

**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)  
Johnson Ralph

**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
- 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)**

► Total number of pages including this cover page: 3

**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 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 2/7/23  
(month, day, year)

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



**Ralph Johnson**

**Form 700**

**2022**

**AGENCY**

Alameda County Local Agency Formation Commission

Attn: Administrative Assistant

Local Agency Formation Commission of Alameda County

1221 Oak Street, Room 555, Oakland, CA 94612

East Bay Dischargers Authority (EBDA)

Attn: Administrative Assistant

2651 Grant Avenue

San Lorenzo, CA 94580-1841

**POSITION**

Special District

Member

Commissioner