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"/> Other _____
	▶ Name _____ (Last, First)  Alternate, if any _____ (Last, First)	▶ _____ Appt Date  ▶ _____ Length of Term	▶ 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"/> 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.

_____ Signature of Agency Head or Designee	_____ Print Name	_____ Title	_____ (Month, Day, Year)
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Comment: See page 1 of 4 for signature

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

**1. Agency Name**

Goleta Sanitary District

Date Posted: 12/23/2025  
(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)	<p>▶ Name <u>Nevins, Dean</u> (Last, First)</p> <p>Alternate, if any _____ (Last, First)</p>	<p>▶ <u>01 / 05 / 26</u> Appt Date</p> <p>▶ <u>one year</u> Length of Term</p>	<p>▶ Per Meeting: \$ <u>236.25</u></p> <p>▶ Estimated Annual:</p> <p><input type="checkbox"/> \$0-\$1,000 <input checked="" type="checkbox"/> \$2,001-\$3,000</p> <p><input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____ Other</p>
Goleta Sanitary District (GSD) Representative to Goleta West Sanitary District (GWSD)	<p>▶ Name _____ (Last, First)</p> <p>Alternate, if any <u>Fuller, Ed</u> (Last, First)</p>	<p>▶ <u>01 / 05 / 26</u> Appt Date</p> <p>▶ <u>one year</u> Length of Term</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"/> _____ Other</p>
	<p>▶ Name _____ (Last, First)</p> <p>Alternate, if any _____ (Last, First)</p>	<p>▶ <u>  /  /  </u> Appt Date</p> <p>▶ _____ Length of Term</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"/> _____ Other</p>
Goleta Sanitary District (GSD) Representative to Goleta Water District (GWD)	<p>▶ Name <u>Majoewsky, Steve</u> (Last, First)</p> <p>Alternate, if any _____ (Last, First)</p>	<p>▶ <u>01 / 05 / 26</u> Appt Date</p> <p>▶ <u>one year</u> Length of Term</p>	<p>▶ Per Meeting: \$ <u>236.25</u></p> <p>▶ Estimated Annual:</p> <p><input type="checkbox"/> \$0-\$1,000 <input checked="" type="checkbox"/> \$2,001-\$3,000</p> <p><input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____ Other</p>
Goleta Sanitary District (GSD) Representative to Goleta Water District (GWD)	<p>▶ Name _____ (Last, First)</p> <p>Alternate, if any <u>Frye, Jon</u> (Last, First)</p>	<p>▶ <u>01 / 05 / 26</u> Appt Date</p> <p>▶ <u>one year</u> Length of Term</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"/> _____ Other</p>
	<p>▶ Name _____ (Last, First)</p> <p>Alternate, if any _____ (Last, First)</p>	<p>▶ <u>  /  /  </u> Appt Date</p> <p>▶ _____ Length of Term</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"/> _____ Other</p>