| | FORM 700 STAT | | ECONOMIC INTE | RESTS | Date Initial Filing Received Filing Official Use Only |
|---|---|--------------------|-------------------------------------|--------------------------|--|
| | | A PUB | LIC DOCUMENT | | Date: 01/14/2025 08:11 PM I: 091300036-STH-0036 |
| Please type or print | | | | | |
| NAME OF FILER (LAST | | | | (MIDDLE) | |
| Dickinson | Willia | am | | John | |
| 1. Office, Agen | cy, or Court | | | | |
| Agency Name (L | Do not use acronyms) | | | | |
| South Placer | Municipal Utility District | | | | |
| Division, Board, D | Department, District, if applicable | | Your Position | | |
| | | | Director | | |
| ► If filing for mu | Itiple positions, list below or on an attachn | nent. (Do not use | e acronyms) | | |
| SEE | | | | | |
| Agency: | ATTACHED LIST | | Position: | | |
| 2 Jurisdiction | of Office (Check at least one box) | | | | |
| | | | Uudaa Potirad luda | o Dro Tom I | udge, or Court Commissioner |
| State | | | (Statewide Jurisdictio | | udge, or Court Commissioner |
| Multi-County | | | County of | | |
| | | | X Other District | | |
| | | | | | |
| 3. Type of Stat | tement (Check at least one box) | | | | |
| De | e period covered is January 1, 202 4, throusember 31, 202 4. | ugh | - | ate Left (Check one c | // ircle below.) |
| | e period covered is///////_ | , through | The period cover leaving office. | ered is Janua | ry 1, 202 4, through the date of |
| Assuming C | Office: Date assumed// | | ** | | /, through |
| Candidate: | Date of Election a | and office sought, | if different than Part 1: | | |
| 4. Schedule Su Schedules | | Total number | of pages including thi | s cover pa | nge: <u>3</u> |
| 🗙 Schedule | A-1 - Investments – schedule attached | | Schedule C - Income, Loai | ns, & Busines | s Positions - schedule attached |
| Schedule | A-2 - Investments - schedule attached | | Schedule D - Income – Git | | |
| Schedule | B - Real Property – schedule attached | | Schedule E - Income – Gif | ts – Travel Pa | ayments - schedule attached |
| -or- 🗆 None | - No reportable interests on any s | chedule | | | |
| 5. Verification | | | | | |
| MAILING ADDRESS (Business or Agency) | STREET Address Recommended - Public Document) | CITY | | STATE | ZIP CODE |
| 5807 Spring | view Drive | Rocklii | า | CA | 95677 |
| DAYTIME TELEPHON | | | EMAIL ADDRESS | | |
| (916)625 | | | | | |
| | easonable diligence in preparing this staten y attached schedules is true and complete | | | best of my kr | nowledge the information contained |
| I certify under p | enalty of perjury under the laws of the | State of Californ | ia that the foregoing is true | e and correc | t. |
| Date Signed | 01/14/2025 08:11 PM | s | gnature V | /illiam Joh | n Dickinson |
| | (month, day, year) | · · · · | J | | atement with your filing official.) |

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE ATTACHMENT

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name

William Dickinson

EXPANDED STATEMENT LIST

| Agency Name | Division, Board, Department, District | Position or Title | Jurisdiction | Type of Statement | Period Covered |
|------------------------------------|--|-------------------|---------------------|----------------------|---------------------|
| Deferred Compensation Committee | | Committee Member | County of Placer | Annual | 01/01/24 - 12/31/24 |

| SCHEDULE A-1 Investments | | | | | | | | |
|--|---|--|--|--|--|--|--|--|
| Stocks, Bonds, and Other Interests Name | | | | | | | | |
| | Ownership Interest i | s Less Than 10%) | William Dickinson | | | | | |
| Do | Investments mus not attach brokerage o | t be itemized. or financial statements. | | | | | | |
| NAME OF BUSINESS ENTITY |][| ► NAME OF BUSINESS ENTI | ТҮ | | | | | |
| AT&T | | | | | | | | |
| GENERAL DESCRIPTION OF THIS BUSINESS | | GENERAL DESCRIPTION C | OF THIS BUSINESS | | | | | |
| telecommunications | | | | | | | | |
| FAIR MARKET VALUE \$2,000 - \$10,000 \$100,001 - \$1,000,000 Over \$1,000,000 | | FAIR MARKET VALUE \$2,000 - \$10,000 \$100,001 - \$1,000,000 | \$10,001 - \$100,000 Over \$1,000,000 | | | | | |
| NATURE OF INVESTMENT Stock Other | | NATURE OF INVESTMENT | | | | | | |
| (Describe) ☐ Partnership ○ Income Received of \$0 - \$499 ○ Income Received of \$500 or Mor | re (Report on Schedule C) | Partnership O Income R O Income R | (Describe) eceived of \$0 - \$499 eceived of \$500 or More (<i>Report on Schedule C</i>) | | | | | |
| IF APPLICABLE, LIST DATE: | | IF APPLICABLE, LIST DATE | 2 | | | | | |
| / <u>24</u> / <u>24</u> / <u>24</u> ACQUIRED DISPOSED | | //_24 ACQUIRED | //_24 DISPOSED | | | | | |
| ► NAME OF BUSINESS ENTITY | | ► NAME OF BUSINESS ENTI | TY | | | | | |
| GENERAL DESCRIPTION OF THIS BUSINESS | | GENERAL DESCRIPTION C | OF THIS BUSINESS | | | | | |
| | | | | | | | | |
| FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100 \$100,001 - \$1,000,000 Over \$1,000,000 | | FAIR MARKET VALUE \$2,000 - \$10,000 \$100,001 - \$1,000,000 | S10,001 - \$100,000 | | | | | |
| NATURE OF INVESTMENT | | NATURE OF INVESTMENT | | | | | | |
| ☐ (Describe) ☐ Partnership ○ Income Received of \$0 - \$499 ○ Income Received of \$500 or Mor | re (Report on Schedule C) | Partnership O Income R | (Describe) eceived of \$0 - \$499 eceived of \$500 or More (<i>Report on Schedule C</i>) | | | | | |
| IF APPLICABLE, LIST DATE: | | IF APPLICABLE, LIST DATE | E: | | | | | |
| //_24//_24 ACQUIREDDISPOSED | | / <u>24</u> ACQUIRED | //_24 DISPOSED | | | | | |
| ► NAME OF BUSINESS ENTITY | | ► NAME OF BUSINESS ENTI | TY | | | | | |
| GENERAL DESCRIPTION OF THIS BUSINESS | | GENERAL DESCRIPTION C | OF THIS BUSINESS | | | | | |
| FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100 \$100,001 - \$1,000,000 Over \$1,000,000 | | FAIR MARKET VALUE \$2,000 - \$10,000 \$100,001 - \$1,000,000 | S10,001 - \$100,000 | | | | | |
| NATURE OF INVESTMENT | | NATURE OF INVESTMENT | | | | | | |
| (Describe) ☐ Partnership ○ Income Received of \$0 - \$499 ○ Income Received of \$500 or Mor | re (Report on Schedule C) | ☐ Partnership | (Describe) eceived of \$0 - \$499 eceived of \$500 or More (<i>Report on Schedule C</i>) | | | | | |
| IF APPLICABLE, LIST DATE: | | IF APPLICABLE, LIST DATE | E: | | | | | |
| | | 24 | 24 | | | | | |
| ACQUIRED DISPOSED | | ACQUIRED | DISPOSED | | | | | |