CALIFORNIA FORM 700	-	OF ECONOMI COVER PAGE		Date Initial Filing Receive Filing Official Use Only E-Filed 01/27/2025 16:27:47
Please type or print in ink.				Filing ID: 212962992
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)	
Gray, Tom				
1. Office, Agency, or Court				
Agency Name (Do not use acronyms)				
San Luis Obispo County				
Division, Board, Department, District, if ap	plicable	Your Positi	on	
Cambria CSD		Board M	ember	
 ► If filing for multiple positions, list below 	or on an attachment. (Do r			
	TONAL DOCTUTONO			
Agency:	IIONAL POSITIONS	Position: _		
2. Jurisdiction of Office (Check at	least one box)			
State		Judge, R	etired Judge. Pro Tem Jud	lge, or Court Commissioner
			e Jurisdiction)	
Multi-County		County of	F	
City of			ambria Community Se	
3. Type of Statement (Check at lease				
Annual: The period covered is Janu December 31, 2024. The period covered is December 31, 2024. Assuming Office: Date assumed	_//, thro	ugh	ng office.	
Candidate: Date of Election	and office s	ought, if different than Pa	art 1:	
 4. Schedule Summary (required) Schedules attached Schedule A-1 - Investments - sch Schedule A-2 - Investments - sch Schedule B - Real Property - sch -Or- None - No reportable intel 	edule attached edule attached edule attached	Schedule C - In	<i>come – Gifts</i> – schedule a	Positions – schedule attached
5. Verification	colo on any senedule			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public	CIT	TY	STATE	ZIP CODE
2150 Main Street, 1-A	Ca	mbria	CA	93428
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
(805) 927-5176 I have used all reasonable diligence in pre herein and in any attached schedules is tr I certify under penalty of perjury under	rue and complete. I acknow	ledge this is a public doo	and to the best of my kno cument.	wledge the information contained
Date Signed 01/27/2025		Signature <u>Tom Gr</u>	-	most with your Slipe official)

121300047-NFH-0047

STATEMENT OF ECONOMIC INTERESTS COVER PAGE Expanded Statement Attachment

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Tom Gray

* 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 #
County of San Luis Obispo	Cambria CSD	Members of Finance Committee	Annual 1/1/2024 - 12/31/2024	121300047-NFH-0047
San Luis Obispo County	Cambria CSD	Board Member	Annual 1/1/2024 - 12/31/2024	121300047-NFH-0047

121	.300047-NFH-0047				
	Invest			CALIFORNIA FORM 700	
				FAIR POLITICAL PRACTICES COMMISSION	
	Stocks, Bonds, al Ownership Interest			Name	
	Investments must be itemized. Gray, Tom				
_	Do not attach brokerage				
	NAME OF BUSINESS ENTITY		NAME OF BUSINESS ENT	ITY	
	Shell PLC				
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION	OF THIS BUSINESS	
	Oil, Gas and Consumable Fuels				
	FAIR MARKET VALUE X \$2,000 - \$10,000 \$10,001 - \$100,000		FAIR MARKET VALUE \$2,000 - \$10,000	\$10,001 - \$100,000	
	S100,001 - \$1,000,000 Over \$1,000,000		\$100,001 - \$1,000,000	Over \$1,000,000	
	NATURE OF INVESTMENT X Stock Other (Describe)		NATURE OF INVESTMENT		
	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)		Partnership Income F	(Describe) Received of \$0 - \$499 Received of \$500 or More (<i>Report on Schedule C</i>)	
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DAT	E:	
	//24//24		/ /24	// 24	
_	ACQUIRED DISPOSED		ACQUIRED	DISPOSED	
	NAME OF BUSINESS ENTITY		NAME OF BUSINESS ENT	II Y	
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION	OF THIS BUSINESS	
	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$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 Stock Other		NATURE OF INVESTMENT		
	(Describe) ☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (<i>Report on Schedule C</i>)		Partnership Income F	(Describe) Received of \$0 - \$499 Received of \$500 or More (<i>Report on Schedule C</i>)	
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DAT	E:	
	//24//24 ACQUIRED DISPOSED		// 24 ACQUIRED	// 24 DISPOSED	
►	NAME OF BUSINESS ENTITY		NAME OF BUSINESS ENT	ΊΤΥ	
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION	OF THIS BUSINESS	
	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INVESTMENT		FAIR MARKET VALUE \$2,000 - \$10,000 \$100,001 - \$1,000,000 NATURE OF INVESTMENT	S10,001 - \$100,000	
	Stock Other (Describe)		Stock Other	(Describe)	
	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (<i>Report on Schedule C</i>)		Partnership Income F		
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DAT	E:	
	// 24 // 24 ACQUIRED DISPOSED		// 24	// 24 DISPOSED	
		1	AGGOINED		

Co	mm	ent	s:
----	----	-----	----