

COVER PAGE

A PUBLIC DOCUMENT

Filed Date: 01/27/2020 02:55 PM
SAN: 041100024-STL-0024

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Carroll Scott C.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Costa Mesa Sanitary District

Division, Board, Department, District, if applicable

Your Position

General Manager

► 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, Retired Judge, Pro Tem 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, 2019, through December 31, 2019.
- Leaving Office:** Date Left ____/____/_____
(Check one circle.)
- The period covered is January 1, 2019, through the date of leaving office.
- Assuming Office:** Date assumed ____/____/_____
-or-
The period covered is ____/____/_____, through December 31, 2019.
- The period covered is ____/____/_____, through the date of leaving office.
- Candidate:** Date of Election _____ 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 STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

290 Paularino Avenue Costa Mesa CA 92626

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(**949**) **645-8400 ext:223** **scarroll@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 **01/27/2020 02:55 PM** Signature **Electronic Submission**
(month, day, year) (File the originally signed paper statement with your filing official.)

SCHEDULE D Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*
Harper & Burns LLP

ADDRESS *(Business Address Acceptable)*
453 S Glassell Street, Orange , CA 92866

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Attorney at Law

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 25 / 19</u>	<u>\$ 150.00</u>	<u>Dinner at Water Grill</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </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)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

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<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

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<u> / / </u>	<u>\$ </u>	<u> </u>

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<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Filer's Verification

Print Name Scott Carroll

Office, Agency or Court Costa Mesa Sanitary District

Statement Type 2018/2019 Annual Assuming Leaving
 _____ Annual Candidate
(yr)

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

Date Signed 01/28/2020 08:19 AM
(month, day, year)

Filer's Signature Electronic Submission

Comments: _____

Mary Allison Carroll
Scott C. Carroll

Miss Piggy

1675

16-24/1220

9.22 2018

CHECKSAFE

Pay to the
Order of C R & R

\$ 60.00

Sixty and 00/100

Dollars

Security
Features
Details on
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Wells Fargo

UPPETS

Dinner
For reimbursement

Mary Allison Carroll

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