

**STATEMENT OF ECONOMIC INTERESTS
 COVER PAGE**

Date Initial Filing Received
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 CLERK OF THE BOARD
MAR 14 2016

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 SCHAFFER ARLENE CAROL

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

COSTA MESA SANITARY DISTRICT

Division, Board, Department, District, if applicable

Your Position

BOARD MEMBER - ASSISTANT SECRETARY

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

Agency: California special districts association Position: Secretary

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

- State
- Multi-County _____
- City of _____
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of _____
- 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 _____
- Candidate:** Election year _____ and office sought, if different than Part 1: _____
- 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.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 3

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 STREET CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)
 292 BUCKNELL ROAD COSTA MESA CA 92626

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
 (714) 396-2922 ACSCHAFFER@GMAIL.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 3-8-16
(month, day, year)

Signature Arlene Schaffer
(File the originally signed statement with your filing official.)

**SCHEDULE D
 Income - Gifts**

Name
arlene schafek

▶ NAME OF SOURCE (Not an Acronym)
Ca special districts association
 ADDRESS (Business Address Acceptable)
1112 "I" ST. SUITE 200, SACRAMENTO
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
BOARD OF DIRECTORS

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01/23/15</u>	<u>\$ 87.64</u>	<u>meals</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
ca special districts association
 ADDRESS (Business Address Acceptable)
1112 "I" ST; SUITE 200; SACRAMENTO
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legislative Committee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01/30/15</u>	<u>\$ 59.01</u>	<u>meals</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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

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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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: _____