

**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>4</u>	Date Posted: <u>01/13/2022</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 / 17 / 22</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>Other</u>
Engineering Committee	▶ Name <u>Steve Majoewsky</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 17 / 22</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>Other</u>
Engineering Committee	▶ Name _____ <small>(Last, First)</small> Alternate, if any <u>Edward Fuller</u> <small>(Last, First)</small>	▶ <u>01 / 17 / 22</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>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.

 _____ <small>Signature of Agency Head or Designee</small>	Rob Mangus _____ <small>Print Name</small>	Board Secretary _____ <small>Title</small>	01/13/2022 _____ <small>(Month, Day, Year)</small>
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Comment: _____

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

1. Agency Name Goleta Sanitary District	Date Posted: <u>01/13/2022</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 / 17 / 22</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"/> Other
Finance Committee	▶ Name <u>Edward Fuller</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 17 / 22</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"/> Other
Finance Committee	▶ Name _____ <small>(Last, First)</small> Alternate, if any <u>Sharon Rose</u> <small>(Last, First)</small>	▶ <u>01 / 17 / 22</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"/> Other
Outreach and Public Education Committee	▶ Name <u>Sharon Rose</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 17 / 22</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"/> Other
Outreach and Public Education Committee	▶ Name <u>Edward Fuller</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 17 / 22</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"/> 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 / 17 / 22</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"/> Other

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Continuation Sheet**

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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> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 17 / 22</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"/> Other
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 / 17 / 22</u> <small>Appt Date</small> _____ <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"/> Other
	▶ 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"/> Other
Goleta Sanitary District (GSD) Representative to Goleta Water District (GWD)	▶ Name <u>Edward Fuller</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 17 / 22</u> <small>Appt Date</small> _____ <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"/> Other
Goleta Sanitary District (GSD) Representative to Goleta Water District (GWD)	▶ Name _____ <small>(Last, First)</small> Alternate, if any <u>Sharon Rose</u> <small>(Last, First)</small>	▶ <u>01 / 17 / 22</u> <small>Appt Date</small> _____ <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"/> Other
	▶ 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"/> Other