

**AMENDMENT**

**COVER PAGE**

**MAR 31 2020**

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

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

Agency Name (Do not use acronyms)

Costa Mesa Sanitary District

Division, Board, Department, District, if applicable

Your Position

Board of Directors

Vice President

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

Agency: Orange County Sanitation District

Position: Alternate Director

Newport Mesa Unified School District member @ large

**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/Newport Beach/ Unicorn County

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.)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2019.

The period covered is January 1, 2019, through the date of leaving office

Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

-or-

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: 4**

**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

( 714 ) 338 9896

E-MAIL ADDRESS

bobbyooten@aol.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 March 26, 2020

(month day year)

Signature \_\_\_\_\_

(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  
 Robert J. Ooten

▶ NAME OF BUSINESS ENTITY  
R. J. Thomas mfg.  
 GENERAL DESCRIPTION OF THIS BUSINESS  
Park Equipment Manufacturer  
 FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000  
 NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)  
 IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/19      \_\_\_\_\_/\_\_\_\_\_/19  
 ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
 \_\_\_\_\_  
 GENERAL DESCRIPTION OF THIS BUSINESS  
 \_\_\_\_\_  
 FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000  
 NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)  
 IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/19      \_\_\_\_\_/\_\_\_\_\_/19  
 ACQUIRED      DISPOSED

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 \$100,001 - \$1,000,000       Over \$1,000,000  
 NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)  
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 ACQUIRED      DISPOSED

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 GENERAL DESCRIPTION OF THIS BUSINESS  
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▶ NAME OF BUSINESS ENTITY  
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 \_\_\_\_\_/\_\_\_\_\_/19      \_\_\_\_\_/\_\_\_\_\_/19  
 ACQUIRED      DISPOSED

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



**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
 (Other than Gifts and Travel Payments)

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME RJ Thomas Mfg.	NAME OF SOURCE OF INCOME Cal. State Teacher's Retirement System
ADDRESS (Business Address Acceptable) 5649 Hiway 59 S. Cherokee Iowa 51012	ADDRESS (Business Address Acceptable) Sacramento, California
BUSINESS ACTIVITY, IF ANY, OF SOURCE Park Equipment Mfg.	BUSINESS ACTIVITY, IF ANY, OF SOURCE Pension Management
YOUR BUSINESS POSITION Wife is part owner	YOUR BUSINESS POSITION Retired Wife's pension
GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED? <input type="checkbox"/> Salary <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
<input type="checkbox"/> Partnership (Less than 10% ownership For 10% or greater use Schedule A-2.)	<input type="checkbox"/> Partnership (Less than 10% ownership For 10% or greater use Schedule A-2.)
<input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small>	<input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small>
<input type="checkbox"/> Loan repayment	<input type="checkbox"/> Loan repayment
<input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <small>(Describe)</small>	<input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <small>(Describe)</small>
<input type="checkbox"/> Other _____ <small>(Describe)</small>	<input type="checkbox"/> Other _____ <small>(Describe)</small>

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

**▶ 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*	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
BUSINESS ACTIVITY, IF ANY, OF LENDER	<input type="checkbox"/> Real Property _____ <small>Street address</small>	
_____	_____ <small>City</small>	
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> Other _____ <small>(Describe)</small>	
<input type="checkbox"/> \$1,001 - \$10,000		
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> OVER \$100,000		

**Filer's Verification**

Print Name Robert J. Dotan      Office, Agency or Court Costa Mesa Sanitary District

Statement Type     2019/2020 Annual     \_\_\_\_\_ Annual     Assuming     Leaving     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 March 26, 2020      Filer's Signature Robert J. Dotan  
(month, day, year)