

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
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Date Initial Filing Received
FEB 02 2022
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McK. C.S.D.

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NAME OF FILER (LAST) (FIRST) (MIDDLE)
Orsini Gregory P

1. Office, Agency, or Court

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

Division, Board, Department, District, if applicable
Your Position
Board Member

If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: McKinleyville Municipal Advisory Committee
Position: Board Member

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 _____
- Other McKinleyville CSD

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

- Annual: The period covered is January 1, 2021, through December 31, 2021.
- or-
- The period covered is _____ through December 31, 2021.
- Assuming Office: Date assumed _____
- Leaving Office: Date Left _____ (Check one circle.)
- The period covered is January 1, 2021, 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 (must complete)

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)
 1656 Sutter Road McKinleyville CA 95519

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
 (707) 839-3251 gorsini@mckinleyvillecsd.com

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 2 FEB 2022
(month, day, year)

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

Print Clear

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NAME OF FILER (LAST) (FIRST) (MIDDLE) **McK. C.S.D.**
Couch David Robert

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

McKinleyville Community Services District

Division, Board, Department, District, if applicable

Your Position

Board Member

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Humboldt Local Agency Formation Commission

Position: Alternate Director

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 _____

City of _____

Other McKinleyville CSD

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

Annual: The period covered is January 1, 2021, through
December 31, 2021.

Leaving Office: Date Left ____/____/____
(Check one circle.)

-or-

The period covered is ____/____/____, through
December 31, 2021.

The period covered is January 1, 2021, through the date of
leaving office.

-or-

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: _____

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)

1656 Sutter Road McKinleyville CA 95519

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(707) 839-3251 dcouch@mckinleyvillecsd.com

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 2-2-22
(month, day, year)

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

Print

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NAME OF FILER (LAST) (FIRST) (MIDDLE)
Binder Scott William

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
McKinleyville Community Services District
Division, Board, Department, District, if applicable
Your Position
Board of Directors

If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: see attached list 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
Other McKinleyville CSD

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

- Annual: The period covered is January 1, 2021, through December 31, 2021.
Leaving Office: Date Left
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Assuming Office: Date assumed
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:

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Schedule A-1 - Investments - schedule attached
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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
None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
1656 Sutter Road McKinleyville CA 95519
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(707) 839-3251 sbinder@mckinleyvillecsd.com

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I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 2 Feb 22 Signature
(month, day, year) (File the originally signed paper statement with your filing official.)

Attachment to Form 700

Scott Binder

Multiple Agency Filing:

Agency

Redwood Region Economic Development Commission

Alternate Board Member

McKinleyville Municipal Advisor Commission

Alternate Member

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NAME OF FILER (LAST) (FIRST) (MIDDLE) **MCK. C.S.D.**
Kaspari Patrick Franklin

1. Office, Agency, or Court

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

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

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: McKinleyville Municipal Advisory Committee Position: Committee Member

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 _____
- City of _____ Other McKinleyville CSD

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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)
1656 Sutter Road McKinleyville CA 95519
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(707) 839-3251 pkaspari@mckinleyvillecsd.com

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I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 2/16/2022
(month, day, year)

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

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McK. C.S.D.

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NAME OF FILER (LAST) (FIRST) (MIDDLE)
Peterson Joellen Clark

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
McKinleyville Community Services District
Division, Board, Department, District, if applicable Your Position
Board of Directors

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Redwood Region Economic Development Commission Position: Board Member

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
- Other McKinleyville CSD

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1656 Sutter Road McKinleyville CA 95519
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(707) 839-3251 jclark-peterson@mckinleyvillecsd.com

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I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 4 Feb, 2022
(month, day, year)

Signature [Signature]
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APR 01 2022

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NAME OF FILER (LAST) (FIRST) (MIDDLE) McK. C.S.D.
Mayo Dennis R

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
McKinleyville Community Services District
Division, Board, Department, District, if applicable _____ Your Position
Board Member

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Association of California Water Agencies Position: Board Member

2. Jurisdiction of Office (Check at least one box)

- State
- Multi-County _____
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(month, day, year)

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