

## STATEMENT OF ECONOMIC INTERESTS

 Date Initial Filing Received  
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## COVER PAGE

1335485

Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Hollingsworth, William			

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

County of San Luis Obispo

Division, Board, Department, District, if applicable

Your Position

Cambria CSD

Fire Chief

► 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 Judge, Retired Judge, Pro Tem Judge, or Court Commissioner  
(Statewide Jurisdiction) Multi-County \_\_\_\_\_ County of San Luis Obispo City of \_\_\_\_\_ Other Cambria CSD**3. Type of Statement (Check at least one box)** **Annual:** The period covered is January 1, 2020 through  
December 31, 2020 **Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one circle)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through  
December 31, 2020 The period covered is January 1, 2020 through the date of  
leaving office. **Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_ 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 (must complete) ► Total number of pages including this cover page: 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 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		E-MAIL ADDRESS		
( 805 ) 927-6240		whollingsworth@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 02/02/2021  
 (month, day, year)

 Signature William Hollingsworth  
 (File the originally signed paper statement with your filing official.)