

**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)
Edwards Spencer Wiles

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Groveland Community Services District

Division, Board, Department, District, if applicable

Board of Directors

Your Position

Director

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

Agency: Tuolumne/Stanslaus Intergrated Watershed Advisory

Position: Director

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

State

Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)

Multi-County Tuolumne/Stanslaus

County of _____

City of _____

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, 2022.

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 C - Income, Loans, & Business Positions – schedule attached

Schedule A-2 - Investments – schedule attached

Schedule D - Income – Gifts – schedule attached

Schedule B - Real Property – 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 Road Groveland Ca 95321

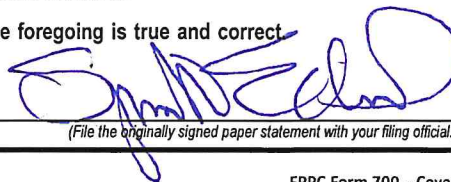
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(209) 962-7161 sedwards@gcsd.org

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 02/13/2023
(month, day, year)

Signature



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

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Groveland Community Services District

Division, Board, Department, District, if applicable Your Position
Board of Directors Director

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