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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

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NAME OF FILER (LAST) **(FIRST)** **(MIDDLE)**

Artho, Antoni

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*

Cambria Community Service District

Division, Board, Department, District, if applicable

Wastewater

Your Position

Wastewater Systems Superintendent

► 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)*

- [X] State
- [ ] Judge (Supreme, Appellate, Superior Court), Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- [X] Multi-County CA
- [X] County of San Luis Obispo
- [X] City of Cambria
- [ ] Other _____

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

- [X] **Annual:** The period covered is January 1, 2025, through December 31, 2025.
  -or-
  The period covered is _____/_____/_____, through December 31, 2025.
- [ ] **Assuming Office:** Date assumed _____/_____/_____
- [ ] **Leaving Office:** Date Left _____/_____/_____
  (Check one circle below.)
  ○ The period covered is January 1, 2025, through the date of leaving office.
  -or-
  ○ 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
- [ ] **Attachment 700-P -** *Prospective Employment (87200 Filers Only)* – schedule attached

-or- [X] ***None*** **-** *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document)	STREET	CITY	STATE	ZIP CODE
		Cambria	CA	93428

DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
( )	

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 01/15/2026 *(month, day, year)*

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