

Agency Report of: Public Official Appointments

A Public Document

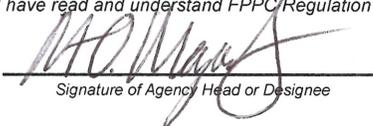
1. Agency Name Goleta Sanitary District		California Form 806	For Official Use Only
Division, Department, or Region (If Applicable)			
Designated Agency Contact (Name, Title) Rob Mangus, Board Secretary / Finance and H.R. Manager			
Area Code/Phone Number 805 967 4519 x126	E-mail rmangus@goletasanitary.org	Page <u>1</u> of <u>5</u>	Date Posted: <u>02/22/2021</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 / 20 / 21</u> <small>Appt Date</small> <u>one year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>225.00</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"/> _____ <small>Other</small>
Engineering Committee	▶ Name <u>Steve Majoewsky</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 20 / 21</u> <small>Appt Date</small> <u>one year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>225.00</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"/> _____ <small>Other</small>
Engineering Committee	▶ Name _____ <small>(Last, First)</small> Alternate, if any <u>Edward Fuller</u> <small>(Last, First)</small>	▶ <u>01 / 20 / 21</u> <small>Appt Date</small> <u>one year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>225.00</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>

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	02/22/2021
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: _____

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

1. Agency Name Goleta Sanitary District	Date Posted: <u>02/22/2021</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 / 20 / 21</u> <small>Appt Date</small> ▶ <u>one year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>225.00</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"/> <u> </u> Other
Finance Committee	▶ Name <u>Edward Fuller</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 20 / 21</u> <small>Appt Date</small> ▶ <u>one year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>225.00</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
Finance Committee	▶ Name _____ <small>(Last, First)</small> Alternate, if any <u>Sharon Rose</u> <small>(Last, First)</small>	▶ <u>01 / 20 / 21</u> <small>Appt Date</small> ▶ <u>one year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>225.00</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
Outreach and Public Education Committee	▶ Name <u>Sharon Rose</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 20 / 21</u> <small>Appt Date</small> ▶ <u>one year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>225.00</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
Outreach and Public Education Committee	▶ Name <u>Edward Fuller</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 20 / 21</u> <small>Appt Date</small> ▶ <u>one year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>225.00</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
Outreach and Public Education Committee	▶ Name _____ <small>(Last, First)</small> Alternate, if any <u>George W. Emerson</u> <small>(Last, First)</small>	▶ <u>01 / 20 / 21</u> <small>Appt Date</small> ▶ <u>one year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>225.00</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

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

1. Agency Name

Goleta Sanitary District

Date Posted: 02/22/2021
(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>Steve T. Majoewsky</u> <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ <u>02 / 17 / 21</u> <i>Appt Date</i> <u>one year</u> <i>Length of Term</i>	▶ Per Meeting: \$ <u>225.00</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>Jerry D. Smith</u> <i>(Last, First)</i>	▶ <u>02 / 17 / 21</u> <i>Appt Date</i> _____ <i>Length of Term</i>	▶ Per Meeting: \$ <u>225.00</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>Edward Fuller</u> <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ <u>02 / 17 / 21</u> <i>Appt Date</i> _____ <i>Length of Term</i>	▶ Per Meeting: \$ <u>225.00</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>Sharon Rose</u> <i>(Last, First)</i>	▶ <u>02 / 17 / 21</u> <i>Appt Date</i> _____ <i>Length of Term</i>	▶ Per Meeting: \$ <u>225.00</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>

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

1. Agency Name

Goleta Sanitary District

Date Posted: 02/22/2021
(Month, Day, Year)

2. Appointments

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> <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ <u>12 / 21 / 20</u> <i>Appt Date</i> <u>one year</u> <i>Length of Term</i>	▶ Per Meeting: \$ <u>225.00</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> <i>Other</i>
California Special Districts Association Finance Corporation Executive Board	▶ Name <u>George W. Emerson</u> <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ <u>02 / 17 / 21</u> <i>Appt Date</i> _____ <i>Length of Term</i>	▶ Per Meeting: \$ <u>225.00</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> <i>Other</i>
California Sanitation Risk Management Association Executive Board	▶ Name <u>George W. Emerson</u> <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ <u>02 / 17 / 21</u> <i>Appt Date</i> <u>one year</u> <i>Length of Term</i>	▶ Per Meeting: \$ <u>225.00</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> <i>Other</i>
	▶ Name _____ <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ <u> / / </u> <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"/> <u> </u> <i>Other</i>
	▶ Name _____ <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ <u> / / </u> <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"/> <u> </u> <i>Other</i>
Santa Barbara Chapter California Special Districts Association (CSDA) Executive Board Meetings	▶ Name <u>Sharon Rose</u> <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ <u>12 / 21 / 20</u> <i>Appt Date</i> <u>one year</u> <i>Length of Term</i>	▶ Per Meeting: \$ <u>225.00</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> <i>Other</i>