CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Initial Filing Received
Official Use Only

Filed Date: 03/03/2016 10:23 AM
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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Middenway	Noelani	F.

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
Costa Mesa Sanitary District

Division, Board, Department, District, if applicable

Your Position
Office Manager/Clerk of the District

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

Agency: _____ Position: _____

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

☐ State
☐ Multi-County _____
☐ City of _____
☐ Judge or Court Commissioner (Statewide Jurisdiction)
☑ County of Orange
☐ Other _____

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

☑ **Annual:** The period covered is January 1, 2015, through December 31, 2015.
-or-
The period covered is ____/____/_____, through December 31, 2015.

☐ **Assuming Office:** Date assumed ____/____/_____

☐ **Leaving Office:** Date Left ____/____/_____
(Check one)
○ The period covered is January 1, 2015, through the date of leaving office.
-or-
○ The period covered is ____/____/_____, through the date of leaving office.

☐ **Candidate:** Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► *Total number of pages including this cover page:* 1

Schedules attached

☐ **Schedule A-1** - *Investments* – schedule attached
☐ **Schedule A-2** - *Investments* – schedule attached
☐ **Schedule B** - *Real Property* – schedule attached
☐ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
☐ **Schedule D** - *Income – Gifts* – schedule attached
☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

☑ ***None*** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document) STREET	CITY	STATE	ZIP CODE
628 W. 19th Street	Costa Mesa	CA	92627-2716

DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS
(949) 645-8400 ext:227	nmiddenway@cmsdca.gov

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 03/03/2016 10:23 AM
(month, day, year)

Signature Electronic Submission
(File the originally signed statement with your filing official.)