

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT

Date Initial Filing Received  
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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
KWIATKOWSKI JANICE ROSE

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
Groveland Community Services District  
Division, Board, Department, District, if applicable Board  
Your Position Vice President

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Tuolumne Stanislaus JPA Position:

2. Jurisdiction of Office (Check at least one box)

State \_\_\_\_\_ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)  
Multi-County Tuolumne/Stanislaus County of Tuolumne  
City of Groveland Other \_\_\_\_\_

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

Annual: The period covered is January 1, 2022, through December 31, 2022. Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one circle.)  
-or- The period covered is 01/01/2023 through December 31, 2023. The period covered is January 1, 2022, through the date of leaving office.  
Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_ -or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.  
Candidate: Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary (required) ► Total number of pages including this cover page: \_\_\_\_\_  
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 STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
18966 FERRETTI RD GROVELAND, CA 95321  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
(209) 962-7161 jkwiatkowski@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 2-9-23  
(month, day, year)

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

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name: Janice Rose Kwiatkowski

Investments must be itemized.

Do not attach brokerage or financial statements.

Form section 1: NAME OF BUSINESS ENTITY, GENERAL DESCRIPTION OF THIS BUSINESS, FAIR MARKET VALUE, NATURE OF INVESTMENT, IF APPLICABLE, LIST DATE. Includes handwritten 'NONE' in a circle.

Form section 2: NAME OF BUSINESS ENTITY, GENERAL DESCRIPTION OF THIS BUSINESS, FAIR MARKET VALUE, NATURE OF INVESTMENT, IF APPLICABLE, LIST DATE.

Form section 3: NAME OF BUSINESS ENTITY, GENERAL DESCRIPTION OF THIS BUSINESS, FAIR MARKET VALUE, NATURE OF INVESTMENT, IF APPLICABLE, LIST DATE.

Form section 4: NAME OF BUSINESS ENTITY, GENERAL DESCRIPTION OF THIS BUSINESS, FAIR MARKET VALUE, NATURE OF INVESTMENT, IF APPLICABLE, LIST DATE.

Form section 5: NAME OF BUSINESS ENTITY, GENERAL DESCRIPTION OF THIS BUSINESS, FAIR MARKET VALUE, NATURE OF INVESTMENT, IF APPLICABLE, LIST DATE.

Form section 6: NAME OF BUSINESS ENTITY, GENERAL DESCRIPTION OF THIS BUSINESS, FAIR MARKET VALUE, NATURE OF INVESTMENT, IF APPLICABLE, LIST DATE.

Comments: