



STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
CLARK MEGAN MARY

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
LAS GALLINAS VALLEY SANITARY DISTRICT
Division, Board, Department, District, if applicable
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 Tem Judge, or Court Commissioner (Statewide Jurisdiction)
County of
Other SPECIAL DISTRICT

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

- Annual: The period covered is January 1, 2024, through December 31, 2024.
Leaving Office: Date Left
The period covered is January 1, 2024, through the date of leaving office.
Assuming Office: Date assumed
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 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

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
1001 LUCAS VALLEY ROAD, SR. CA. 94903
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(415) 472-1734 MCLARK@LVSD.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 2-19-25 (month, day, year)

Signature Megan Mary Clark (File the originally signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS
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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
LAVROV NICHOLAS

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

LAS GALINAS VALLEY SANITARY DISTRICT

Division, Board, Department, District, if applicable

Your Position

BOARD OF 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

Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

Multi-County _____

County of _____

City of _____

Other SPECIAL DISTRICT

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

Annual: The period covered is January 1, 2024, through
December 31, 2024.

Leaving Office: Date Left _____
(Check one circle below.)

-or-

The period covered is _____, through
December 31, 2024.

The period covered is January 1, 2024, through the date of
leaving office.

-or-

Assuming Office: Date assumed _____

The period covered is _____, through
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 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

STATE

ZIP CODE

(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER

(415) 472-1734

EMAIL ADDRESS

tlcrch@lgsd.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

3/6/2025

(month, day, year)

Signature



(File the originally signed paper statement with your filing official.)

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name _____

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME: FEDERAL ENERGY
MANAGEMENT AGENCY

ADDRESS (Business Address Acceptable):
UKIAH, CA OAKLAND, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE: _____

YOUR BUSINESS POSITION:
FIELD MANAGER ENVIRONMENTAL
PROTECTION SPECIALIST

GROSS INCOME RECEIVED: No Income - Business Position Only
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED:
 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.)
 Sale of _____
(Real property, car, boat, etc.)
 Loan repayment
 Commission or Rental income (at least amount of \$10,000 or more)

(Describe)
 Other: _____
(Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME: FELTON INSTITUTE

ADDRESS (Business Address Acceptable):
OAKLAND, CA ALAMEDA, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE: _____

YOUR BUSINESS POSITION:
EMERGENCY MEDICAL TECHNICIAN

GROSS INCOME RECEIVED: No Income - Business Position Only
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED:
 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.)
 Sale of _____
(Real property, car, boat, etc.)
 Loan repayment
 Commission or Rental income (at least amount of \$10,000 or more)

(Describe)
 Other: _____
(Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* 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: _____

ADDRESS (Business Address Acceptable): _____

BUSINESS ACTIVITY, IF ANY, OF LENDER: _____

HIGHEST BALANCE DURING REPORTING PERIOD:
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE: _____ None

TERM (Months/Years): _____

SECURITY FOR LOAN:
 None Personal residence
 Real Property: _____
Street address

City
 Quarters: _____
 Other: _____
(Describe)

Comments: _____

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Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Murray	Craig	K.

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
Las Gallinas Valley Sanitary District

Division, Board, Department, District, if applicable	Your Position
<u>District Board of Directors</u>	<u>Board Director</u>

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

Agency: Marin LAFCo Position: Commissioner - Special District Regular Seat

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

<input checked="" type="checkbox"/> State	<input type="checkbox"/> Judge, Retired Judge, Pro Tem Judge, or Court Commissioner <i>(Statewide Jurisdiction)</i>
<input type="checkbox"/> Multi-County _____	<input checked="" type="checkbox"/> County of <u>Marin</u>
<input type="checkbox"/> City of _____	<input type="checkbox"/> Other _____

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

<input checked="" type="checkbox"/> Annual: The period covered is January 1, 2024, through December 31, 2024.	<input type="checkbox"/> Leaving Office: Date Left _____ <i>(Check one circle below.)</i>
-or- The period covered is _____, through December 31, 2024.	<input type="checkbox"/> The period covered is January 1, 2024, through the date of leaving office.
<input type="checkbox"/> Assuming Office: Date assumed _____	-or- <input type="checkbox"/> The period covered is _____, through the date of leaving office.
<input type="checkbox"/> 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

<input type="checkbox"/> Schedule A-1 - <i>Investments</i> – schedule attached	<input type="checkbox"/> Schedule C - <i>Income, Loans, & Business Positions</i> – schedule attached
<input type="checkbox"/> Schedule A-2 - <i>Investments</i> – schedule attached	<input checked="" type="checkbox"/> Schedule D - <i>Income – Gifts</i> – schedule attached
<input type="checkbox"/> Schedule B - <i>Real Property</i> – schedule attached	<input type="checkbox"/> Schedule E - <i>Income – Gifts – Travel Payments</i> – schedule attached

-or- **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
<i>(Business or Agency Address Recommended - Public Document)</i>				
101 Lucas Valley Road, Suite 300		San Rafael	CA	94903
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
(415) 472-1734		cmurray@lgvdsd.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 2/20/25
(month, day, year)

Signature _____
(File the originally signed paper statement with your filing official.)

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name _____

▶ NAME OF SOURCE *(Not an Acronym)*
Best Best & Krieger

ADDRESS *(Business Address Acceptable)*
2855 E. Guasti Road, Suite 400, Ontario, CA 91761

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legal - Annual CALAFCo Dinner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10/29/24</u>	<u>94.36</u>	<u>Dinner Meal</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: _____

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Filing Official Use Only

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Robards	Gary	Edward

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Las Gallinas Valley Sanitary District

Division, Board, Department, District, if applicable _____ Your Position
Director

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

Agency: North Bay Water Reuse Authority Position: Director

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

<input type="checkbox"/> State	<input type="checkbox"/> Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
<input checked="" type="checkbox"/> Multi-County Marin, Sonoma, Napa -NBWRA	<input checked="" type="checkbox"/> County of Marin - LGVSD
<input type="checkbox"/> City of _____	<input type="checkbox"/> Other _____

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

<input checked="" type="checkbox"/> Annual: The period covered is January 1, 2024, through December 31, 2024.	<input type="checkbox"/> Leaving Office: Date Left _____ (Check one circle below.)
-or- The period covered is _____, through December 31, 2024.	<input type="checkbox"/> The period covered is January 1, 2024, through the date of leaving office.
<input type="checkbox"/> Assuming Office: Date assumed _____	-or- <input type="checkbox"/> The period covered is _____, through the date of leaving office.
<input type="checkbox"/> Candidate: Date of Election _____ and office sought, if different than Part 1: _____	

4. Schedule Summary (required)

► Total number of pages including this cover page: 2

Schedules attached

<input checked="" type="checkbox"/> Schedule A-1 - Investments – schedule attached	<input type="checkbox"/> Schedule C - Income, Loans, & Business Positions – schedule attached
<input type="checkbox"/> Schedule A-2 - Investments – schedule attached	<input type="checkbox"/> Schedule D - Income – Gifts – schedule attached
<input type="checkbox"/> Schedule B - Real Property – schedule attached	<input type="checkbox"/> Schedule E - Income – Gifts – Travel Payments – schedule attached

-or- **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
<i>(Business or Agency Address Recommended - Public Document)</i>				
101 Lucas Valley Road, Suite 300		San Rafael	CA	94903
DAYTIME TELEPHONE NUMBER			EMAIL ADDRESS	
(415) 472-1734			grobards@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 2/25/2025
(month, day, year)

Signature 
(File the originally signed paper statement with your filing official.)

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 700
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name Gary Robards

▶ NAME OF BUSINESS ENTITY
Autodesk (ADSK)

GENERAL DESCRIPTION OF THIS BUSINESS
Software

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)

Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 24 / / 24
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Qualcomm (QCOM)

GENERAL DESCRIPTION OF THIS BUSINESS
Wireless Communication

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)

Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 24 / / 24
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Caterpillar (CAT)

GENERAL DESCRIPTION OF THIS BUSINESS
Manufacturer Construction Equipment

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)

Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 24 / / 24
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Carnival Corporation

GENERAL DESCRIPTION OF THIS BUSINESS
Travel

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)

Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 24 / / 24
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Disney Walt Co (DIS)

GENERAL DESCRIPTION OF THIS BUSINESS
Entertainment

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)

Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 24 / / 24
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)

Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 24 / / 24
 ACQUIRED DISPOSED

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
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Filing Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Yezman Crystal J

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Las Gallinas Valley Sanitary District

Division, Board, Department, District, if applicable

Board of Directors

Your Position

Board Member

▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: *See attached for additional positions

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 _____

Other **Special District**

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

Annual: The period covered is January 1, 2024, through December 31, 2024.

Leaving Office: Date Left ____/____/_____
(Check one circle below.)

-or-

The period covered is ____/____/_____, through December 31, 2024.

The period covered is January 1, 2024, through the date of leaving office.

-or-

Assuming Office: Date assumed ____/____/_____

The period covered is ____/____/_____, through 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 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	STATE	ZIP CODE
<i>(Business or Agency Address Recommended - Public Document)</i>				
101 Lucas Valley Rd, Suite 300		San Rafael	CA	94903
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS			
(415) 785-1734	cyezman@lgsd.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 03/05/2025
(month, day, year)

Signature 
(File the originally signed paper statement with your filing official.)

Crystal Yezman

Form 700: Additional Attachments

Section 1 - If filing for multiple positions, list below or on an attachment. *(Do not use acronyms)*

- 1) California Sanitation Risk Management Association – Board of Directors
- 2) East Bay Municipal Utilities District – Manager of Maintenance and Construction/Water Operations

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name
Crystal Yezman

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
180-144-03

CITY
San Rafael, CA

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____/_____/23 _____/_____/23
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

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

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
180-144-01

CITY
San Rafael, Ca

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____/_____/23 _____/_____/23
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

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

* You are not required to report loans from a commercial lending institution 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* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE TERM (Months/Years)
 _____% None _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE TERM (Months/Years)
 _____% None _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: _____

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name
Crystal Yezman

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
<p>NAME OF SOURCE OF INCOME <u>Santa Venetia Community Center</u></p> <p>ADDRESS (Business Address Acceptable) <u>830 La Playa Way, San Rafael, Ca 94903</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>501(c)(3) Non-Profit Public Benefit Corp</u></p> <p>YOUR BUSINESS POSITION <u>Executive Director</u></p> <p>GROSS INCOME RECEIVED <input checked="" type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <small>(For self-employed use Schedule A-2.)</small> <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <small>(Describe)</small> <input checked="" type="checkbox"/> Other <u>NO Income Received</u> <small>(Describe)</small></p>	<p>NAME OF SOURCE OF INCOME _____</p> <p>ADDRESS (Business Address Acceptable) _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE _____</p> <p>YOUR BUSINESS POSITION _____</p> <p>GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <small>(For self-employed use Schedule A-2.)</small> <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <small>(Describe)</small> <input type="checkbox"/> Other _____ <small>(Describe)</small></p>

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* 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:

<p>NAME OF LENDER* _____</p> <p>ADDRESS (Business Address Acceptable) _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF LENDER _____</p> <p>HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000</p>	<p>INTEREST RATE _____% <input type="checkbox"/> None</p> <p>TERM (Months/Years) _____</p> <p>SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ <small style="margin-left: 150px;">Street address</small> <small style="margin-left: 150px;">City</small> <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ <small style="margin-left: 150px;">(Describe)</small></p>
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Comments: _____

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
Yezman, Crystal J.

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

- Mark either the gift or income box.
- Mark the “501(c)(3)” box for a travel payment received from a nonprofit 501(c)(3) organization or the “Speech” box if you made a speech or participated in a panel. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)
Ministry of Foreign Affairs Denmark
 ADDRESS (Business Address Acceptable)
CONSULATE GENERAL OF DENMARK, SILICON VALLEY 299
CALIFORNIA AVE. SUITE 200
 CITY AND STATE
Palo Alto, CA 94306

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Fact Finding Trip to Denmark

DATE(S): 04 / 20 / 24 - 04 / 29 / 24 AMT: \$ 2,656.00
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description Flight, hotel, meals and local
travel

▶ If Gift, Provide Travel Destination Denmark (Various Cities)

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ___/___/___ - ___/___/___ AMT: \$ ___
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ___/___/___ - ___/___/___ AMT: \$ ___
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ___/___/___ - ___/___/___ AMT: \$ ___
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

Comments: _____