

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
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Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Madrid, Monique			

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

San Mateo County

Division, Board, Department, District, if applicable

Mid Peninsula Water District

Your Position

Administrative Service Manager Board Secretary

► 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☐ Multi-County _____☐ City of _____☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)☒ County of San Mateo☐ Other _____**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 01 / 28 / 2022☐ **Leaving Office:** Date Left ____/____/____
(Check one circle)☐ The period covered is January 1, 2021 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: 1****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)

3 Dairy Lane

CITY

Belmont

STATE

CA

ZIP CODE

94002

DAYTIME TELEPHONE NUMBER

(650) 591-8941

E-MAIL ADDRESS

moniquem@midpeninsulawater.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 02/04/2022
(month, day, year)Signature Monique Madrid
(File the originally signed paper statement with your filing official.)