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STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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E-Filed 02/03/2022 16:41:07

Filing ID: 202005260

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)	
Mairena, Patricia				
I. Office, Agency, or Court				
Agency Name (Do not use acronyms)				
San Mateo County				
Division, Board, Department, District, if applicable	Your Position	Your Position		
Westborough Water District	General Manage	General Manager		
▶ If filing for multiple positions, list below or on an attachment. (D	o not use acronyms)			
Agency:	Position:	Position:		
2. Jurisdiction of Office (Check at least one box)				
State	Judge, Retired Jud (Statewide Jurisdic		dge, or Court Commissioner	
Multi-County	,	,		
City of	Other			
3. Type of Statement (Check at least one box)				
X Annual: The period covered is January 1, 2021 through December 31, 2021.	Leaving Office:		one circle)	
The period covered is 07 / 02 / 2021, through December 31, 2021.	The period cover leaving office.	The period covered is January 1, 2021 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 so	ught, if different than Part 1:			
4. Schedule Summary (must complete) ► Total nu	mber of pages including this	cover page	. 1	
Schedules attached	inber of pages including this	cover page		
Schedule A-1 - Investments – schedule attached	Schedule C - Income. I	oans. & Busine	ess 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 I	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	
PO Box 2747	South San Francisco	CA	94083	
DAYTIME TELEPHONE NUMBER (650) 589-1435	E-MAIL ADDRESS	pmairena@westboroughwater.org		
I have used all reasonable diligence in preparing this statement. I h	ave reviewed this statement and to the		owledge the information contained	
herein and in any attached schedules is true and complete. I acknowledge the schedules is true and complete.	-			
I certify under penalty of perjury under the laws of the State o	t California that the foregoing is tru	ie and correct.		
Date Signed _02/03/2022	Signature Patricia Mai	rena		
(month, day, year)	(File the orig	ginally signed paper st	atement with your filing official.)	