

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**

Date Rec'd Filing Received  
 Clerk of the Board  
**MAR 08 2023**

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Ooten Robert James

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
 Costa Mesa Sanitary District  
 Division, Board, Department, District, if applicable Your Position  
 Board President

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: OC San, Newport Mesa School District Position: Director, Citizens Bond Oversight CMTE

**2. Jurisdiction of Office (Check at least one box)**

State  Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)  
 Multi-County \_\_\_\_\_  County of Orange  
 City of Costa Mesa  Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

**Annual:** The period covered is January 1, 2022, through December 31, 2022.  
 -or- The period covered is \_\_\_\_\_, through December 31, 2022.  
 **Assuming Office:** Date assumed 12/13/2022  
 **Candidate:** Date of Election 11/8/22 and office sought, if different than Part 1: \_\_\_\_\_  
 **Leaving Office:** Date Left \_\_\_\_\_ (Check one circle.)  
 The period covered is January 1, 2022, through the date of leaving office.  
 -or-  
 The period covered is \_\_\_\_\_, through the date of leaving office.

**4. Schedule Summary (required)**

► Total number of pages including this cover page: 3

**Schedules attached**

**Schedule A-1 - Investments** – schedule attached  **Schedule C - Income, Loans, & Business Positions** – schedule attached  
 **Schedule A-2 - Investments** – schedule attached  **Schedule D - Income – Gifts** – schedule attached  
 **Schedule B - Real Property** – schedule attached  **Schedule E - Income – Gifts – Travel Payments** – schedule attached  
 -or-  
 **None - No reportable interests on any schedule**

**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
 (Business or Agency Address Recommended - Public Document)  
 2846 Tabago Place Costa Mesa Calif. 92626  
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
 ( )

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/1/23 Signature Robert J Ooten  
 (month, day, year) (File the originally signed paper statement with your filing official.)

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name

NAME OF BUSINESS ENTITY
RJ Thomas Mfg
GENERAL DESCRIPTION OF THIS BUSINESS
Park equipment Mfg
FAIR MARKET VALUE
NATURE OF INVESTMENT
Wife is part owner
IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
NATURE OF INVESTMENT
IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
NATURE OF INVESTMENT
IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
NATURE OF INVESTMENT
IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
NATURE OF INVESTMENT
IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
NATURE OF INVESTMENT
IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED

Comments:

# SCHEDULE C

## Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name \_\_\_\_\_

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
California State Teachers Retirement Sys.

ADDRESS (Business Address Acceptable)  
Sacramento, Calif

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Pension Administration

YOUR BUSINESS POSITION  
wife

GROSS INCOME RECEIVED     No Income - Business Position Only

\$500 - \$1,000                       \$1,001 - \$10,000

\$10,001 - \$100,000               OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

Salary     Spouse's or registered domestic partner's income  
(For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

Loan repayment

Commission or     Rental Income, list each source of \$10,000 or more

\_\_\_\_\_  
(Describe)

Other Pension  
(Describe)

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Orange County Retirement System

ADDRESS (Business Address Acceptable)  
2223 E. Wallington Ave. #100

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Santa Ana, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Pension Administration

YOUR BUSINESS POSITION  
Receives a Pension (me)

GROSS INCOME RECEIVED     No Income - Business Position Only

\$500 - \$1,000                       \$1,001 - \$10,000

\$10,001 - \$100,000               OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

Salary     Spouse's or registered domestic partner's income  
(For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

Loan repayment

Commission or     Rental Income, list each source of \$10,000 or more

\_\_\_\_\_  
(Describe)

Other Pension  
(Describe)

**▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD

\$500 - \$1,000

\$1,001 - \$10,000

\$10,001 - \$100,000

OVER \$100,000

INTEREST RATE \_\_\_\_\_ TERM (Months/Years) \_\_\_\_\_

\_\_\_\_\_ %     None

SECURITY FOR LOAN

None                       Personal residence

Real Property \_\_\_\_\_  
Street address \_\_\_\_\_  
City \_\_\_\_\_

Guarantor \_\_\_\_\_

Other \_\_\_\_\_  
(Describe)

Comments: \_\_\_\_\_