CALIFORNIA FORM 700	N C	STATEMENT OF ECONOMIC INTERESTS COVER PAGE A PUBLIC DOCUMENT	
Please type or print in ink.			Filing ID: 212849339
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)	212649339
Thomas, Michael			
1. Office, Agency, or Court			
Agency Name (Do not use acronyms	)		
San Luis Obispo County	, ,		
Division, Board, Department, District, i	f applicable	Your Position	
Gambard an GOD			
Cambria CSD <ul> <li>If filing for multiple positions, list be</li> </ul>	elow or on an attachment. (Do not us	<u>Board Member</u> e acronyms)	
Agency:AGE ATTACHED FOR AI	DDITIONAL POSITIONS	Position:	
2. Jurisdiction of Office (Check	k at least and have		
	k at least one dox)		
State		Judge, Retired Judge, Pro Tem Judg (Statewide Jurisdiction)	je, or Court Commissioner
Multi-County		County of	
City of		X Other Cambria Community Ser	rvices District
December 31, <b>202</b> 4.	/, through	Leaving Office: Date Left/ (Check one circl The period covered is January leaving office. -or- The period covered is/_ the date of leaving office. , if different than Part 1:	<i>e below.)</i> 1, <b>202</b> 4, through the date of /, through
4. Schedule Summary (requir	red)	of pages including this cover page	2: <u>3</u>
· · · ·	schedule attached	Schedule C - Income, Loans, & Business H Schedule D - Income – Gifts – schedule at Schedule E - Income – Gifts – Travel Payr	tached
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - 1	CITY Public Document)	STATE	ZIP CODE
2150 Main Street Ste. 1B DAYTIME TELEPHONE NUMBER	Cambri		93428
		EMAIL ADDRESS	
I have used all reasonable diligence in	preparing this statement. I have revie is true and complete. I acknowledge	michael1953thomas@gmail.com wed this statement and to the best of my know this is a public document.	ledge the information contained
I certify under penalty of perjury ur	nder the laws of the State of Califor	nia that the foregoing is true and correct.	
Date Signed 01/20/2		ignature Michael Thomas	
(month, day,	year)	(File the originally signed paper statem	ent with your filing official.)

121300047-NFH-0047

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE Expanded Statement Attachment

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Michael Thomas

\* This table lists all positions including the primary position listed in the Office, Agency, or Court section of the Cover Page.

Agency	Div/Board/Dept/District	Position	Type of Statement	SAN #
San Luis Obispo County	Cambria CSD	Board Member	Annual 1/1/2024 - 12/31/2024	121300047-NFH-0047
SAN LUIS OBISPO COUNTY	Cambria CSD	Chair of Parks, Recreation & Open Space Committee	Annual 1/1/2024 - 12/31/2024	121300047-NFH-0047

121300047-NFH-0047

## **SCHEDULE A-1**

## Investments



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

	Investments n			Thomas, Michael	
	Do not attach brokerag	e or fin	ancial statements.		
	NAME OF BUSINESS ENTITY	►	NAME OF BUSINESS EN	ITITY	
	RREEF Property Trust (REIT) Class A	CION ARES Diversified Credit Fund (CADWX) CLASS			
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS		
	Property Management	.	Banking		
	FAIR MARKET VALUE		FAIR MARKET VALUE		
	\$2,000 - \$10,000 \$10,001 - \$100,000		\$2,000 - \$10,000	\$10,001 - \$100,000	
	X         \$1,000,000         Over \$1,000,000		X \$100,001 - \$1,000,000	Over \$1,000,000	
	NATURE OF INVESTMENT		NATURE OF INVESTMEN	IT	
	X Stock Other	l r	X Stock Other		
	(Describe)		Partnership 🗌 Income	(Describe)	
	Income Received of \$500 or More (Report on Schedule C)			Received of \$500 or More (Report on Schedule C)	
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DA	TE:	
	// <b>24</b> // <b>24</b> ACQUIRED DISPOSED	·	// <b>24</b> ACQUIRED	// <b>24</b>	
	NAME OF BUSINESS ENTITY		NAME OF BUSINESS EN		
	Blackstone REIT Common Stock, Class T GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION	ties Common Stock, Class T	
	GENERAL DESCRIPTION OF THIS BUSINESS				
	Property Management		Property Managemen	t	
	FAIR MARKET VALUE		FAIR MARKET VALUE		
	\$2,000 - \$10,000       \$10,001 - \$100,000	[	\$2,000 - \$10,000		
	X         \$100,001 - \$1,000,000         Over \$1,000,000		X \$100,001 - \$1,000,000	Over \$1,000,000	
	NATURE OF INVESTMENT		NATURE OF INVESTMEN	ΙT	
	X Stock Other		X Stock Other	(Describe)	
	Partnership Income Received of \$0 - \$499	[		Received of \$0 - \$499	
	Income Received of \$500 or More (Report on Schedule C)			Received of \$500 or More (Report on Schedule C)	
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DA	TE.	
	// <b>24</b> // <b>24</b> ACQUIRED DISPOSED	.	// <b>24</b> ACQUIRED	// <b>24</b>	
	ACQUIRED DISPOSED		ACQUIRED	DISPOSED	
►	NAME OF BUSINESS ENTITY		NAME OF BUSINESS EN	ITITY	
	CVX				
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION	OF THIS BUSINESS	
I	Energy	.			
			FAIR MARKET VALUE		
	\$2,000 - \$10,000         X         \$10,001 - \$100,000           \$100,001 - \$1,000,000         Over \$1,000,000		\$2,000 - \$10,000 \$100,001 - \$1,000,000	Standard Sta	
	NATURE OF INVESTMENT           X         Stock         Other		NATURE OF INVESTMEN	NI	
	□ (Describe) □ Partnership □ Income Received of \$0 - \$499			(Describe) Received of \$0 - \$499	
	☐ Income Received of \$50 or More ( <i>Report on Schedule C</i> )			Received of \$0 - \$499 Received of \$500 or More (Report on Schedule C)	
				TE	
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DA		
		.	// <b>24</b>	// <b>24</b>	
	ACQUIRED DISPOSED		ACQUIRED	DISPOSED	
-					
C	omments:				