

**Agency Report of:  
Public Official Appointments**

**A Public Document**

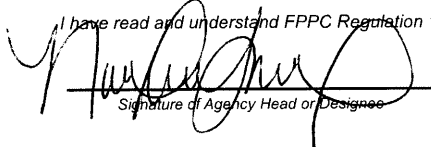
<b>1. Agency Name</b> Costa Mesa Sanitary District			<b>California Form 806</b>
Division, Department, or Region (If Applicable)			For Official Use Only
Designated Agency Contact (Name, Title) Noelani Middenway, District Clerk/PIO			
Area Code/Phone Number (949) 645-8400	E-mail nmiddenway@cmsdca.gov	Page 1 of 1	Date Posted: 01/20/2021 <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
OCSD Board of Directors	▶ Name <u>Ooten, Robert</u> <small>(Last, First)</small>	▶ <u>12 / 21 / 20</u> <small>Appt Date</small>	▶ Per Meeting: \$ <u>212.50</u>
	Alternate, if any <u>Perry, Art</u> <small>(Last, First)</small>	▶ <u>2 Years</u> <small>Length of Term</small>	▶ 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"/> <u>          </u> Other
SARFPA Board of Directors	▶ Name <u>Perry, Art</u> <small>(Last, First)</small>	▶ <u>12 / 21 / 20</u> <small>Appt Date</small>	▶ Per Meeting: \$ <u>0.00</u>
	Alternate, if any <u>Ooten, Robert</u> <small>(Last, First)</small>	▶ <u>2 Years</u> <small>Length of Term</small>	▶ 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"/> <u>          </u> Other
	▶ Name _____ <small>(Last, First)</small>	▶ _____ <small>Appt Date</small>	▶ Per Meeting: \$ _____
	Alternate, if any _____ <small>(Last, First)</small>	▶ _____ <small>Length of Term</small>	▶ 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"/> <u>          </u> Other
	▶ Name _____ <small>(Last, First)</small>	▶ _____ <small>Appt Date</small>	▶ Per Meeting: \$ _____
	Alternate, if any _____ <small>(Last, First)</small>	▶ _____ <small>Length of Term</small>	▶ 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"/> <u>          </u> 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.

  
Signature of Agency Head or Designee

Noelani Middenway  
Print Name

District Clerk/PIO  
Title

01/20/2021  
(Month, Day, Year)

Comment: \_\_\_\_\_