

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received
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Please type or print in ink.		
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Stewart	Edmund	Robert
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
Northern Sonoma County Fire Pr	otection District	
Division, Board, Department, District, if applicable		Your Position
Board of Directors		Member
► If filing for multiple positions, list below o	on an attachment. (Do not	use acronyms)
Agency:		Position:
2. Jurisdiction of Office (Check at le	ast one box)	
State	-	☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
out		(Statewide Jurisdiction)
Multi-County		County of Sonoma
City of		Other
3. Type of Statement (Check at least		
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Annual: The period covered is Januar December 31, 2022.	/ 1, 2022, through	Leaving Office: Date Left/(Check one circle.)
-or- The period covered is	, through	
December 31, 2022 .		leaving office. -or-
Assuming Office: Date assumed		☐ The period covered is/, through the date of leaving office.
Candidate: Date of Election	and office soug	ht, if different than Part 1:
4. Schedule Summary (required)	► Total numbe	er of pages including this cover page:
Schedules attached		
Schedule A-1 - Investments - sched	ule attached	Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments - sched	ule attached	Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property - sched	ule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-or- None - No reportable interes	ts on any schedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Do	CITY current)	STATE ZIP CODE
P.O. Box 217	•	erville CA 95441
DAYTIME TELEPHONE NUMBER	· · · · · · · · · · · · · · · · · · ·	EMAIL ADDRESS
(707) 857-3535		northernsonomacountyfire.org
I have used all reasonable diligence in preparent herein and in any attached schedules is true		riewed this statement and to the best of my knowledge the information contained
I certify under penalty of perjury under th	e laws of the State of Califo	ornia that the foregoing is true and correct.
Date Signed 01/23/2023		Signature RSWW
(month, day, year)		(File the originally signed paper statement with your filing official.)