CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

FILED IN THE OFFICE OF THE CHIEF ELECTIONS OFFICER OF SAN MATEO COUNTY, CALIF.
Date Initial Filing Received
Official Use Only
FEB 06 2017
MARK CHURCH, Chief Elections Officer
By: [illegible]
DEPUTY CLERK

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE INITIAL)
Larenas	Edmundo	A

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
San Mateo County Harbor District

Division, Board, Department, District, if applicable: San Mateo County Harbor District

Your Position: Commissioner

▶ 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
☐ Multi-County _____
☐ City of _____
☐ Judge or Court Commissioner (Statewide Jurisdiction)
☒ County of San Mateo
☐ Other _____

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

☐ **Annual:** The period covered is January 1, 2016, through December 31, 2016.
-or-
The period covered is ___/___/_____, through December 31, 2016.

☒ **Assuming Office:** Date assumed 01 / 09 / 2017

☐ **Leaving Office:** Date Left ___/___/_____ *(Check one)*
○ The period covered is January 1, 2016, through the date of leaving office.
-or-
○ The period covered is ___/___/_____, through the date of leaving office.

☐ **Candidate:** Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ▶ *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)

DAYTIME TELEPHONE NUMBER | E-MAIL ADDRESS

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 02/06/2017 *(month, day, year)*

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