CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS Date Initial Filing Received COVER PAGE

	000	07	0	
רו	202	.1	Ш	- 6
	ZU /	100	•0	

		A PUL	BLIC DOCUMENT		FEB 03 2022				
Plea	se type or print in ink.				. 20 00 2022				
NAME OF FILER (LAST)		(FIRST)	(MIDDL		A				
Sei	ifert-Raffelson	Sandy	Ann	in recommendation of the last	SDRMA				
1. 0	Office, Agency, or Court								
	Agency Name (Do not use acronyms)								
	Special District Risk Management		Your Position						
II.	Division, Board, Department, District, if applica								
-		Director/Vice-President of the Board							
ı	▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)								
	Agency:		Position:						
пини									
2.	Jurisdiction of Office (Check at leas	st one box)							
[State		Judge, Retired Judge, Pro To (Statewide Jurisdiction)	em Judge,	or Court Commissioner				
Ì	Multi-County Serving public agenci	es across California	County of						
	City of								
2	Tuno of Statement (Charle at least o	no hovi		1111-2	The second second				
J,	Type of Statement (Check at least one box) Annual: The period covered is January 1, 2021, through Leaving Office: Date Left								
	December 31, 2021.								
	-or- The period covered is/_		The period covered is J	anuary 1,	2021, through the date of				
	December 31, 2021.		leaving office.						
į	Assuming Office: Date assumed	<u> </u>							
	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:									
	Schedules attached								
	Schedule A-1 - Investments – schedule attached Schedule C - Income, Loans, & Business Positions – schedule attached								
	<u> </u>	Schedule A-2 - Investments – schedule attached Schedule D - Income – Gifts – schedule attached							
	Schedule B - Real Property - schedu	le attached	Schedule E - Income - Gifts - Trav	el Paymei	nts – schedule attached				
			2		(4)				
-or- None - No reportable interests on any schedule									
5.	Verification	OIT!	STATE		ZIP CODE				
	MAILING ADDRESS STREET (Business of Agency Address Recommended - Public Doc	CITY ument)							
	1112 Street, Suite 300	Sacra	amento CA Temail address		95814-2865				
	DAYTIME TELEPHONE NUMBER (530) 827-3150		sandy@herlongpud.com						
	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 2/3/2022		/ 1 /	Plea	& Rallelsen				
	America soft Leaf		A A	-					