121300047-NFH-0047

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only
E-Filed
01/16/2025
10:12:50

Filing ID:
212820460

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

Young, Scott Paul

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*

San Luis Obispo County

Division, Board, Department, District, if applicable

San Miguel CSD

Your Position

District Fire Chief

► 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

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☒ Other SMCSD

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

☒ **Annual:** The period covered is January 1, **2024,** through December 31, **2024**.

-or-

The period covered is _____/_____/_____, through December 31, **2024**.

☐ **Assuming Office:** Date assumed _____/_____/_____

☐ **Leaving Office:** Date Left _____/_____/_____
(Check one circle below.)

☐ The period covered is January 1, **2024**, through the date of leaving office.

-or-

☐ The period covered is _____/_____/_____, through the date of leaving office.

☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► *Total number of pages including this cover page:* 1

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
(Business or Agency Address Recommended - Public Document)

Sam Miguel CA 93451

DAYTIME TELEPHONE NUMBER

( )

EMAIL 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 01/16/2025
(month, day, year)

Signature Scott Paul Young
(File the originally signed paper statement with your filing official.)