

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Recei

Please type or print in ink.

NAME OF FILER (LAST)	A DUDI IS	o Ginalai Use On
Mora	A PUBLIC DOCUMENT	
1. Office, Agency, or Court	Nancy	
Agency Non-	Trancy	(MIDDLE)
Agency Name (Do not use acronyms)		Kay
Groveland Community Services I	District	
Division, Board, Department, District, if applied Board Member	cable	
	V	
If filing for multiple positions, list below or	on an attachment (c)	
► If filing for multiple positions, list below or Agency:	on an attachment. (Do not use acronyms)	
2. Jurisdiction of Office (Check at least	Position:	~
State	t one box)	
	UOA)	
Multi-County	☐ Judge, Retired Judge	
MICH CITOTOLO	☐ Judge, Retired Judge, Pro Tem Judge, or C (Statewide Jurisdiction)	ourt Commissioner
	L County of	3300161
Je of Glatement (ch.	Li Other_	
Annual: The period covered is January 1, 20	box)	
December 31, 2019.	019. Ihrough	
The period covered in	Leaving Office: Date Left/	
The period covered is/		
Assuming Office: Date assumed/	The period covered is January 1, 2019, the period covered	Mariat u
	Or The control of the	ough the date of
Candidate: Date of Election	The period covered is/ the date of leaving office. and office sought if different it.	
Schedule Summany (mark)	○ The period covered is/ the date of leaving office. and office sought, if different than Part 1: ► Total number of pages includion (1).	, Inrough
Schedules attached (must complete)	> Total number	
⊠ Schools	and office sought, if different than Part 1: Total number of pages including this cover page:	
Schedule A-1 - Investments - schedule attach Schedule A-2 - Investments	ed	_
Schedule A-2 - Investments - schedule attach Schedule B - Real Property	Schedule C - Income /	
- roperty - schedule attache	ord Generalie D - Income - Giffe Carlot Costillons - sch	edule attached
- None - No reported	Schedule E - Income - Gifts - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule	
f- □ None - No reportable interests on any erification	/ Schedule	e attached
All INC ADD		
COMINESS OF AGENCY Address O STREET	CITY	
GCSD 18966 Ferretti Road YTIME TELEPHONE NUMBER	STATE	
209) 962 7404	Groveland ZIP CODE	
ave used all reasonable in	EMAIL ADDRESS CA 95321	
ein and in any attached schedules is a training this staten	nmora@gcsd.og	
rtify under penalty of perium under the complete	. I acknowledge this is a public of the best of my based in	
Signey January 40	EMAIL ADDRESS nmora@gcsd.og nent. I have reviewed this statement and to the best of my knowledge the informati L acknowledge this is a public document. State of California that the foregoing is true and correct.	on contained
Signed Surface 10, 2020	young is true and correct.	
(month, day, year)		
us, jear)	Signature J Oncy K Moral Signed paper statement with your hing official.)	

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized. Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Nancy Mora

NAME OF BUSINESS ENTITY	The state of the s
Fidelity Investments	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	Fidelity Investments GENERAL DESCRIPTION OF THIS BUSINESS
Nancy Mora 401K	
FAIR MARKET VALUE	Leo Mora 401K
\$2,000 - \$10,000 \$10,001 - \$100,000	FAIR MARKET VALUE
▼ \$1,000,000 ☐ Over \$1,000,000	\$2,000 - \$10,000
NATURE OF INVESTMENT Mutual Funds ☐ Stock ☒ Other	NATURE OF INVESTMENT Mutual Funda
(Describe)	Stock Other (Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
///	//19 / /19
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
S2,000 - \$10,000 S10,001 - \$100,000	
S100,001 - \$1,000,000 Over \$1,000,000	\$2,000 - \$10,000
NATURE OF INVESTMENT	
Stock Other	NATURE OF INVESTMENT Stock Other
(Describe) Partnership O Income Received of \$0 - \$499	(Describe)
O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499
,	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//19 / /19	
//	
	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	
OLIVER DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	
\$2,000 - \$10,000 \$10,001 - \$100,000	FAIR MARKET VALUE
S100,001 - \$1,000,000 Over \$1,000,000	S2,000 - \$10,000 S10,001 - \$100,000
	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other(Describe)	Stock Other
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499
IF APPLICABLE, LIST DATE:	O Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE:
//19 / /19	The second control of
ACQUIRED DISPOSED	//19/19 ACQUIRED DISPOSED
Comments:	

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts (Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Nancy Mora

▶ 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
The UPS Store # 1423	The UPS Store # 4954
Name 1940 South Broadway Minot, ND 58701 Address (Business Address Acceptable) Check one Trust, go to 2 R Business Entity complete the box then go to 2	Name 387 15h Street West Dickinson, ND 58601 Address (Business Address Acceptable) Check one
= 1 and variplete the box, then go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS Mail and Packaging Services	GENERAL DESCRIPTION OF THIS BUSINESS Mail and Packaging Services
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
NATURE OF INVESTMENT Partnership Sole Proprietorship Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION Owner (Leo Mora)	YOUR BUSINESS POSITION Owner (Leo Mora)
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
☐ \$0 - \$499 ☐ \$10,001 - \$100,000 ☐ \$500 - \$1,000 ☒ OVER \$100,000 ☐ \$1,001 - \$10,000	\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 \$\times\$ OVER \$100,000 \$1,001 - \$10,000
3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below	3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attacle a separate sheet if recessary.) None or Names listed below
Mailing, shipping, Printing/Copies	Mailing, Shipping, Printing/Copies
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST
☐ INVESTMENT ☐ REAL PROPERTY N/A	Check one box: INVESTMENT REAL PROPERTY N/A
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 10,001 - \$100,000 10,001 - \$1,000,000 10,000 - \$1,000,000 10,000 - \$1,000,000 10,000 - \$1,000,000 10,000 - \$1,000,000 10,000 - \$1,000,000 10,000 - \$1,000,000 10,000 - \$1,000,000 10,000 - \$1,000,000 10,000 - \$1,000,000 10,000 - \$1,000,000 10,000 - \$1,000,000 10,000 - \$1,000,000 10,000 - \$1,000,000 10,000 - \$1,000,000 10,000 - \$1,000,000 10,000 - \$1,000,000 10,000,000 10,000,000 10,000,000 10,000,000 10,000,000 10,000,0	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
NATURE OF INTEREST Property Ownership/Deed of Trust Slock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Trs, remaining Check box if additional schedules reporting investments or real property are attached
Comments:	

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 7	00
FAIR POLITICAL PRACTICES COMMI	SSION
Name	
Nancy Mora	

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 1357 West 18th Avenue	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
CITY . Oshkosh, WI 54902	СІТҮ
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
S0 - \$499 S500 - \$1,000 S1,001 - \$10,000	S0 - \$499 S500 - \$1,000 S1,001 - \$10,000
▼ \$10,001 - \$100,000 □ OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. None	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. None
You are not required to report loans from a commercial business on terms available to members of the public w	lending institution made in the lender's regular course of
loans received not in a lender's regular course of busine	ess must be disclosed as follows:
NAME OF LENDER*	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
%	% \[\] None \[
HIGHEST BALANCE DURING REPORTING PERIOD	
\$500 - \$1,000	HIGHEST BALANCE DURING REPORTING PERIOD ☐ \$500 - \$1,000
S10,001 - \$100,000 OVER \$100,000	☐ \$10,001 - \$10,000 ☐ OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
mments:	

SCHEDULE C Income, Loans, & Business Positions (Other than Gifts and Travel Payments)

CALIFORNIA FORM	700
FAIR POLITICAL PRACTICES	
Name	
Nancy Mora	

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
	Delta Airlines
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
	1020 Delta Boulevard Atlainta, GA 30354
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
	Airline
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Nancy Mora - Retired	Pilot (Leo Mora)
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
☐ \$500 - \$1,000 🔀 \$1,001 - \$10,000	S500 - \$1,000 S1,000 S1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 X OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	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.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.) Loan repayment	(Real property, car, boat, etc.)
	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other Pension (Describe)	Other
➤ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PE	(Describe)
You are not required to report loans from a commercial le a retail installment or credit card transaction, made in the members of the public without regard to your official statu regular course of business must be disclosed as follows:	ending institution, or any indebtedness created as part of
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	% None
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
S500 - \$1,000	
S1,001 - \$10,000	City
S10,001 - \$100,000	Guarentor
OVER \$100,000	_
_ ·	Other(Describe)
Commonwhat	(Souther)
Comments:	