## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

## STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

A PUBLIC DOCUMENT

Please type or print in ink.

Annual: The period covered is January 1, 2021, through December 31, 2021.  The period covered is/, through December 31, 2021.  The period covered is/, through December 31, 2021.  Assuming Office: Date assumed/, through The period covered is January 1, 2021, through the date of leaving office.  The period covered is/, through the date of leaving office.  The period covered is/, through the date of leaving office.  The period covered is/, through the date of leaving office.	NAME OF FILER (L	AST) (FIRST)		(MIDDLE)	to the state of the land	-	
Agency Name (Do not use acronyms)  Special Distric Risk Management Authority  Division, Board, Department, District, if applicable  Director  If filing for multiple positions, list below or on an attachment. (Do not use acronyms)  Agency:  Position:    Jurisdiction of Office (Check at least one box)	Unruh	Timothy		Warren			
Special Distric Risk Management Authority  Division, Board, Department, District, if applicable  Director  If filling for multiple positions, list below or on an attachment. (Do not use acronyms)  Agency:  Position:  Position:  Director  Position:  Data Position:  Data Position:  Data Position:  Data Position:  Data Position:  Data Position:  County of  Dother  County of  Dother  December 31, 2021.  Director  Dother  December 31, 2021.  Director  Dother  December 31, 2021.  Director  Data Position:  Director  Position:  Data Position:  Data Position:  Data Position:  Director  Director  Data Position:  Data	1. Office, Ag	ency, or Court					
Division, Board, Department, District, if applicable    Vour Position   Director	Agency Name	(Do not use acronyms)					
If filing for multiple positions, list below or on an attachment. (Do not use acronyms)   Agency:	Special Di	stric Risk Management Authority					
Position:    Agency:	Division, Boar	d, Department, District, if applicable	r Position				
Agency:		Director					
State   Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)   State   Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)   County of   County of   Other	► If filing for	If filing for multiple positions, list below or on an attachment. (Do not use acronyms)					
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Multi-County   Serving public agencies across California   County of	2. Jurisdicti	on of Office (Check at least one box)					
City of   Other		`		•	ge, or Court Commission	ner	
City of   Other	Multi-Cour	nty serving public agencies across Califo	ornia 🗌 Cr	ounty of			
3. Type of Statement (Check at least one box)    Annual: The period covered is January 1, 2021, through December 31, 2021.   The period covered is January 1, 2021, through December 31, 2021.   The period covered is January 1, 2021, through December 31, 2021.   The period covered is January 1, 2021, through December 31, 2021.   The period covered is January 1, 2021, through December 31, 2021.   The period covered is January 1, 2021, through the date of leaving office.   The period covered is January 1, 2021, through the date of leaving office.   The period covered is January 1, 2021, through the date of leaving office.   The period covered is January 1, 2021, through the date of leaving office.   The period covered is January 1, 2021, through the date of leaving office.   The period covered is January 1, 2021, through the date of leaving office.   The period covered is January 1, 2021, through the date of leaving office.   The period covered is January 1, 2021, through the date of leaving office.   The period covered is January 1, 2021, through the date of leaving office.   The period covered is January 1, 2021, through the date of leaving office.   The period covered is January 1, 2021, through the date of leaving office.   The period covered is January 1, 2021, through the date of leaving office.   The period covered is January 1, 2021, through the date of leaving office.   The period covered is January 1, 2021, through the date of leaving office.   The period covered is January 1, 2021, through the date of leaving office.   Schedule Summary (must Leaving office.   Sc							
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December 31, 2021.   teaving office:   Corror   The period covered is	-or-	The period covered is	, through	-	1, <b>2021,</b> through the da	te of	
the date of leaving office.  Candidate: Date of Election		•	-0	r-			
A. Schedule Summary (must complete) ► Total number of pages including this cover page:  Schedules attached  Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached  The payments - schedule attached  And Income - No reportable interests on any schedule  The payments - schedule attached  Schedule E - Income - Gifts - Travel Payments - schedule attached  The payments - schedule attached  The payments - schedule attached  Schedule E - Income - Gifts - Travel Payments - schedule attached  The payments - schedule attached  Schedule E - Income - Gifts - Travel Payments - schedule attached  The payments - schedule attached  Schedule E - Income - Gifts - Travel Payments - schedule attached  The payments - schedule attached  Schedule E - Income - Gifts - Travel Payments - schedule attached  Schedule E - Income - Gifts - Travel Payments - schedule attached  The payments - schedule attached  Schedule E - Income - Gifts - Travel Payments - schedule attached  Schedule E - Income - Gifts - Travel Payments - schedule attached  The payments - schedule attached  Schedule E - Income - Gifts - Travel Payments - schedule attached  The payments - schedule attached  Schedule E - Income - Gifts - Travel Payments - schedule attached  The payments - schedule attached  Schedule E - Income - Gifts - Travel Payments - schedule attached  The payments - schedule attached  Schedule E - Income - Gifts - Travel Payments - schedule attached  Schedule E - Income - Gifts - Travel Payments - schedule attached  The payments - schedule attached  Schedule E - Income - Gifts - Travel Payments - schedule attached  Schedule E - Income - Gifts - Travel Payments - schedule attached  The payments - schedule attached  Schedule E - Income - Gifts - Travel Payments - schedule attached  Schedule E - Income - Gifts - Travel Payments - schedule att	Assumin						
Schedule A-1 - Investments — 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 Payments — schedule attached  None - No reportable interests on any schedule  Throw in the state of California that the foregoing is true and correct.  Schedule C - Income, Loans, & Business Positions — schedule attached Schedule D - Income — Gifts — Schedule attached Schedule E - Income — Gifts — Travel Payments — schedule attached  Schedule E - Income — Gifts — Travel Payments — schedule attached  Throw in the state of California that the foregoing is true and correct.  Schedule D - Income — Gifts — Schedule attached Schedule E - Income — Gifts — Travel Payments — schedule attached Schedule E - Income — Gifts — Travel Payments — schedule attached  Schedule E - Income — Gifts — Travel Payments — schedule attached  CITY STATE ZIP CODE  Sacramento CA 95814  DAYTIME TELEPHONE NUMBER  ( 800 ) 537-7790  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  Schedule C - Income — Gifts — Schedule attached Schedule E - Income — Gifts — Travel Payments — schedule attached Schedule E - Income — Gifts — Travel Payments — schedule attached Schedule E - Income — Gifts — Travel Payments — schedule attached Schedule E - Income — Gifts — Travel Payments — schedule attached  Schedule E - Income — Gifts — Travel Payments — schedule attached  Schedule E - Income — Gifts — Travel Payments — schedule attached  Schedule E - Income — Gifts — Travel Payments — schedule attached	Candida	te: Date of Election and of	fice sought, if different	than Part 1:			
Schedule A-1 - Investments – schedule attached Schedule D - Income – Gifts – schedule attached Schedule B - Real Property – schedule attached Schedule E - 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 (Business or Agency Address Recommended - Public Document)  1112   St., Suite 300 Sacramento CA 95814  DAYTIME TELEPHONE NUMBER (800 ) 537-7790  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  2/10/2022  Signature  Signature	4. Schedule	Summary (must complete) ► Total	number of pages	including this cover page	»:		
Schedule A-2 - Investments - schedule attached  Schedule D - Income - Gifts - schedule attached  Schedule B - Real Property - schedule attached  Schedule E - Income - Gifts - Travel Payments - schedule attached  Schedule E - Income - Gifts - Travel Payments - schedule attached  Schedule E - Income - Gifts - Travel Payments - schedule attached  Schedule E - Income - Gifts - Travel Payments - schedule attached  Schedule E - Income - Gifts - Travel Payments - schedule attached  Schedule E - Income - Gifts - Travel Payments - schedule attached  Schedule E - Income - Gifts - Schedule attached  Schedule E - Income - Gifts - Schedule attached  Schedule E - Income - Gifts - Schedule attached  Schedule E - Income - Gifts - Schedule attached  Schedule E - Income - Gifts - Schedule attached  Schedule E - Income - Gifts - Schedule attached  Schedule E - Income - Gifts - Schedule attached  Schedule E - Income - Gifts - Schedule attached  Schedule E - Income - Gifts - Schedule attached  Schedule E - Income - Gifts - Schedule attached  Schedule E - Income - Gifts - Travel Payments - Schedule attached  Schedule E - Income - Gifts - Travel Payments - Schedule attached  Schedule E - Income - Gifts - Travel Payments - Schedule attached  Schedule E - Income - Gifts - Travel Payments - Schedule attached  Schedule E - Income - Gifts - Travel Payments - Schedule attached  Schedule E - Income - Gifts - Travel Payments - Schedule attached  Schedule E - Income - Gifts - Travel Payments - Schedule attached  Schedule E - Income - Gifts - Travel Payments - Schedule attached  Schedule E - Income - Gifts - Travel Payments - Schedule attached  Schedule E - Income - Gifts - Travel Payments - Schedule attached  Schedule E - Income - Gifts - Travel Payments - Schedule attached  Schedule E - Income - Gifts - Travel Payments - Schedule attached  Schedule E - Income - Gifts - Travel Payments - Schedule attached  Schedule E - Income - Gifts - Travel Payments - Schedule attached  Schedule E - Income - Gifts - Travel Payments - Schedule attached  Sche	Schedule	s attached					
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		(month, day, year)		(File the originally signed paper staten	ent with your tiling official.)		