1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Maciposa County
Division, Board, Department, District, if applicable
Yosemite Alpine Community Services District
Your Position
Director

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
Agency: ____________________________
Position: ____________________________

2. Jurisdiction of Office (Check at least one box)

☐ State
☐ Multi-County
☐ City of ____________________________

☐ Judge, Retired Judge, Pro Temp Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ County of ____________________________

☐ Other

3. Type of Statement (Check at least one box)

☐ Annual: The period covered is January 1, 2021 through December 31, 2021.
☐ Leaving Office: Date Left ______/_____/______
☐ Other

☐ The period covered is January 1, 2021 through the date of leaving office.
☐ The period covered is ______/_____/______, through the date of leaving office.

☐ Assumed Office: Date assumed ______/_____/______

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: __________

Schedules attached

☐ Schedule A-1 - Investments — schedule attached
☐ Schedule A-2 - Investments — schedule attached
☐ Schedule B - Real Property — schedule attached
☐ Schedule C - Income, Loans, & Business Positions — schedule attached
☐ Schedule D - Income — Gifts — schedule attached
☐ Schedule E - Income — Gifts — Travel Payments — schedule attached

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS
STREET
(City or Agency Address Recommended - Public Document)
Box 54
Fish Camp
CA
93623

E-MAIL ADDRESS
greenbeans5@comcast.net

DAYTIME TELEPHONE NUMBER
(____) ______-______
(530) 377-2128

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 08/05/2022

Signature Charles Barry Green

File the originally signed paper statement with your filing official.
3. Verification:

☐ I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

☐ I contributed personal funds in excess of the expenditure ceiling for the election stated above.

☐ I did not exceed the expenditure ceiling in the primary or special election held on [ ]

☐ I do not accept the volunteer expenditure ceiling for the election stated above.

☐ I accept the volunteer expenditure ceiling for the election stated above.

2. State Candidate Expenditure Limit Statement:

Candidate Name: VRACO, Inc.
State: CA
Office: Director
Address: 377-2128, City, State (3333, 377-2128)