

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**  
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|--------------------|--------|---------|----------|
| Chambers, Thomas R |        |         |          |

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

SAN MATEO COUNTY

Division, Board, Department, District, if applicable

Westborough Water District

Your Position

Member, Board of Directors

▶ 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 \_\_\_\_/\_\_\_\_/\_\_\_\_ **Candidate:** Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_ **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.**4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: 2****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              | CITY                | STATE | ZIP CODE |
|---|---------------------|---------------------|-------|----------|
| <i>(Business or Agency Address Recommended - Public Document)</i> |                     |                     |       |          |
| 2263 Westborough Blvd   |                     | South San Francisco | CA    | 94080    |
| DAYTIME TELEPHONE NUMBER  | E-MAIL ADDRESS      |                     |       |          |
| ( 650 ) 589-1435  | tchambe@comcast.net |                     |       |          |

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 Thomas R Chambers  
 (File the originally signed paper statement with your filing official.)

# SCHEDULE A-1 Investments

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
Chambers, Thomas R

## Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

▶ NAME OF BUSINESS ENTITY  
Alliant Energy Corp

GENERAL DESCRIPTION OF THIS BUSINESS  
Energy Utility

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/21      \_\_\_\_\_/\_\_\_\_\_/21  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF THIS BUSINESS  
\_\_\_\_\_

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/21      \_\_\_\_\_/\_\_\_\_\_/21  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
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GENERAL DESCRIPTION OF THIS BUSINESS  
\_\_\_\_\_

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 Partnership     Income Received of \$0 - \$499  
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 \_\_\_\_\_/\_\_\_\_\_/21      \_\_\_\_\_/\_\_\_\_\_/21  
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GENERAL DESCRIPTION OF THIS BUSINESS  
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 \_\_\_\_\_/\_\_\_\_\_/21      \_\_\_\_\_/\_\_\_\_\_/21  
 ACQUIRED                      DISPOSED

Comments: \_\_\_\_\_