

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

Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Kampa	Peter	Joseph

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
Groveland Community Services District

Division, Board, Department, District, if applicable
Tuolumne County Fire Authority

Your Position
Director

► 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 Joint Powers Authority

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

Annual: The period covered is January 1, 2020, through December 31, 2020.

Leaving Office: Date Left ____/____/_____
(Check one circle.)

-or-

The period covered is ____/____/_____, through December 31, 2020.

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

Assuming Office: Date assumed 02/18/2021

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

<input type="checkbox"/> Schedule A-1 - Investments – schedule attached	<input type="checkbox"/> Schedule C - Income, Loans, & Business Positions – schedule attached
<input type="checkbox"/> Schedule A-2 - Investments – schedule attached	<input type="checkbox"/> Schedule D - Income – Gifts – schedule attached
<input type="checkbox"/> Schedule B - Real Property – schedule attached	<input type="checkbox"/> Schedule E - Income – Gifts – Travel Payments – schedule attached

-or- **None - No reportable interests on any schedule**

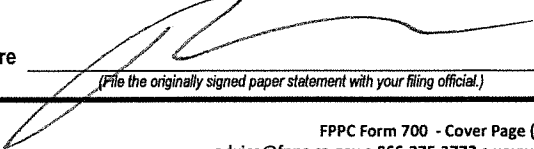
5. Verification

MAILING ADDRESS <i>(Business or Agency Address Recommended - Public Document)</i>	STREET	CITY	STATE	ZIP CODE
PO Box 350 18966 Ferretti Rd.,	Groveland	CA	95321	
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS			
(209) 964-7161 ext 1024	pkampa@gcsd.org			

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 February 19, 2021
(month, day, year)

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

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Kampa Peter Joseph

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Groveland Community Services District

Division, Board, Department, District, if applicable

Your Position

Tuolumne County Fire Authority

Director

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- State
- Multi-County _____
- City of _____
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other Joint Powers Authority

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

- Annual: The period covered is January 1, 2020, through December 31, 2020.
- or-
- The period covered is _____, through December 31, 2020.
- Assuming Office: Date assumed 02 / 18 / 2021
- Leaving Office: Date Left _____ (Check one circle.)
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- The period covered is _____, through the date of leaving office.
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- 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)
PO Box 350 18366 Farrelly Rd. Groveland CA 95321

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(209) 984-7161 ext 1024 pkampa@gcsd.org

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