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STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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NAME OF FILER	(LAST)		(FIRST)		(MIDDLE)	
Dean, Karen A						
1. Office, Agency, or	r Court					
Agency Name (Do not	use acronyms)					
San Luis Obispo C	county					
Division, Board, Departm	nent, District, if applicable		Your Position			
Cambria CSD			Board Memb	Board Member		
► If filing for multiple po	sitions, list below or on an attachment	. (Do not use ac	ronyms)			
Agency: *SEE ATTACHED FOR ADDITIONAL POSITIONS			Position:			
2. Jurisdiction of O	ffice (Check at least one box)		ludas Datina	ad ludga Dra Tara lu	dae en Count Commissioner	
☐ State			☐ (Statewide Ju	urisdiction)	dge, or Court Commissioner	
Multi-County			X County of S	an Luis Obispo		
City of			Other			
3. Type of Statemer	nt (Check at least one box)					
X Annual: The period December	covered is January 1, 2023 throug 31, 2023.	h	Leaving Off	ice: Date Left (Check	J one circle)	
·	d covered is/, third r 31, 2023.	rough	O The period of leaving		1, 2023 through the date	
Assuming Office:	Date assumed//	-	 The period of leaving 		, through the date	
Candidate:Date of E	Election and office	ce sought, if differ	rent than Part 1:			
4. Schedule Summar	ry (required) Total	number of i	nages including	this cover page	• 2	
Schedules attache	, , , , , , , , , , , , , , , , , , , ,	number of p	ageo molaamg	tino oover page	· 	
Schedule A-1 -	Investments – schedule attached		Schedule C - Inco	ome, Loans, & Busine	ss Positions – schedule attached	
Schedule A-2 -	Investments - schedule attached		Schedule D - Inco	me – Gifts – schedul	e attached	
Schedule B - F	Real Property - schedule attached		Schedule E - Inco	me – Gifts – Travel F	Payments - schedule attached	
-or-						
None - No report No repo	ortable interests on any schedul	е				
5. Verification						
MAILING ADDRESS (Business or Agency Address I	STREET Recommended - Public Document)	CITY		STATE	ZIP CODE	
		Cambria		CA	93428	
DAYTIME TELEPHONE NUMB	BER	E-	-MAIL ADDRESS			
()	la dilinanca in managine this state of	I have	d this statement.	to the best of our t	unlades the information and it.	
	le diligence in preparing this statement led schedules is true and complete. I				owiedge the information contained	
I certify under penalty	of perjury under the laws of the Sta	ite of California	that the foregoing	is true and correct.		
Date Signed 01/22/2	024	Sigr	nature <u>Karen A</u>	Dean		
_	(month, day, year)	•	(File	e the originally signed paper sta	atement with your filing official.)	

STATEMENT OF ECONOMIC INTERESTS COVER PAGE Expanded Statement Attachment

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Karen A Dean

* This table lists all positions including the primary position listed in the Office, Agency, or Court section of the Cover Page

Agency	Div/Board/Dept/District	Position	Type of Statement	SAN #
County of San Luis Obispo	Cambria CSD	Members of Resources and Infrastructure Committee	Annual 1/1/2023 - 12/31/2023	121300047-NFH-0047
County of San Luis Obispo	Cambria CSD	Director	Annual 1/1/2022 - 12/31/2022	121300047-NFH-0047
San Luis Obispo County	Cambria CSD	Board Member	Annual 1/1/2023 - 12/31/2023	121300047-NFH-0047