

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
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Gregory, Raynette			

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
 County of San Luis Obispo
 Division, Board, Department, District, if applicable
 San Miguel CSD
 Your Position
 District Board Member*

▶ 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)

<input type="checkbox"/> State	<input type="checkbox"/> Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
<input type="checkbox"/> Multi-County _____	<input checked="" type="checkbox"/> County of San Luis Obispo
<input type="checkbox"/> City of _____	<input type="checkbox"/> Other _____

3. Type of Statement (Check at least one box)

<input checked="" type="checkbox"/> Annual: The period covered is January 1, 2021 through December 31, 2021.	<input type="checkbox"/> Leaving Office: Date Left ____/____/____ (Check one circle)
-or-	<input type="checkbox"/> The period covered is January 1, 2021 through the date of leaving office.
The period covered is ____/____/____, through December 31, 2021.	<input type="checkbox"/> The period covered is ____/____/____, through the date of leaving office.
<input type="checkbox"/> Assuming Office: Date assumed ____/____/____	
<input type="checkbox"/> Candidate: Date of Election _____ and office sought, if different than Part 1: _____	

4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: 3**Schedules attached**

<input type="checkbox"/> Schedule A-1 - Investments – schedule attached	<input checked="" type="checkbox"/> Schedule C - Income, Loans, & Business Positions – schedule attached
<input checked="" type="checkbox"/> Schedule A-2 - Investments – schedule attached	<input type="checkbox"/> Schedule D - Income – Gifts – schedule attached
<input type="checkbox"/> Schedule B - Real Property – schedule attached	<input type="checkbox"/> 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>				
		San Miguel	CA	93451
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS			
()				

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 03/23/2022
 (month, day, year)

 Signature Raynette Gregory
 (File the originally signed paper statement with your filing official.)