

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
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JAN 31 2024

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) CLERK OF THE BOARD
McElhenie Matthew M *Y. M. Martin*
DEPUTY CLERK

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Cambria Community Services District

Division, Board, Department, District, if applicable Your Position
Administration General Manager

► 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 San Luis Obispo
- Other Cambria Community Services District

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

- Annual: The period covered is January 1, 2023, through December 31, 2023.
- or-
- The period covered is ____/____/____, through December 31, 2023.
- Assuming Office: Date assumed ____/____/____
- Candidate: Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office: Date Left ____/____/____ (Check one circle.)
- The period covered is January 1, 2023, through the date of leaving office.
- or-
- The period covered is ____/____/____, through the date of leaving office.

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
(Business or Agency Address Recommended - Public Document)
Po Box 65 Cambria CA 93428

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
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 1/26/2024
(month, day, year)

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

