

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: *SEE ATTACHED FOR ADDITIONAL POSITIONS

Position: _____

2. Jurisdiction of Office (Check at least one box)☐ State☒ Multi-County West county☐ City of _____☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)☒ County of Contra Costa☐ Other _____**3. Type of Statement (Check at least one box)**☒ **Annual:** The period covered is January 1, 2020 through December 31, 2020

-or-

The period covered is ____/____/____, through December 31, 2020

☐ **Assuming Office:** Date assumed ____/____/____☐ **Leaving Office:** Date Left ____/____/____
(Check one circle)☐ The period covered is January 1, 2020 through the date of leaving office.☐ 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: 3**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
(Business or Agency Address Recommended - Public Document)

CITY

STATE

ZIP CODE

Richmond

CA

94806

DAYTIME TELEPHONE NUMBER

()

E-MAIL ADDRESS

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 03/31/2021

(month, day, year)

Signature David Manuel Alvarado

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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
Expanded Statement Attachment

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

David Manuel Alvarado

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

Agency	Division/Board/Dept/District	Position	Type of Statement
Contra Costa County	West County Agency JPA	Board Member	Annual 1/1/2020 - 12/31/2020
Contra Costa County	Wastewater District - West County	Director	Annual 1/1/2020 - 12/31/2020

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Alvarado, David Manuel
▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME
UBER
ADDRESS (Business Address Acceptable)
San Pablo, CA 94806
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Driving
YOUR BUSINESS POSITION
Driver
GROSS INCOME RECEIVED ☐ No Income - Business Position Only

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☒ \$10,001 - \$100,000

☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☒ Salary ☐ Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)

☐ Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.)

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

(Describe)

☐ Other _____
(Describe)

▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME
Consultant
ADDRESS (Business Address Acceptable)
San Pablo, CA 94806
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Self Employed
YOUR BUSINESS POSITION
GROSS INCOME RECEIVED ☐ No Income - Business Position Only

☐ \$500 - \$1,000

☒ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☒ Salary ☐ Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)

☐ Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.)

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

(Describe)

☐ Other _____
(Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*
ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER
HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

INTEREST RATE

 _____% ☐ None

TERM (Months/Years)
SECURITY FOR LOAN
☐ None

☐ Personal residence

☐ Real Property _____
Street address

City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____