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## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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E-Filed 05/25/2023 11:43:03

Filing ID: 208069703

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)	
McElhenie, Matthew			
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
SAN LUIS OBISPO COUNTY			
Division, Board, Department, District, if applicable	Your Position		
Cambria CSD	General Manager	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)			
x State	Judge, Retired Judge, Pro (Statewide Jurisdiction)	o Tem Judge, or Court Commissioner	
Multi-County	,	Dispo	
City of	X Other Cambria Commu	unity Services District	
3. Type of Statement (Check at least one box)			
Annual: The period covered is January 1, 2022 through December 31, 2022.	Leaving Office: Date L	eft/ (Check one circle)	
The period covered is/, through December 31, 2022.	<ul> <li>The period covered i of leaving office.</li> </ul>	<ul> <li>The period covered is January 1, 2022 through the date of leaving office.</li> </ul>	
X Assuming Office: Date assumed04/_20/_2023_	The period covered is		
Candidate:Date of Election and office sou	ght, if different than Part 1:		
4. Schedule Summary (required) ► Total num	shor of pages including this cover	or nago: 1	
Schedules attached	ber of pages including this cove	er page	
Schedule A-1 - Investments – schedule attached	Schedule C - Income. Loans.	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 E - Income - Gifts -	Schedule E - Income - Gifts - Travel Payments - schedule attached	
-or-			
■ None - No reportable interests on any schedule			
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	STAT	TE ZIP CODE	
	Cambria CA	93428	
DAYTIME TELEPHONE NUMBER ( 805 ) 927-6230	E-MAIL ADDRESS		
	mmcelhenie@cambriacsd.o		
I have used all reasonable diligence in preparing this statement. I have herein and in any attached schedules is true and complete. I acknow		or my knowieuge the illionnation contained	
I certify under penalty of perjury under the laws of the State of	California that the foregoing is true and	correct.	
Date Signed _05/25/2023	SignatureMatthew McElhenie	<u>e</u>	
(month, day, year)	(File the originally sig	ned paper statement with your filing official.)	