

GOLETA WEST SANITARY DISTRICT

Other Official Standing Appointments

<u>Representative To</u>	<u>Director Name</u>	<u>Appointment Date</u>	<u>Per Meeting Salary/Stipend</u>
City of Goleta	Craig Geyer Dr. David C. Lewis (alternate)	01/03/17	\$220.00
Goleta Sanitary District	Larry D. Meyer David Bearman, M.D. (alternate)	01/03/17	\$220.00
Goleta Water District	Eva Turenchalk Craig Geyer (alternate)	01/03/17	\$220.00
SB County Special Districts Assoc.	Larry D. Meyer Craig Geyer (voting representative; 01/03/17) David Bearman, M.D. (alternate)	01/03/17	\$220.00
Isla Vista Recreation & Park District	Dr. David C. Lewis Eva Turenchalk (alternate)	01/03/17	\$220.00
LAFCO/CALAFCO	Craig Geyer Larry D. Meyer (alternate)	01/03/17	\$220.00
SB County Special District LAFCO Selection Committee	Craig Geyer Dr. David C. Lewis (alternate)	01/03/17	\$220.00
Regional Water Quality Control Board	Craig Geyer Larry D. Meyer (alternate)	01/03/17	\$220.00
City of Santa Barbara Council Meetings & County Board of Supervisors Meetings	Craig Geyer Eva Turenchalk (alternate)	01/03/17	\$220.00

California Association of Sanitation Agencies (CASA)	David Bearman, M.D. 01/03/17 Mark Nation (alternate – no stipend)	\$220.00
Santa Barbara Airport Commission	Dr. David C. Lewis 01/03/17 David Bearman, M.D. (alternate)	\$220.00

GOLETA WEST SANITARY DISTRICT

Annual Report on Employee and Director Reimbursements for fiscal year 2016-2017 as required
by CA Govt. Code Section 53065.5

Date	Reimbursement For	Paid to	Total Amount	Transportation	Lodging	Meals	Registration
8/16/2016	CASA Conference	Dr. David Bearman	\$1,103.80	\$140.40	\$963.40		
8/24/2016	Little Hoover Commission Hearing	Craig Geyer	\$426.60	\$426.60			
1/30/2017	UCLA Land Use & Law Conference	Craig Geyer	\$179.38	\$160.13		\$19.25	
5/3/2017	CWEA Conference	Ruben Chavez	\$232.17	\$232.17			
		Grand Total	\$1941.95				

California Government Code Section 53065.5

Each special district, as defined by subdivision (a) of Section 56036, shall, at least annually, disclose any reimbursement paid by the district within the immediately preceding fiscal year of at least one hundred dollars (\$100) for each individual charge for services or product received. "Individual charge" includes, but is not limited to, one meal, lodging for one day, transportation, or a registration fee paid to any employee or member of the governing body of the district. The disclosure requirement shall be fulfilled by including the reimbursement information in a document published or printed at least annually by a date determined by that district and shall be made available for public inspection.

**Agency Report of:
Public Official Appointments**

A Public Document

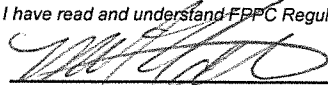
1. Agency Name Goleta West Sanitary District			California Form 806 For Official Use Only
Division, Department, or Region (If Applicable) N/A			Date Posted: <u>10/31/17</u> <small>(Month, Day, Year)</small>
Designated Agency Contact (Name, Title) Mark Nation, General Manager			
Area Code/Phone Number 805-968-2617	E-mail mnation@goletawest.org	Page <u>1</u> of <u>2</u>	

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Management Committee	▶ Name <u>Geyer, Craig</u> <small>(Last, First)</small> Alternate, if any <u>Turenchalk, Eva</u> <small>(Last, First)</small>	▶ <u>01 / 03 / 17</u> <small>Appt Date</small> ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>220.00</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"/> <u> </u> <small>Other</small>
Management Committee	▶ Name <u>Bearman, M.D., David</u> <small>(Last, First)</small> Alternate, if any <u>Turenchalk, Eva</u> <small>(Last, First)</small>	▶ <u>01 / 03 / 17</u> <small>Appt Date</small> ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>220.00</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"/> <u> </u> <small>Other</small>
Finance Committee	▶ Name <u>Lewis, Dr. David</u> <small>(Last, First)</small> Alternate, if any <u>Meyer, Larry</u> <small>(Last, First)</small>	▶ <u>01 / 03 / 17</u> <small>Appt Date</small> ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>220.00</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"/> <u> </u> <small>Other</small>
Finance Committee	▶ Name <u>Geyer, Craig</u> <small>(Last, First)</small> Alternate, if any <u>Meyer, Larry</u> <small>(Last, First)</small>	▶ <u>01 / 03 / 17</u> <small>Appt Date</small> ▶ <u>1 year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>220.00</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"/> <u> </u> <small>Other</small>

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.

 <small>Signature of Agency Head or Designee</small>	<u>Mark Nation</u> <small>Print Name</small>	<u>General Manager</u> <small>Title</small>	<u>10/31/17</u> <small>(Month, Day, Year)</small>
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Comment: _____

Agency Report of:
Public Official Appointments
Continuation Sheet

1. Agency Name Goleta West Sanitary District	Date Posted: <u>10/31/17</u> <i>(Month, Day, Year)</i>
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Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Public Relations Committee	▶ Name <u>Turenchalk, Eva</u> <i>(Last, First)</i> Alternate, if any <u>Bearman, M.D., David</u> <i>(Last, First)</i>	▶ <u>01 / 03 / 17</u> <i>Appt Date</i> ▶ <u>1 year</u> <i>Length of Term</i>	▶ Per Meeting: \$ <u>220.00</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u> </u> Other
Public Relations Committee	▶ Name <u>Meyer, Larry</u> <i>(Last, First)</i> Alternate, if any <u>Bearman, M.D., David</u> <i>(Last, First)</i>	▶ <u>01 / 03 / 17</u> <i>Appt Date</i> ▶ <u>1 year</u> <i>Length of Term</i>	▶ Per Meeting: \$ <u>220.00</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u> </u> Other
Engineering Committee	▶ Name <u>Meyer, Larry</u> <i>(Last, First)</i> Alternate, if any <u>Geyer, Craig</u> <i>(Last, First)</i>	▶ <u>01 / 03 / 17</u> <i>Appt Date</i> ▶ <u>1 year</u> <i>Length of Term</i>	▶ Per Meeting: \$ <u>220.00</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u> </u> Other
Engineering Committee	▶ Name <u>Lewis, Dr. David</u> <i>(Last, First)</i> Alternate, if any <u>Geyer, Craig</u> <i>(Last, First)</i>	▶ <u>01 / 03 / 17</u> <i>Appt Date</i> ▶ <u>1 year</u> <i>Length of Term</i>	▶ Per Meeting: \$ <u>220.00</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u> </u> Other
Personnel Committee	▶ Name <u>Bearman, M.D., David</u> <i>(Last, First)</i> Alternate, if any <u>Lewis, Dr. David</u> <i>(Last, First)</i>	▶ <u>01 / 03 / 17</u> <i>Appt Date</i> ▶ <u>1 year</u> <i>Length of Term</i>	▶ Per Meeting: \$ <u>220.00</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u> </u> Other
Personnel Committee	▶ Name <u>Turenchalk, Eva</u> <i>(Last, First)</i> Alternate, if any <u>Lewis, Dr. David</u> <i>(Last, First)</i>	▶ <u>01 / 03 / 17</u> <i>Appt Date</i> ▶ <u>1 year</u> <i>Length of Term</i>	▶ Per Meeting: \$ <u>220.00</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u> </u> Other