

**STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT**



Please type or print in ink.

NAME OF FILER (LAST) Aranda (FIRST) David (MIDDLE) A

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

Agency Name (Do not use acronyms) Special District Risk Management Authority  
Your Position Director  
Division, Board, Department, District, if applicable \_\_\_\_\_

► 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 Serving public agencies in California
- City of \_\_\_\_\_
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- 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.
- or- 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 <i>(Business or Agency Address Recommended - Public Document)</i>	STREET	CITY	STATE	ZIP CODE
1112 I Street, Suite 300		Sacramento	CA	95814-2865
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS			
(661) 300-1231	claranda300@gmail.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 3/28/22 (month, day, year) Signature [Signature]  
*(File the originally signed paper statement with your filing official.)*

# SCHEDULE C

## Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name \_\_\_\_\_

**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
California Special Districts Association

ADDRESS (Business Address Acceptable)  
1112 I St # 200 SAC CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
50106 Promote Good Gov.

YOUR BUSINESS POSITION  
Consultant - Speaker

GROSS INCOME RECEIVED  No Income - Business Position Only  
 \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary  Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)  
 Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)  
 Sale of \_\_\_\_\_ (Real property, car, boat, etc.)  
 Loan repayment  
 Commission or  Rental Income, list each source of \$10,000 or more  
 Other Contract Compensation (Describe)

**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE \_\_\_\_\_

YOUR BUSINESS POSITION \_\_\_\_\_

GROSS INCOME RECEIVED  No Income - Business Position Only  
 \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary  Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)  
 Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)  
 Sale of \_\_\_\_\_ (Real property, car, boat, etc.)  
 Loan repayment  
 Commission or  Rental Income, list each source of \$10,000 or more  
 Other \_\_\_\_\_ (Describe)

**2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000  
 \$1,001 - \$10,000  
 \$10,001 - \$100,000  
 OVER \$100,000

INTEREST RATE \_\_\_\_\_%  None

TERM (Months/Years) \_\_\_\_\_

SECURITY FOR LOAN  
 None  Personal residence  
 Real Property \_\_\_\_\_ Street address  
 \_\_\_\_\_ City  
 Guarantor \_\_\_\_\_  
 Other \_\_\_\_\_ (Describe)

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