

A PUBLIC DOCUMENT

Please type or print in ink

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	ME OF FILER (LAST) (FIRST)	(MIDDLE)
-	CLARK, MEGAN MAK	۷7
1.	Office, Agency, or Court	
	Agency Name (Do not use acronyms)	
	LAS GALINAS VALLEY SANI	ITARY DISTRICT
	Division, Board, Department, District, if applicable	Your Position
		DIRECTOR
	▶ If filing for multiple positions, list below or on an attachment. (Do no	t use acronyms)
	Agency:	Dagilian
	Agency.	Position:
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
	City of	MOTHER SPECIAL DISTRICT
3.	Type of Statement (Check at least one box)	
٠.	Annual: The period covered is January 1, 2023, through	Leaving Office: Date Left
	December 31, 2023.	(Check one circle.)
	The period covered is, through	
	December 31, 2023.	of leaving officeor-
	Assuming Office: Date assumed/	The period covered is, through
		the date of leaving office.
	Candidate: Date of Election and office so	ught, if different than Part 1:
4.	Schedule Summary (required) ► Total num	ber of pages including this cover page:
	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 (Business or Agency Address Recommended - Public Document)	STATE ZIP CODE
	101 WCAS VALLEY ROAD, S.R.	,, CA, 94903
	DAYTIME TELEPHONE NUMBER ATA 1-1721	EMAIL ADDRESS
	Lhave used all reasonable diligence in propering this eletement. Lhave	MCLARK (a) LGVSD. ORG
	herein and in any attached schedules is true and complete. I acknowle	reviewed this statement and to the best of my knowledge the information contained adge this is a public document.
	I certify under penalty of perjury under the laws of the State of Cal	
	01.01	110 1110 111
	Date Signed 2-6-24	Signature Megau Waya Suwu
	(month, day, year)	(File the originally signed paper statement with your filing official.)



Date Initial Filing Received
Filing Official Use Only

A PUBLIC DOCUMENT

Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) Murray Craig 1. Office, Agency, or Court Agency Name (Do not use acronyms) LasGallinasValleySanitaryDistrict Division, Board, Department, District, if applicable Your Position BoardMember ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: LocalAgencyFormationCommission Commissioner 2. Jurisdiction of Office (Check at least one box) State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) County of Marin Multi-County _____ City of 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2023, through December 31, 2023. (Check one circle.) -or-The period covered is January 1, 2023, through the date The period covered is _______ through of leaving office. December 31, 2023. The period covered is ___ the date of leaving office. Candidate: Date of Election _____ and office sought, if different than Part 1: __ 4. Schedule Summary (required) ► Total number of pages including this cover page: Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - 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) 101LucasValleyRoad,Suite300 SanRafael CA 94903 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS (415) 472-1734 cmurray@lgvsd.org 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 2/22/24 Signature (month, day, year) (File the originally signed paper statement with your filing official.)

SCHEDULE D Income - Gifts

CALIFORNIA FORM	700 OMMISSION
Name	

NAME OF SOURCE (Not an Acronym) BestBest&Krieger	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable) 2855E.GuastiRoad,Ste.400,OntarioCA91761	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE Legal-AnnualCALAFCoDinner	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
10 18 23 116.48 DinnerMeal	\$
	\$
	\$
NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
\$	
	\$
\$	\$
NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	\$
	\$
	\$
Comments:	



A PUBLIC DOCUMENT

Please type or print in ink.

NAN	AME OF FILER (LAST) (FIRST)	(MIDDLE)	
	ROBARDS GARY	EDWARD	
1.	. Office, Agency, or Court		
	Agency Name (Do not use acronyms) LAS GALLIMAS VALLEY Division, Board, Department, District, if applicable	SANITARY DISTRICT	
	Division, Board, Department, District, if applicable	BOARD MEMBER	
	▶ If filing for multiple positions, list below or on an attachment. (Do not use acre	onyms)	
	Agency:	Position:	
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	
	City of	Mother SPECIAL DISTRICT	
3.	. Type of Statement (Check at least one box)		
	Annual: The period covered is January 1, 2023, through December 31, 2023.	Leaving Office: Date Left/// (Check one circle.)	
	The period covered is/, through December 31, 2023.	The period covered is January 1, 2023, through the date of leaving officeor-	
	Assuming Office: Date assumed	The period covered is/, through the date of leaving office.	
	Candidate: Date of Election and office sought, if di	fferent than Part 1:	
	Schedule Summary (required) ► Total number of pages including this cover page:		
		hedule C - Income, Loans, & Business Positions – schedule attached hedule D - Income – Gifts – schedule attached	
	Schedule B - Real Property - schedule attached	hedule E - Income - Gifts - Travel Payments - schedule attached	
-0	Or- None - No reportable interests on any schedule		
5.	. Verification		
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	STATE ZIP CODE	
	101 LUCKS VALLEY RD	STE 300 SAN RAFAEL CK9490. Grobards & lausdorg	
	1095) 415 - 472 - 1734	grobards a lausalorg	
	I have used all reasonable diligence in preparing this statement. I have reviewed herein and in any attached schedules is true and complete. I acknowledge this is		
	I certify under penalty of perjury under the laws of the State of California th	nat the foregoing is true and correct.	
	Date Signed 2/27/2024 Signal	ture	

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 FAIR POLITICAL PRACTICES COMMISSION

Name

GARY ROBARDS

MAME OF BUSINESS ENTITY SCAN HAR A UTODESK (ADSK)	AUKLLO MM (QCOM
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
SDETWARE	SEMI COPDUCTORS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000\$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
(Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	(Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
MKCHINES	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$100,000 Over \$1,000,000	\$2,000 - \$10,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
DISNEY (DIS)	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
ENTERTAINMENT	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
(Describe) Partnership Income Received of \$0 - \$499	(Describe)
Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Comments:	

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

GARY	Ro	BARDS

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS YOURGSTURE DR. CITY SAN REFECT A 94903 FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$1,000,000 \$10,001 - \$1,000,000 NATURE OF INTEREST Ownership/Deed of Trust	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS CITY FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED Over \$1,000,000 DisposeD If RENTAL PROPERTY, GROSS INCOME RECEIVED \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000 SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. None
	I lending institution made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows:
NAME OF LENDER*	NAME OF LENDER*
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years) ———————————————————————————————————	INTEREST RATE TERM (Months/Years) ———————————————————————————————————
Comments:	II

SCHEDULE C Income, Loans, & Business **Positions**

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION		
GARY ROBARDS		

NAME OF SOURCE OF INCOME L KS G K-LINKT VPLICET SD ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE YOUR BUSINESS ACTIVITY, IF ANY, OF SOURCE YOUR BUSINESS POSITION S500 - 31,000	> 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
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ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE YOUR BUSINESS POSITION CROSS INCOME RECEIVED	LAS GALLINAT VALLEY SD	SOCIAL SECURITY
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GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$1,001 - \$10		
GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$1,001 - \$10,000 \$1,001 - \$1,000 \$1,001	YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000	DIRECTOR	
\$500 - \$1,000		
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) Salar (For self-employed use Schedule A-2.) Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) Commission or Rental Income, isst each source of \$10.000 or more (Describe) Commission or Rental Income, isst each source of \$10.000 or more (Describe) Other (Describe) Other (Describe) Other (Describe) Other (Describe) Other (Describe) Other (Describe) Text (Months/Years) Size of address or tested 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 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 Address Acceptable) SECURITY FOR LOAN None Personal residence Personal residence Personal residence Personal residence Personal residence Pers		
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Clascribe Clas	Loan repayment	Loan repayment
Other	Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Other		Access Control of the
* 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) ADDRESS (Business Address Acceptable) SECURITY FOR LOAN BUSINESS ACTIVITY, IF ANY, OF LENDER Mone Personal residence Real Property Street address City \$10,001 - \$100,000 OVER \$100,000 OTHER Other (Describe)	(Describe)	(Describe)
* 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) ADDRESS (Business Address Acceptable) SECURITY FOR LOAN BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$10,001 - \$10,000 Guarantor OVER \$100,000 Other (Describe)		
* 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) ADDRESS (Business Address Acceptable) SECURITY FOR LOAN BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD S500 - \$1,000 S10,001 - \$10,000 Guarantor OVER \$100,000 Other (Describe)	Transfer and	
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NAME OF LENDER* INTEREST RATE — " None ADDRESS (Business Address Acceptable) SECURITY FOR LOAN BUSINESS ACTIVITY, IF ANY, OF LENDER — Real Property — Street address — " None — Real Property — City — City — 10,001 - \$10,000 — OVER \$100,000 — OVER \$100,000 — Other — (Describe)		
ADDRESS (Business Address Acceptable) SECURITY FOR LOAN BUSINESS ACTIVITY, IF ANY, OF LENDER Real Property Street address HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$11,001 - \$100,000 OVER \$100,000 OUER \$100,000 (Describe)	regular course of business must be alcoloose as follow	
ADDRESS (Business Address Acceptable) SECURITY FOR LOAN None Personal residence Real Property Street address City \$1,001 - \$10,000 OVER \$100,000 OVER \$100,000 City Other (Describe)	NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable) SECURITY FOR LOAN None Personal residence Real Property Street address HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000 OVER \$100,000 OVER \$100,000		% None
BUSINESS ACTIVITY, IF ANY, OF LENDER None	ADDRESS (Business Address Acceptable)	
Real Property Street address		
HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000 Other (Describe)	BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000 Other (Describe)		Paul Pranady
\$500 - \$1,000 City \$1,001 - \$10,000 Guarantor \$10,001 - \$100,000 Other (Describe)	HIGHEST RALANCE DURING REPORTING PERIOD	Street address
\$1,001 - \$10,000		
Guarantor		City
OVER \$100,000 Other		Guarantor
(Describe)	j \$10,001 - \$100,000	
(Describe)	OVER \$100,000	Other
Comments:		(Describe)
	Comments:	

SCHEDULE D Income - Gifts

CALIFORNIA FORM	700 OMMISSION
Name	

NAME OF SOURCE (Not an Acronym) BestBest&Krieger	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable) 2855E.GuastiRoad,Ste.400,OntarioCA91761	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE Legal-AnnualCALAFCoDinner	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
10 18 23 116.48 DinnerMeal	\$
	\$
	\$
NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
\$	
	\$
\$	\$
NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	\$
	\$
	\$
Comments:	



A PUBLIC DOCUMENT

Please type or print in ink.

	rease type or print in ink.		
NA	VAME OF FILER (LAST) (FIRST)	(MIDDLE)	
-	rezman Crystal	Teanette	
1.	I. Office, Agency, or Court		
	Agency Name (Do not use acronyms) Las Gallinas Valley Sanitary District		
	Division, Board, Department, District, if applicable	Your Position	
	District	Board Director	
	▶ If filing for multiple positions, list below or on an attachment. (Do not	, ,	
	Agency: <u>See</u> attachment	Position:	
2.	2. Jurisdiction of Office (Check at least one box)		
	State	 Judge, Retired Judge, Pro Tern Judge, or Court Commissioner (Statewide Jurisdiction) 	
	Multi-County	County of	
	City of	Stother Special District	
3.	3. Type of Statement (Check at least one box)		
	Annual: The period covered is January 1, 2023, through December 31, 2023.	Leaving Office: Date Left/(Check one circle.)	
	The period covered is/, through December 31, 2023.	h	
	Assuming Office: Date assumed	The period covered is, through the date of leaving office.	
	Candidate: Date of Election and office sou	ght, if different than Part 1:	
4.	l. Schedule Summary (required) ► Total numb	er of pages including this cover page:	
	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.	5. Verification		
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	STATE ZIP CODE	
	DAYTIME TELEPHONE NUMBER	San Rafael, CA 94903	
	(4(5) 472-1734	Cylzman @ lvsd.org	
	I have used all reasonable diligence in preparing this statement. I have re herein and in any attached schedules is true and complete. I acknowled	eviewed this statement and to the best of my knowledge the information contained ge this is a public document.	
	I certify under penalty of perjury under the laws of the State of Calif	fornia that the foregoing is true and correct.	
	Date Signed 2/1/2024	Signature	
	(month, day, year)	(File the originally signed paper statement with your filing official.)	

Form 700: Section 1

Additional Attachments

- D East Bay Municipal Utility District
 Manager of Maintenance + Construction
- 2) California Sanitation Risk Management Authority
 Board Director

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM	
Name	

MARKET VALUE 2,000 - \$10,000 10,001 - \$100,000 Ver \$1,000,000 URE OF INTEREST Winership/Deed of Trust Leasehold Yrs. remaining Other ENTAL PROPERTY, GROSS INCOME RECEIVED 0 - \$499 \$500 - \$1,000 OVER \$100,000 RCES OF RENTAL INCOME: If you own a 10% or greater est, list the name of each tenant that is a single source of me of \$10,000 or more. None Institution made in the lender's regular course of
MARKET VALUE 2,000 - \$10,000 10,001 - \$100,000 Ver \$1,000,000 Ver \$1,000 Ver \$1,000
2,000 - \$10,000 10,001 - \$10,000 100,001 - \$1,000,000 Ver \$1,000,000 J_23 ACQUIRED DISPOSED DISPOSED DISPOSED OF STANDERST Whereship/Deed of Trust Leasehold Yrs. remaining Other ENTAL PROPERTY, GROSS INCOME RECEIVED OF - \$499 \$500 - \$1,000 OVER \$100,000 RCES OF RENTAL INCOME: If you own a 10% or greater est, list the name of each tenant that is a single source of me of \$10,000 or more. None Institution made in the lender's regular course of
egard to your official status. Personal loans and st be disclosed as follows:
ME OF LENDER*
DRESS (Business Address Acceptable)
SINESS ACTIVITY, IF ANY, OF LENDER
TEREST RATE TERM (Months/Years)
%
SHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000
\$10,001 - \$100,000 OVER \$100,000
NT