



STATEMENT OF ECONOMIC INTERESTS COVER PAGE A PUBLIC DOCUMENT

Date Initial Filing Received 01/15/2025 09:43:51

E-Filed 01/15/2025 09:43:51 Filing ID: 212803784

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) Aguirre, David

1. Office, Agency, or Court

Agency Name (Do not use acronyms) SAN LUIS OBISPO COUNTY Division, Board, Department, District, if applicable Cambria CSD Your Position Facilities & Resources Manager

Agency: Position:

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

- State, Multi-County California, City of CAMBRIA, Judge, Retired Judge, Pro Tem 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, 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, 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: 1

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 2150 #1-A Main St. P.O. Box 65 CAMBRIA Ca 93428 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS (805) 721-1900 daguirre@cambriacsd.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 01/15/2025 (month, day, year)

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