Please type or print in ink.



## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A Public Document

Date Initial Filing Received
Filing Official Use Only

E-Filed 02/23/2023 10:58:32

Filing ID: 206589057

NAME OF FILER	(LAST)		(FIRST)		(MIDDLE)				
Hamilton, M	aureen								
1. Office, Ag	Office, Agency, or Court								
Agency Name	e (Do not use acronyms)								
COUNTY OF	OF MONTEREY								
Division, Boa	rd, Department, District, if applicable		Your Position						
Monterey	Peninsula Water Management Distri	.ct	District E	ngineer					
► If filing for	multiple positions, list below or on an attachme	ons, list below or on an attachment. (Do not use acronyms)							
Agency:			Position:						
2. Jurisdicti	ion of Office (Check at least one box)								
State			Judge, Retire (Statewide Ju	ed Judge, Pro Tem Jud urisdiction)	dge, or Court Commissioner				
☐ Multi-Cou	nty		X County of Mo	· · · · · · · · · · · · · · · · · · ·					
City of			Other						
3. Type of S	Statement (Check at least one box)								
	The period covered is January 1, 2022 thro December 31, 2022.	ugh	Leaving Offi	ice: Date Left (Check	one circle)				
-or-	The period covered is 09 / 20 / 2022, December 31, 2022.	through	<ul><li>The period of leaving</li></ul>		1, 2022 through the date				
Assumir	ng Office: Date assumed/		<ul><li>The period</li><li>of leaving</li></ul>		, through the date				
Candida	te:Date of Election and c	office sought, if di	fferent than Part 1:						
4. Schedule	Summary (required) ► Tot	al number o	f pages including	this cover nage	2				
Schedules		ai iidiiiboi o	r pages moraumg	tillo oover page	· <del></del>				
X Scho	edule A-1 - Investments – schedule attached		Schedule C - Inco.	me, Loans, & Busine	ss Positions – schedule attached				
Sch	edule A-2 - Investments - schedule attached			me – Gifts – schedule					
☐ Sche	edule B - Real Property - schedule attached		Schedule E - Incom	me – Gifts – Travel P	Payments - schedule attached				
-or-									
□ None ·	- No reportable interests on any sched	lule							
5. Verificatio	on								
MAILING ADDRE (Business or Age	ESS STREET ency Address Recommended - Public Document)	CITY		STATE	ZIP CODE				
	Court, Bldg G	Monte		CA	93940				
	PHONE NUMBER		E-MAIL ADDRESS						
	(831) 658-5622 mhamilton@mpwmd.net								
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information confiderein 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	02/23/2023 (month, day, year)
	(monus, uay, year)		(File	i ine ongmany signeu paper sta	acıncın willi your illiny bilibidi.)				

## 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							
Hamilton, Maureen							

<b>•</b>	NAME OF BUSINESS ENTITY	•	NAME OF BUSINESS ENTITY
	Chevron		
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
	Oil and Gas		
	FAIR MARKET VALUE		FAIR MARKET VALUE
	\$2,000 - \$10,000		\$2,000 - \$10,000
	\$100,001 - \$1,000,000 Over \$1,000,000		\$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT		NATURE OF INVESTMENT
	X Stock Other		Stock Other
	(Describe)  Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)		(Describe)  ☐ Partnership
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
	, , 22 , , , 22		, , 22 , , , 22
	ACQUIRED DISPOSED		ACQUIRED DISPOSED
_	NAME OF BUSINESS ENTITY	$\vdash$	NAME OF BUSINESS ENTITY
	NAME OF BOSINESS ENTITY		NAIME OF BUSINESS ENTITY
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
	FAIR MARKET VALUE		FAIR MARKET VALUE
	\$2,000 - \$10,000 \$10,001 - \$100,000		\$2,000 - \$10,000\$10,001 - \$100,000
	\$100,001 - \$1,000,000 Over \$1,000,000		\$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT		NATURE OF INVESTMENT
	Stock Other		Stock Other
	(Describe)		(Describe)
	Partnership O Income Received of \$0 - \$499		Partnership O Income Received of \$0 - \$499
	○ Income Received of \$500 or More (Report on Schedule C)		○ Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
	, ,22 , ,22		, , 22
	ACQUIRED DISPOSED		ACQUIRED DISPOSED
	ACQUINED DISPOSED		ACQUINED DISPOSED
<b>&gt;</b>	NAME OF BUSINESS ENTITY	•	NAME OF BUSINESS ENTITY
	OFNEDAL DECORIDATION OF THIS BUSINESS		OFNEDAL RECORDITION OF THIS PHOINTS
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
	FAIR MARKET VALUE		FAIR MARKET VALUE
	\$2,000 - \$10,000 \$10,001 - \$100,000		\$2,000 - \$10,000 \$10,001 - \$100,000
	\$100,001 - \$1,000,000 Over \$1,000,000		\$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT		NATURE OF INVESTMENT
	Stock Other(Describe)		Stock Other (Describe)
	Partnership () Income Received of \$0 - \$499		Partnership O Income Received of \$0 - \$499
	○ Income Received of \$500 or More (Report on Schedule C)		○ Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
	, ,22 , ,22		, , , 22
	ACQUIRED DISPOSED		ACQUIRED DISPOSED
	, is don't be	l	וטו טטבט
٠,	ammonts:		