# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Filing Official Use Only

A PUBLIC DOCUMENT

McK. C.S.D.

advice@fppc.ca.gov • 866-275-3772 • www.fppc.ca.gov

Please type or print in ink.			TALK. C.S.
NAME OF FILER (LAST)	/E/Dozy		
Orsini	(FIRST) Gregory	(MIDDLE)	
1. Office, Agency, or Court	Oregory	Р	
Agency Name (Do not use acronyms)			<del></del>
McKinleyville Community Services E	District		
Division, Board, Department, District, if applicable	e	Your Position	
		Board Member	
► If filing for multiple positions, list below or on	an attachment (Do not	Doard Metuber	
Agency: McKinleyville Municipal Advise	100 1101	use acronyms)	
Agency:Agency:	ory Committee	Position: Board Member	
Jurisdiction of Office (Check at least of			
State	ле рох)		
Grane		Judge, Retired Judge, Pro Tem J	Urigo or Court Court
Multi-County		(Statewide Jurisdiction)	4490, or Court Commissioner
Multi-County		County of	
City of		Other McKinleyville CSD	
Type of Statement (Check at least one b	lox)		
Annual: The period covered is January 1, 20	10A)		
December 31, 2021.	ızı, unrougn	Leaving Office: Date Left	
The period covered is/	, , ,	(Check one	circle.)
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Assuming Office: Date assumed/_	,	-OF-	
		The period covered is the date of leaving office.	, through
Candidate: Date of Election	and office sought	the date of leaving office,	-
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Schedule Summary (must complete) Schedules attached	► Total number	of pages including this cover pag	e.
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#### STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

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Date Inite Office Use Only

FEB 0 2 2022

Please type or print in ink.					
NAME OF FILER (LAST)	(FIRST)	(MIDDLE) MCK. C.S.D.			
Couch	David	Robert			
1. Office, Agency, or Court					
Agency Name (Do not use acronyms	)				
McKinleyville Community Se	rvices District				
Division, Board, Department, District,	f applicable	Your Position			
		Board Member			
► If filing for multiple positions, list be	slow or on an attachment. (Do no	ot use acronyms)			
Agency: Humboldt Local Agen	cy Formation Commission	Position: Alternate Director			
2. Jurisdiction of Office (Check	at least one box)				
State		<ul> <li>Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)</li> </ul>			
Multi-County		County of			
City of		Cther McKinleyville CSD			
3. Type of Statement (Check at	least one hox)				
Annual: The period covered is J December 31, 2021.	•	Leaving Office: Date Left/			
-Oľ-	, throug	•			
Assuming Office: Date assumed	I/	☐ The period covered is/, through the date of leaving office.			
Candidate: Date of Election	and office sou	ght, if different than Part 1:			
4. Schedule Summary (must o	omplete) ► Total numb	per 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 - s	schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached			
-or- No reportable in	lerests on any schedule				
5. Verification	- Olmi				
MAILING ADDRESS STREET (Business or Agency Address Recommended - Pu	DITY (CITY)	STATE ZIP CODE			
1656 Sutter Road	McK	Cinleyville CA 95519			
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS			
( 707 ) 839-3251	renaring this statement. I have re	dcouch@mckinleyvillecsd.com			
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contain herein and in any attached schedules is true and complete. I acknowledge this is a public document.					
I certify under penalty of perjury und	er the laws of the State of Calif	fornia that the foregoing is true and correct.			
Data Cirmod A 2 A C	)	Sand / La al			
Date Signed 2 - 2 - 2 (month, def, ye	er)	Signature			

#### CALIFORNIA FORM 7 FAIR POLITICAL PRACTICES COMMISSION

#### STATEMENT OF ECONOMIC INTERESTS Date Initial Filing Received **COVER PAGE**

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Please type or print in ink.				entr. C.D.D.	
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)	·····	
Binder	Scott		William		
1. Office, Agency, or Court	· · · · · · · · · · · · · · · · · · ·				
Agency Name (Do not use acronym	s)			HF to	
McKinleyville Community Se	ervices District				
Division, Board, Department, District,	if applicable	Your F	osition		
		Boa	rd of Directors		
► If filing for multiple positions, list b	elow or on an attachment. (Do	not use acronyms)			
see attached list					
Agency: see attached list		Positi	on:		
2. Jurisdiction of Office (Chec	k at least one box)				
State		[ ] Juda	e, Retired Judge, Pro Tem Jud	dae or Court Commissioner	
Otale			wide Jurisdiction)	ige, or court commissioner	
Multi-County		Cour	ity of		
City of			Mckinleyville CSD		
	<del></del>		·		
3. Type of Statement (Check a					
Annual: The period covered is December 31, 2021.	January 1, 2021, through	Lea	ving Office: Date Left(Check one		
The period covered is December 31, 2021.	, thro		The period covered is January leaving office.	1, 2021, through the date of	
Assuming Office: Date assume	ed/		The period covered is/. the date of leaving office.	, through	
Candidate: Date of Election	and office s	sought, if different tha	n Part 1:		
4. Schedule Summary (must	complete) > Total nu	mber of pages in	ncluding this cover pag	ie:	
Schedules attached	· · · · · · · · · · · · · · · · · · ·	o. o. pagoo	, order of page		
Schedule A-1 - Investments -	schedule attached		- Income, Loans, & Business		
Schedule A-2 - Investments -		·	- Income - Gifts - schedule a		
Schedule B - Real Property -	schedule attached	Schedule E	- Income – Gifts – Travel Pay	ments – schedule attached	
-or- None - No reportable	nterests on any schedule				
5. Verification		ev.	OTATE	ZID OODE	
MAILING ADDRESS STREET (Business or Agency Address Recommended -	CI Public Document)	ΤΫ́	STATE	ZIP CODE	
1656 Sutter Road	M	lcKinleyville	CA	95519	
DAYTIME TELEPHONE NUMBER		EMAIL ADDRES			
( 707 ) 839-3251			mckinleyvillecsd.com	vuladas the information contained	
herein and in any attached schedules	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 u	nder the laws of the State of C	California that the fo	regoing is true and correct.		
ar.100		<b>0</b> 1 4	fall.		
Date Signed <u>ストルス</u>	year)	Signature	(File the originally signed paper state)	ment with your filing official.)	
Assessed well					

Attachment to Form 700

**Scott Binder** 

Multiple Agency Filing:

Agency

Redwood Region Economic Development Commission

McKinleyville Municipal Advisor Commission

**Alternate Board Member** 

Alternate Member



#### STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Date Initial-Filling Received

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NAI	ME OF FILER (LAST)	(FIRST)			(MIDDLE)		McK. C.S.D.
K	aspari	Patrick			Franklin		
1.	Office, Agency, or Court					·	
	Agency Name (Do not use acronyms)				- · · · · · · · · · · · · · · · · · · ·		
	McKinleyville Community Service						
	Division, Board, Department, District, if appli	cable	Y	our Position			
			1	General Manage	∍r		
▶ If filling for multiple positions, list below or on an attachment. (Do not use acronyms)							
	McKinleyville Municipal Ad	tvisory Committee	_	Position: Committee	ee Member		
	Agency: McKinleyville Municipal Ac			Position:			
2.	Jurisdiction of Office (Check at le						
	State	•		Judge, Retired Judge	e, Pro Tem Jud	ge, or Co	urt Commissioner
				(Statewide Jurisdictio		•	
	Multi-County			County of			
	City of			Other Mckinleyv	rille CSD		
3	Type of Statement (Check at least						
J.	Annual: The period covered is Januar			Leaving Office: Da	ate Left	1 1	
	December 31, 2021.	y 1, 2021, triough	لــا	Leaving Office. De	(Check one		
	-or- The period covered is	/, thr	ough	☐ The period cove	ered is January	1, 2021,	through the date of
	December 31, <b>2021</b> .			leaving office.			,
	Assuming Office: Date assumed			☐ The period cover the date of leavi			, through
	Candidate: Date of Election	and office	sought, if differe	nt than Part 1:			
4	Schedule Summary (must com	plete) ► Total nu	mber of pag	es including this	s cover pag	e:	
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			Schedu	ule C - Income, Loan	ns & Business	Positions	schedule affached
	Schedule A-1 - Investments – sched			ule D - Income - Gift	· ·		
	Schedule B - Real Property - sched		Sched	<b>ule E -</b> Income – Gift	ts – Travel Pay	ments – s	chedule attached
-(	or- 🔳 None - No reportable intere	sts on any schedule					
5.	Verification						
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public D		ETY .		STATE	Zl	P CODE
	1656 Sutter Road		/icKinleyville		CA	g	95519
	DAYTIME TELEPHONE NUMBER		EMAIL AL	DRESS	·		
	( 707 ) 839-3251			oari@mckinleyvi			
	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contain herein and in any attached schedules is true and complete. I acknowledge this is a public document.						e information contained
	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.						
	111 /0-00	_		/21/_	_		•
	Date Signed 2/15(2522)		Signature	(FileAthe original	lly signed paper state	ment with you	r filing official.)
-	(month, day, year)			- /		•	

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# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

#### STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

A PUBLIC DOCUMENT

RECEIVED
Date Initial Filing Received
Filing Official Use Only
FEB 0 4 2022

Please type or print in ink.	•	`	McK. C.S.D.		
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)	O.D.D.		
Peterson	Joellen	Clark			
1. Office, Agency, or Court					
Agency Name (Do not use acronyms)	<del></del>				
McKinleyville Community Service	es District				
Division, Board, Department, District, if app	licable	Your Position			
*		Board of Directors			
► If filing for multiple positions, list below	or on an attachment. (Do not u	ise acronyms)			
Agency: Redwood Region Econor	nic Development Comm	ission Position: Board Member			
2. Jurisdiction of Office (Check at a	least one box)				
State	·	Judge, Retired Judge, Pro Tem Judg (Statewide Jurisdiction)	ge, or Court Commissioner		
Multi-County		County of			
City of	0	Makialara illa CCD	•		
3. Type of Statement (Check at leas					
Annual: The period covered is Janua December 31, 2021.	•	Leaving Office: Date Left	/ ircle.)		
-or- The period covered is December 31, 2021.	_/, through	The period covered is January leaving office.			
Assuming Office: Date assumed		☐ The period covered is/_ the date of leaving office.	, through		
Candidate: Date of Election	and office sough	it, if different than Part 1:			
4. Schedule Summary (must con	iplete) > Total numbe	r of pages including this cover page	•		
Schedules attached	- Poem number	or pages molacing this cover page			
Schedule A-1 - Investments - sche	dule attached	Schedule C - Income, Loans, & Business F	ositions – schedule attached		
Schedule A-2 - Investments - sche	dule attached [	Schedule D - Income Gifts schedule at	ached		
Schedule B - Real Property - sche	dule attached	Schedule E - Income - Gifts - Travel Paym	nents – schedule attached		
-or- None - No reportable intere	sts on any schedule		,		
5. Verification		A CONTRACTOR OF THE CONTRACTOR			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public D	CITY Occument)	STATE	ZIP CODE		
1656 Sutter Road	•	nleyville CA	95519		
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS			
( 707 ) 839-3251		jclark-peterson@mckinleyvillecsd			
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contains herein and in any attached schedules is true and complete. I acknowledge this is a public document.					
I certify under penalty of perjury under t	he laws of the State of Califor	mia that the foregoing is true and correct.			
Date Signed 4 Feb. 202		Signature Dev			
(month, day, year)		(File the originally signed paper statement	ent with your filing official.)		

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### CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

### STATEMENT OF ECONOMIC INTERESTS RECeived COVER PAGE

A PUBLIC DOCUMENT

APR 0 1 2022

Ple	ease type or print in ink.					
NA	ME OF FILER (LAST)	(FIRST)		(MIDDLE)	Name J. S. I.	
N	/layo	Dennis		R		
1.	Office, Agency, or Court			100		
	Agency Name (Do not use acronyms)  McKinleyville Community Services Dist	<b>ric</b> t	W-1111			
	Division, Board, Department, District, if applicable		Your Po	sition		
			Boar	d Member		
	► If filing for multiple positions, list below or on an	attachment. (Do not use	e acronyms)			
	Agency: Association of California Water	Agencies	Position	Board Member		
<del>2</del> .	Jurisdiction of Office (Check at least one	box)				
	☐ State			, Retired Judge, Pro Tem J vide Jurisdiction)	ludge, or Court Commissioner	
	Multi-County		Count	y of		
	City of			McKinleyville CSD	y diameter	
3.	Type of Statement (Check at least one bo	x)				
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	Assuming Office: Date assumed/_		T	he period covered is e date of leaving office.	_/, through	
	Candidate: Date of Election	and office sought,	if different than	ı Part 1:		
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	Schedule A-2 - Investments - schedule atta		₫ '	Income - Giffs - schedule		
	Schedule B - Real Property – schedule atta	ched	Scheaule E -	income – Gitts – Travei P	ayments – schedule attached	
-(	or- None - No reportable interests on	any schedule				
<u> </u>	Verification					
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY		STATE	ZIP CODE	
	1656 Sutter Road	McKinl	leyville	CA	95519	
	DAYTIME TELEPHONE NUMBER ( 707 ) 839-3251		EMAIL ADDRESS	nckinleyvillecsd.com		
	I have used all reasonable diligence in preparing this		wed this statem	ent and to the best of my k	nowledge 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.					
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	Date Signed 4/1/2/2_ (month, day, year)		ignature	(File the originally signed paper st	atement with your filing official )	
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