

**Agency Report of:
Public Official Appointments**

A Public Document

1. Agency Name Costa Mesa Sanitary District			California Form 806
Division, Department, or Region (If Applicable)			For Official Use Only
Designated Agency Contact (Name, Title) Noelani Middenway, District Clerk			
Area Code/Phone Number (949) 645-8400	E-mail nmiddenway@cmsdca.gov	Page <u>1</u> of <u>1</u>	Date Posted: January 18, 2017 <small>(Month, Day, Year)</small>

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Orange County Sanitation District Board of Directors	Name <u>Ferryman, James</u> <small>(Last, First)</small> Alternate, if any <u>Ooten, Robert</u> <small>(Last, First)</small>	<u>12 / 22 / 16</u> <small>Appt Date</small> <u>2 Years</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>212.50</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input checked="" type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
Santa Ana River Flood Protection Agency	Name <u>Perry, Arthur</u> <small>(Last, First)</small> Alternate, if any <u>Ooten, Robert</u> <small>(Last, First)</small>	<u>12 / 22 / 16</u> <small>Appt Date</small> <u>2 Years</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>0.00</u> ▶ Estimated Annual: <input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
	Name _____ <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	_____ <small>Appt Date</small> _____ <small>Length of Term</small>	▶ Per Meeting: \$ _____ ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
	Name _____ <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	_____ <small>Appt Date</small> _____ <small>Length of Term</small>	▶ Per Meeting: \$ _____ ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other

3. Verification

I have read and understand FPPC Regulation 18702.5. I have verified that the appointment and information identified above is true to the best of my information and belief.

Noelani Middenway
District Clerk
January 18, 2017
Signature of Agency/Head or Designee Print Name Title (Month, Day, Year)

Comment: _____