

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
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FEB 21 2023

Please type or print in ink.

NAME OF FILER (LAST) PERRY (FIRST) ARTHUR (MIDDLE) R

1. Office, Agency, or Court

Agency Name (Do not use acronyms) COSTA MESA SANITARY DISTRICT
Division, Board, Department, District, if applicable DIVISION 4 Your Position DIRECTOR

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

Agency: ORANGE COUNTY SANITATION Position: ALTERNATE DIRECTOR

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, 2021, through December 31, 2021.
-or- The period covered is _____, through December 31, 2021.
 Assuming Office: Date assumed _____
 Candidate: Date of Election _____ and office sought, if different than Part 1: _____
 Leaving Office: Date Left _____ (Check one circle.)
 The period covered is January 1, 2021, through the date of leaving office.
-or-
 The period covered is _____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 2

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)
290 Paula Rivo Ave COSTA MESA CA 92626
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(949) 645-8400 cmsd@public.boudcliver.com

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 2/15/2023 Signature [Signature]
(month, day, year) (File the originally signed paper statement with your filing official.)

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)
CR+R INCORPORATED
 ADDRESS (Business Address Acceptable) STANTON
11292 WESTERN AVE. CA-90680
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
SOLID WASTE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10/23/22</u>	<u>\$ 75.00</u>	<u>DINNER</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

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 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

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 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: _____