STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

1. Office, Agency, or Court

Agency Name: YOSEMITE ALPINE COMMUNITY SERVICES DISTRICT
Division, Board, Department, District, if applicable: Your Position

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

☒ State
☐ Multi-County
☐ City of
☐ County of
☐ Other

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

☒ Annual: The period covered is January 1, 2021, through December 31, 2021.
☐ Or-

The period covered is ___________ through December 31, 2021.

☐ Assuming Office: Date assumed ___________

☐ Leaving Office: Date Left ___________

☐ The period covered is January 1, 2021, through the date of leaving office.
Connell: The period covered is ___________ through the date of leaving office.

4. Schedule Summary (must complete)  Total number of pages including this cover page:

Schedules attached
☒ Schedule A - 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

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: 8-1-2022
Signature:

Print Clear
5. Verification

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

Signature of Office Holder or Candidate

By ____________________________

Date: 9-1-2022

4. Committee Information

Committee Name and ID Number

Name or Treasurer

Address

Office Address or Mailing Address

3. Office Sought or Held

EARM MARIE

Candidate for Public Office

2. Officeholder or Candidate Information

115 S 50 - 8755

NAME OF OFFICEHOLDER OR CANDIDATE

Mailing Address

City

ZIP Code

State

AERA OFIGINALE PHONE NUMBER

Optional Fax/E-mail Address

Resident Address

Position or Occupation

Office Contact or RED

1. Statement Covers Calendar Year

Form 470 Filed California

FPPC Form 470, Supplement (January 2019)

Signature of Office Holder or Candidate

By ____________________________

Date: 9-1-2022

Exhibit on

11-8-2022

Form 470 Supplement - Candidate Statement - Officeholder and Candidate

For Office Use Only

EARM MARIE

AMENDMENT (Each Box)

FORM 470 CALIFORNIA

Filed