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CALIFORNIA FORM	

FAIR POLITICAL PRACTICES COMMISSION

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

A PUBLIC DOCUMENT

NAME OF FILER       (LAST)       (PRST)       (RUDOLE)         NOME OF FILER       (LAST)       (RUDOLE)         NOME OF FILER       (LAST)       (RUDOLE)         NOME OF FILER       (LAST)       (RUDOLE)         NUME OF FILER       (LAST)       (RUDOLE)         State       (RUDOLE)       (RUDOLE)         Agency hame       (Denotine accompute)       (RUDOLE)         Owners all construct converses       (Runor all converses)       (Runor all converses)         Agency hame       Position:       (Runor all converses)       (Runor converses)         Agency immediate Automatic Converses       (Runor converses)       (Runor converses)       (Runor converses)         State       (Runor converses)       (Runor converses)       (Runor converses)       (Runor converses)         (Runor converses)       (Runor converses)       (Runor converses)       (Runor converses)       (Runor converses)         (Runor converses)       (Runor converses)       (Runor converses)       (Runor converses)       (Runor converses)         (Runor converses)       (Runor converses)       (Runor converses)       (Runor converses)       (Runor converses)       (Runor converses)       (Runor converses)       (Runor converses)       (Runor converses)       (Runor converses)       (Runor co	Ple	ease type or print in ink								
1. Office, Agency, or Court         Agency Name: (Do not use accorgres)         Sat LTIS GRIZED CONSTY         Division, Board, Department, Disinci, II applicable         Qambria (28)         Agency         If fling for multiple positions, list below or on an attachment. (Do not use accorgres)         Agency.         Quereral Manager         If fling for multiple positions, list below or on an attachment. (Do not use accorgres)         Agency.         Quitisdiction of Office (Check at loast one box)         State         State         City of         X Annual: The period covered is January 1. 2024, through December 31, 2024.         Portion Created is January 1. 2024, through December 31, 2024.         Portion Created is January 1. 2024, through December 31, 2024.         Portion Created is J. 2024.         Portion Created Science J. 2024.         Portion Created Sciencres - Schedule attached         <	NA	ME OF FILER (LAST)	(FIRST)			(MIDDLE)				
Agency Name (20 not use acronyms)         SMI LTIS OBLEPO COUNTY         Decision, Board, Department, District, if applicable       Your Position         Camber 1a CSD       General Manager         If fling for multiple positions, list below or on an attachment. (20 not use acronyms)         Agency       Position:         2. Jurisdiction of Office (Check at least one box)       Indige Relied Judge, Pro tem Judge, or Court Commissioner (Statewide Jurisdiction)         Multi-County       State         City of       County of Sam Luis Obstepo         City of       Other Camber 1a Community Services District         3. Type of Statement (Check at least one box)       Integrating Office: Date Left	M	CElhenie, Matthew								
BAN LUIS 0818PC COUNTY         Diblion, Board, Department, District, If applicable       Your Pesition         Combria 053D       General Manager         > If fling for multiple positions, list below or on an attachment. (Do not use acronyms)         Agency:       Position:         2. Jurisdiction of Office (Check at least one box)       Judge, Refred Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)         Bitale       Judge, Refred Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)         City of       Son Turis 0 Differ: Cambria Community Services District.         3. Type of Statement (Check at least one box)       Son Turis 0 Differ: Date Left	1.	Office, Agency, or	r Court							
Design, Board, Department, District, if applicable       Your Position         Camber is CSD       General Manager         If filing for multiple positions, list below or on an attachment. (Do not use acronyms)       Agency:         Agency:       Position:         2. Jurisdiction of Office (Check at least one box)       State         State       Dudge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Judge, Dro Tem Judge, or Court Commissioner (Statewide Judge)         Multi-County       El County of San Luis obliapo         City of       State         Office:       Camber is Community: Services District         3. Type of Statement (Check at least one box)       El County of San Luis obliapo         Candidate:       Date operation 2024.         -or-       The period covered is January 1, 2024, through       Leaving Office: Date Left         December 31, 2024.       Other Camberial Community: Services District         Assuming Office:       Date Submary 1, 2024, through       December 31, 2024.         -or-       The period covered is January 1, 2024, through       December 31, 2024.         -or-       Candidate: Date of Election       and office sought, if different than Part 1:         4. Schedule B to Election       and office sought, if different than Part 1:       Image: Schedule A1 - Investments - schedule attached         Schedule B		Agency Name (Do not	use acronyms)					_		
Camber is CSD       General Manager <ul> <li>If fling for multiple positions, list below or on an attachment. (Do not use accoryms)</li> <li>Agency:</li> <li>Position:</li> <li>Qurisdiction of Office (Check at least one box)</li> <li>State</li> <li>State</li> <li>State</li> <li>State</li> <li>County of San Luis Obiepo</li> <li>City of</li> <li>County of San Luis Obiepo</li> <li>City of</li> <li>Statement (Check at least one box)</li> <li>State (Statewide Luisdiction)</li> <li>Will County</li> <li>County of San Luis Obiepo</li> <li>City of</li> <li>Statement (Check at least one box)</li> <li>Control of Statement one of the leaving office: one check leaving office: one check leaving o</li></ul>	SAN LUIS OBISPO COUNTY									
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If fling for multiple positions, list below or on an attachment. (Do not use acronyms)      Agency:	Cambria CSD General Manager									
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•or       (Check one circle below)         •or       The period covered is	3.	Type of Statemer	nt (Check at least one box)							
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4. Schedule Summary (required)       ► Total number of pages including this cover page:		Assuming Office:	Date assumed//				_/, through			
4. Schedule Summary (required)       ► Total number of pages including this cover page:	<b>Candidate:</b> Date of Election and office sought if different than Part 1:									
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 D - Income - Gifts - schedule attached         -Or- Image: None - No reportable interests on any schedule       Schedule E - Income - Gifts - Travel Payments - schedule attached         5. Verification       Image: None - No reportable interests on any schedule         Mailing ADDRESS       STREET         CITY       STATE         Po Box 65       Cambria         CA       93428         MAIL ADDRESS       Image: None - Row in 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       02/10/2025	4.			otal number	of page	es including this cover pa	age:			
Concent of the information of solidout datasets         Schedule A-2 - Investments - schedule attached         Schedule B - Real Property - schedule attached         Schedule B - Real Property - schedule attached         Schedule E - Income - Gifts - Travel Payments - schedule attached         -Or- Image: None - No reportable interests on any schedule         5. Verification         Mailing ADDRESS       STREET         (Business or Agency Address Recommended - Public Document)         Po Box 65       Cambria         DAYTIME TELEPHONE NUMBER         (Bo5 ) 927-6230         Inave 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       02/10/2025		Schedules allac	neu							
Schedule B - Real Property - schedule attached       Schedule E - Income - Gifts - Travel Payments - schedule attached         -Or- X None - No reportable interests on any schedule         5. Verification         MalLING ADDRESS       STREET         OB Dax 65       Cambria         CA       93428         DAYTIME TELEPHONE NUMBER       EMAIL ADDRESS         (805) 927-6230       mmcelhenie@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       02/10/2025		Schedule A-1 -	Investments – schedule attached							
-Or- Image: None - No reportable interests on any schedule         5. Verification         MAILING ADDRESS       STREET         (Business or Agency Address Recommended - Public Document)       CITY       STATE         Po Box 65       Cambria       CA         DAYTIME TELEPHONE NUMBER       EMAIL ADDRESS         (B05) 927-6230       mmcelhenie@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       02/10/2025		Schedule A-2 -	Investments – schedule attached							
5. Verification         MAILING ADDRESS       STREET       CITY       STATE       ZIP CODE         (Business or Agency Address Recommended - Public Document)       Cambria       CA       93428         Po       Box 65       Cambria       CA       93428         DAYTIME TELEPHONE NUMBER       EMAIL ADDRESS       mmcelhenie@cambriacsd.org         (       805       ) 927-6230       mmcelhenie@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       02/10/2025       Signature Matthew McElhenie		Schedule B - Re	eal Property – schedule attached		Schedu	ile E - Income – Gitts – Travel P	<i>ayments</i> – schedule attached			
5. Verification         MAILING ADDRESS       STREET       CITY       STATE       ZIP CODE         (Business or Agency Address Recommended - Public Document)       Cambria       CA       93428         Po       Box 65       Cambria       CA       93428         DAYTIME TELEPHONE NUMBER       EMAIL ADDRESS       mmcelhenie@cambriacsd.org         (       805       ) 927-6230       mmcelhenie@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       02/10/2025       Signature Matthew McElhenie		or v Nona Na	roportable interacts on any co	hadula						
MAILING ADDRESS       STREET       CITY       STATE       ZIP CODE         Business or Agency Address Recommended - Public Document)       Po Box 65       Cambria       CA       93428         Po Box 65       Cambria       CA       93428         DAYTIME TELEPHONE NUMBER       EMAIL ADDRESS       mmcelhenie@cambriacsd.org         ( 805 ) 927-6230       mmcelhenie@cambriacsd.org       mmcelhenie@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       02/10/2025       Signature Matthew McElhenie			reputable interests of any sc	neuule						
(Business or Agency Address Recommended - Public Document)         Po       Box 65       Cambria       CA       93428         DAYTIME TELEPHONE NUMBER       EMAIL ADDRESS         (       805       ) 927-6230       mmcelhenie@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       02/10/2025       Signature Matthew McElhenie	J.		CTDEET	CITV		STATE		_		
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		I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.								
		Date Signed		S	ignature		tatement with your filing official.)			