CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Abercrombie	Francis	Patterson

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
Northern Sonoma County Fire Protection District

Division, Board, Department, District, if applicable

Your Position
Board Member

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

Agency: _____ Position: _____

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

- ☐ State
- ☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- ☐ Multi-County _____
- ☒ County of Sonoma
- ☐ City of _____
- ☐ Other _____

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 05 / 10 / 2023
- ☐ **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.
- ☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► ***Total number of pages including this cover page:*** 2

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*

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document) STREET	CITY	STATE	ZIP CODE
P.O. Box 217	Geyserville	CA	95441

DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
(707) 857-4373	aturbeville@nosocofire.com

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 May 5, 2023 *(month, day, year)*

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