

Agency Report of: Public Official Appointments

A Public Document

1. Agency Name Costa Mesa Sanitary District		Page <u>1</u> of <u>2</u>	California Form 806 For Official Use Only
Division, Department, or Region (If Applicable)			Date Posted: 12/20/2022 <small>(Month, Day, Year)</small>
Designated Agency Contact (Name, Title) Noelani Middenway, CMC, District Clerk/PIO			
Area Code/Phone Number (949) 645-8400	E-mail nmiddenway@cmsdca.gov		

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Orange County Sanitation District	▶ Name <u>Ooten, Robert "Bob"</u> <small>(Last, First)</small>	▶ <u>12 / 19 / 22</u> <small>Appt Date</small>	▶ Per Meeting: \$ <u>212.50</u>
	Alternate, if any <u>Perry, Arthur "Art"</u> <small>(Last, First)</small>	▶ <u>2 Years</u> <small>Length of Term</small>	▶ 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
	▶ Name <u>Perry, Arthur "Art"</u> <small>(Last, First)</small>	▶ <u>12 / 19 / 22</u> <small>Appt Date</small>	▶ Per Meeting: \$ <u>0.00</u>
	Alternate, if any <u>Ooten, Robert "Bob"</u> <small>(Last, First)</small>	▶ <u>2 Years</u> <small>Length of Term</small>	▶ 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
	▶ Name _____ <small>(Last, First)</small>	▶ _____ <small>Appt Date</small>	▶ Per Meeting: \$ _____
	Alternate, if any _____ <small>(Last, First)</small>	▶ _____ <small>Length of Term</small>	▶ 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
	▶ Name _____ <small>(Last, First)</small>	▶ _____ <small>Appt Date</small>	▶ Per Meeting: \$ _____
	Alternate, if any _____ <small>(Last, First)</small>	▶ _____ <small>Length of Term</small>	▶ 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 18702.5. I have verified that the appointment and information identified above is true to the best of my information and belief.

Noelani Middenway

Noelani Middenway, CMC

District Clerk/PIO

D2CEB27C5987454 Signature of Agency Head or Designee

Print Name

Title

(Month, Day, Year)

Comment: _____

Print

Clear