CLERK OF THE BOARD

## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

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

A PUBLIC DOCUMENT

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NAN	ME OF FILER (LAST)	(FIRST)		(MIDDLE)		
So	cott	Debra		Sue		
1.	Office, Agency, or Court					
	Agency Name (Do not use acronyms) Cambria Community Service					
	Division, Board, Department, District, i	fapplicable	Your Po	sition		
	Board		Direct	or, Vice President		
	If filling for multiple positions, list below or on an attachment. (Do not use acronyms)					
	Agency:		Position			
2.	Jurisdiction of Office (Check	k at least one box)				
	State			Retired Judge, Pro Tem Jud vide Jurisdiction)	ge, or Court Commissioner	
	Multi-County		County	y of		
	City of Cambria, California		Other			
3.	Type of Statement (Check at	least one box)				
	Annual: The period covered is 3 December 31, 2023.		Leav	ing Office: Date Left(Check one	JJcircle.)	
	The period covered is _ December 31, 2023.	, thro		he period covered is January fleaving office.	1, 2023, through the date	
	Assuming Office: Date assume	d/		ne period covered is/_ e date of leaving office.	, through	
	Candidate: Date of Election	and office s	sought, if different than	Part 1:		
4. Schedule Summary (required) ► Total number of pages including this cover page: 1					e: 1	
	Schedules attached					
Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - sc						
	Schedule A-2 - Investments – schedule attached		Schedule D - Income - Gifts - schedule attached			
	Schedule B - Real Property -	schedule attached	Schedule E -	Income - Gifts - Travel Pay	ments – schedule attached	
-Or- None - No reportable interests on any schedule						
	Verification	nerests on any senedate				
	MAILING ADDRESS STREET		ITY	STATE	ZIP CODE	
	(Business or Agency Address Recommended -		ambria	CA	93428	
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS			
			dscott@ca	mbriacsd.org; psychds	s1952@gmail.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 contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.					
	I certify under penalty of perjury un	certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
	Date Signed 1/16/2024		Signatu(			
	Date Signed 1/16/2024 (month, day,	yoar)	4.gilata	(File the originally signed paper state	ment 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 FAIR POLITICAL PRACTICES COMMISSION
Name

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Scott Consulting and Investment, LLC	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Nurse Consulting and real estate investment	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock (Describe)
Partnership Income Received of \$0 - \$499	Partnership Income Received of \$0 - \$499
Income Received of \$500 or More (Report on Schedule C)	☐ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
GENERAL DESCRIPTION OF THIS BUSINESS	SERENCE SECOND FIGURE STATES
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	\$100,001 - \$1,000,000 Over \$1,000,000
	ALLTHON OF MAJESTAFAT
NATURE OF INVESTMENT	NATURE OF INVESTMENT Stock Other
Stock Other (Describe)	(Describe)
Partnership Income Received of \$0 - \$499	Partnership Income Received of \$0 - \$499
Income Received of \$500 or More (Report on Schedule C)	☐ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
NAME OF BOSINESS ENTITY	I NAME OF BOSINESS ENTITY
OFFICE A PROPRIETION OF THE PROPERTY	OFNEDAL RECORDSTION OF THE RUSINESS
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
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	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe)	(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:
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ACQUIRED DISPOSED	ACQUIRED DISPOSED
ACMUIRED DISPOSED	ACCOUNTED DISPUSED
Comments:	