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STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Wheeler, Kirk			
I. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
SAN MATEO COUNTY			
Division, Board, Department, District, if applicable	Your	Position	
Mid Peninsula Water District	Dire	ector	
▶ If filing for multiple positions, list below or on an attac	hment. (Do not use acronyms)		
Agency:	Positi	on:	
2. Jurisdiction of Office (Check at least one box			
State		lge, Retired Judge, Pro Tem Jatewide Jurisdiction)	udge, or Court Commissioner
Multi-County	,	unty of San Mateo	
City of	Oth	er	
3. Type of Statement (Check at least one box)			
X Annual: The period covered is January 1, 2023 to December 31, 2023.	hrough Lea	aving Office: Date Left(Chec	// ck one circle)
The period covered is/		The period covered is Janua of leaving office.	ry 1, 2023 through the date
Assuming Office: Date assumed		The period covered is of leaving office.	_/, through the date
Candidate:Date of Election a	nd office sought, if different than Pa	art 1:	
4. Schedule Summary (required)	Total number of pages in	cluding this cover pag	a: 1
Schedules attached	Total Humber of pages in	cluding this cover pag	.
Schedule A-1 - Investments – schedule attache	ed Schedule	C - Income, Loans, & Busin	ness Positions – schedule attached
Schedule A-2 - Investments – schedule attache	chedule attached Schedule D - Income – Gifts – schedule attached		
Schedule B - Real Property - schedule attache	ed Schedule	E - Income - Gifts - Travel	Payments - schedule attached
-or-			
■ None - No reportable interests on any sch	hedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
1075 Old County Road Suite A	Belmont	CA	94002
DAYTIME TELEPHONE NUMBER (650) 591-8941	E-MAIL ADDRE		ra
I have used all reasonable diligence in preparing this stat herein and in any attached schedules is true and complete	tement. I have reviewed this state		
I certify under penalty of perjury under the laws of the			t.
Date Signed _03/30/2024 (month, day, year)	SignatureKi	LTK Wheeler (File the originally signed paper	statement with your filing official.)