

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)
 Sadoff Dave

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
 Castro Valley Sanitary District
 Division, Board, Department, District, if applicable Your Position
 Board of Directors Director
 ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
 Agency: See Attached 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
 City 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)

▶ Total number of pages including this cover page: 3

Schedules attached

Schedule A-1 - Investments – schedule attached Schedule C - Income, Loans, & Business Positions – schedule attached
 Schedule A-2 - Investments – schedule attached Schedule D - Income – Gifts – schedule attached
 Schedule B - Real Property – schedule attached 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
 (Business or Agency Address Recommended - Public Document)
 21040 Marshall Street Castro Valley CA 94546
 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
 (510) 537-0757 board@cvsan.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 1/10/2023
 (month, day, year)

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

Dave Sadoff

Form 700

2022

AGENCY

POSITION

California Sanitation Risk Management Authority (CSRMA)

Alternate

Attn: Tevea Hill

Alliant Insurance Services

100 Pine Street, 11th Floor

San Francisco, CA 9411

Alameda County Waste Management Authority Board

Director

StopWaste.Org

Attn: Adrienne Ramirez, Executive Assistant

1537 Webster Street

Oakland, CA 94612

East Bay Dischargers Authority (EBDA)

Alternate

Attn: Administrative Assistant

2651 Grant Avenue

San Lorenzo, CA 94580-1841