

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

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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)	BOARD OF SUPERVISORS COUNTY OF SONOMA
Stewart	Edmund	Robert	

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Northern Sonoma County Fire Protection District

Division, Board, Department, District, if applicable

Board of Directors

Your Position

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)

- | | |
|---|---|
| <input type="checkbox"/> State | <input type="checkbox"/> Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction) |
| <input type="checkbox"/> Multi-County _____ | <input checked="" type="checkbox"/> County of <u>Sonoma</u> |
| <input type="checkbox"/> City of _____ | <input type="checkbox"/> Other _____ |

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Annual: The period covered is January 1, 2024, through December 31, 2024. | <input type="checkbox"/> Leaving Office: Date Left ____/____/____
(Check one circle below.) |
| -or-
The period covered is <u>01 / 01 / 2024</u> , through December 31, 2024. | <input type="checkbox"/> The period covered is January 1, 2024, through the date of leaving office. |
| <input type="checkbox"/> Assuming Office: Date assumed ____/____/____ | -or-
<input type="checkbox"/> The period covered is ____/____/____, through the date of leaving office. |
| <input type="checkbox"/> Candidate: Date of Election _____ and office sought, if different than Part 1: _____ | |

4. Schedule Summary (required)

► Total number of pages including this cover page: 3

Schedules attached

- | | |
|---|---|
| <input type="checkbox"/> Schedule A-1 - Investments – schedule attached | <input checked="" type="checkbox"/> Schedule C - Income, Loans, & Business Positions – schedule attached |
| <input checked="" type="checkbox"/> Schedule A-2 - Investments – schedule attached | <input type="checkbox"/> Schedule D - Income – Gifts – schedule attached |
| <input checked="" type="checkbox"/> Schedule B - Real Property – schedule attached | <input type="checkbox"/> Schedule E - Income – Gifts – Travel Payments – schedule attached |

-or- **None - No reportable interests on any schedule**

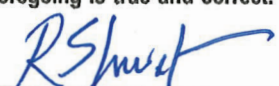
5. Verification

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
<i>(Business or Agency Address Recommended - Public Document)</i>				
20975 Geyserville Avenue, P.O.Box 217		Geyserville	CA	95441
DAYTIME TELEPHONE NUMBER			EMAIL ADDRESS	
(707) 857-3535			rstewart@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 02/06/2025
(month, day, year)

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