

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Alvarado, David Manuel			

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Contra Costa County

Division, Board, Department, District, if applicable

Wastewater District - West County

Your Position

Director

▶ 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)

- | | |
|---|---|
| <input type="checkbox"/> State | <input type="checkbox"/> Judge or Court Commissioner (Statewide Jurisdiction) |
| <input checked="" type="checkbox"/> Multi-County <u>West county</u> | <input checked="" type="checkbox"/> County of <u>Contra Costa</u> |
| <input type="checkbox"/> City of _____ | <input type="checkbox"/> Other _____ |

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

- | | |
|--|---|
| <input checked="" type="checkbox"/> Annual: The period covered is January 1, 2017, through December 31, 2017 | <input type="checkbox"/> Leaving Office: Date Left ____/____/____
(Check one) |
| -or- | <input type="checkbox"/> The period covered is January 1, 2017, through the date of leaving office. |
| The period covered is ____/____/____, through December 31, 2017 | <input type="checkbox"/> The period covered is ____/____/____, through the date of leaving office. |
| <input type="checkbox"/> Assuming Office: Date assumed ____/____/____ | |
| <input type="checkbox"/> 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: 2**Schedules attached**

- | | |
|--|---|
| <input type="checkbox"/> Schedule A-1 - Investments – schedule attached | <input checked="" type="checkbox"/> Schedule C - Income, Loans, & Business Positions – schedule attached |
| <input type="checkbox"/> Schedule A-2 - Investments – schedule attached | <input type="checkbox"/> Schedule D - Income – Gifts – schedule attached |
| <input type="checkbox"/> Schedule B - Real Property – schedule attached | <input type="checkbox"/> 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
<i>(Business or Agency Address Recommended - Public Document)</i>				
2910 Hilltop Dr.		Richmond	CA	94806
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS		
(510) 217-8283		dalvarado@cwcd.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 04/03/2018
 (month, day, year)

 Signature David Manuel Alvarado
 (File the originally signed statement with your filing official.)

