

**STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT**

Date Initial Filing Received  
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NAME OF FILER (LAST) (FIRST) (MIDDLE)  
SEAR SCOTT A

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

VALLEY SANITARY DISTRICT

Division, Board, Department, District, if applicable

DIVISION C

Your Position

DIRECTOR

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: VALLEY SANITARY DISTRICT

Position: BUDGET & FINANCE COMMITTEE MEMBE

**2. Jurisdiction of Office (Check at least one box)**

☐ State

☐ Multi-County

☐ City of

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner  
(Statewide Jurisdiction)

☐ County of

☒ Other SPECIAL DISTRICT

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

☒ Annual: The period covered is January 1, 2022, through  
December 31, 2022.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through  
December 31, 2022.

☐ Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Candidate: Date of Election \_\_\_\_ and office sought, if different than Part 1: \_\_\_\_

☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one circle.)

☐ The period covered is January 1, 2022, through the date of  
leaving office.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through  
the date of leaving office.

**4. Schedule Summary (required)**

**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

► Total number of pages including this cover page: 1

**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)

45500 VAN BUREN ST

INDIO

CA

92201

DAYTIME TELEPHONE NUMBER

(760) 238-5400

EMAIL ADDRESS

ssear@valley-sanitary.org

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 3/14/2023

(month, day, year)

Signature

(File the originally signed paper statement with your filing official.)