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## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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NAME OF FILER (LAST)	(FIRST)		(MIDDLE)	
Bautista, Perry H				
1. 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	Director	Director		
▶ If filing for multiple positions, list below or on an attachment. (Do n	ot use acronyms)			
Agency:	Position:	Position:		
2. Jurisdiction of Office (Check at least one box)	hadaa Dafaad had	D T l	des es Osset Ossessiasias	
☐ State	Judge, Retired Judge, (Statewide Jurisdic		dge, or Court Commissioner	
Multi-County	X County of San Ma	X County of San Mateo		
City of	Other			
3. Type of Statement (Check at least one box)				
X Annual: The period covered is January 1, 2022 through December 31, 2022.	Leaving Office: [		J one circle)	
The period covered is 01 / 01 / 2022, through December 31, 2022.		<ul> <li>The period covered is January 1, 2022 through the date of leaving office.</li> </ul>		
Assuming Office: Date assumed	The period covered is/, through the date of leaving office.			
Candidate:Date of Election and office sough	t, if different than Part 1:			
4. Schedule Summary (required) ► Total numb	er of pages including this	cover nage	• 1	
Schedules attached	or or pages moraumy and	oover page.	·	
Schedule A-1 - Investments – schedule attached	Schedule C - Income. L	oans. & Busine:	ss 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 F	Payments – schedule attached	
-or-				
■ None - No reportable interests on any schedule				
5. Verification				
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	Υ	STATE	ZIP CODE	
2263 Westborough Blvd S DAYTIME TELEPHONE NUMBER	outh San Francisco	CA	94080	
( 650 ) 589-1435		pbautista@westboroughwater.org		
I have used all reasonable diligence in preparing this statement. I have herein and in any attached schedules is true and complete. I acknow	reviewed this statement and to the			
I certify under penalty of perjury under the laws of the State of C		e and correct.		
Data Cinnad 03/09/2023	Cimplum Down U Bout	ista		
Date Signed 03/09/2023 (month, day, year)	Signature Perry H Baut. (File the orig	inally signed paper sta	atement with your filing official.)	