CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

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Please type or print in ink.		TOWN OF LOOMS
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Ring	David	Michael
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
Loomis Town C	1,000	Town Council Member
Division, Board, Department, District, if app	icable	Your Position
NA		NA
► If filing for multiple positions, list below of	or on an attachment. (Do not	use acronyms)
Agency: N A		Position: NA
Jurisdiction of Office (Check at le	east one box)	
State		 Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
City of Loomis		Other
. Type of Statement (Check at least	one box)	
Annual: The period covered is Januar December 31, 2021.	y 1, 2021, through	Leaving Office: Date Left/
The period covered is December 31, 2021.	<i>J</i> , through	☐ 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.
X Candidate: Date of Election 11 8	2022 and office soug	pht, if different than Part 1:
Schedule Summary (must com Schedules attached Schedule A-1 - Investments - sche Schedule A-2 - Investments - sche Schedule B - Real Property - sche	dule attached dule attached	er of pages including this cover page: ☐ 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 intere	sts on any schedule	
. Verification	on any conocure	
MAILING ADDRESS STREET	СІТУ	STATE ZIP CODE
(Business or Agency Address Recommended - Public L		IS CA 95650
DAYTIME TELEPHONE NUMBER	Loom	EMAIL ADDRESS
(530) 220- 4831		
I have used all reasonable diligence in prepa herein and in any attached schedules is tru		viewed this statement and to the best of my knowledge the information contain ge this is a public document.
I certify under penalty of perjury under t	he laws of the State of Calif	ornia that the foregoing is true and correct.
Date Signed Gugust & 1000	<u> </u>	Signature (File the originally signed paper Statement with your filing official.)