SAN: 021900238-ACH-0238

STATEMENT OF ECONOMIC INTERESTS

Statement Id: 4206

Date Initial Filing Received Filing Official Use Only

CALIFORNIA FORM 700

COVER PAGE A PUBLIC DOCUMENT

Please type or print in i	nk.				
NAME OF FILER (LAST) (FIRST)			(MIDDLE)		
Faria		Mariellen			
1. Office, Agency,	or Court				
Agency Name (Do no	ot use acronyms)				
Eden Township	Healthcare District				
Division, Board, Depa	rtment, District, if applicable	,	Your Position		
			Board Member		
► If filing for multiple	positions, list below or on an attachm				
Alamada	Local Agency Formation Co	mmission	Commissioner		
Agency: Alameda Local Agency Formation Commission			Position: Commissioner		
2. Jurisdiction of	Office (Check at least one box)				
		Г	Judge, Retired Judge, Pro Tem Judge, or Court Commissioner		
			(Statewide Jurisdiction)		
Multi-County			County of Alameda		
City of			Other		
	ient (Check at least one box)				
	riod covered is January 1, 2023, throu	iah 🔽	Leaving Office: Date Left///		
	ber 31, 2023.	ign 🗠	(Check one circle.)		
-or- The pe	riod covered///////	through	The period covered is January 1, 2023, th	rough the	
	ember 31,2023.	,	date of leaving office.		
Assuming Office	e: Date assumed//		The period covered is///////	, through	
Candidate: Date	e of Election a	and office sought, if different	ent than Part 1:		
4. Schedule Sumi	mary (required)	Total number of pag	es including this cover page: 2		
Schedules atta	ached				
Schedule A-1	- Investments – schedule attached	☐ Sched	ule C - Income, Loans, & Business Positions -	schedule attached	
	- Investments – schedule attached	☐ Sched	ule D - Income - Gifts - schedule attached		
🔀 Schedule B -	Real Property - schedule attached	Sched	ule E - Income – Gifts – Travel Payments – sch	nedule attached	
	o reportable interests on any s	chedule			
5. Verification					
MAILING ADDRESS (Business or Agency Addre	STREET ss Recommended - Public Document)	CITY	STATE ZIP C	CODE	
224 W. Winton,	Ste.110	Hayward	CA 94544		
DAYTIME TELEPHONE NU			DDRESS		
(510)750-62			ria@yahoo.com		
	nable diligence in preparing this statem ached schedules is true and complete		statement and to the best of my knowledge the i public document.	nformation contained	
	Ity of perjury under the laws of the	-			
			DocuSigned by:		
Date Signed	2/7/2024	Signature			
	(month, day, year)		(File the originally signed paper statement with your fili	ing official.)	

Statement Id: 4206

SCHEDULE B **Interests in Real Property**

(Including Rental Income)

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

Name

Mariellen Faria

 ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 1073 Edgemere Lane CITY Hayward FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 	 ► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 22132 Crystal Falls Drive CITY Sonora FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 		
□ \$10,001 - \$100,000 S \$100,001 - \$1,000,000 □ Over \$1,000,000 NATURE OF INTEREST	□ \$10,000		
Ownership/Deed of Trust Easement	Ownership/Deed of Trust		
Leasehold I Other	Leasehold Description Cther		
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED		
\$ \$0 - \$499 \$ \$500 - \$1,000 \$ \$1,001 - \$10,000	□ \$0 - \$499 □ \$500 - \$1,000 □ \$1,001 - \$10,000		
□ \$10,001 - \$100,000 □ OVER \$100,000	S10,001 - \$100,000		
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. None	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.		
	I lending institution made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows:		
NAME OF LENDER*	NAME OF LENDER*		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER		
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)		
% None	% None		

HIGHEST BALANCE DURING REPORTING PERIOD \$1,001 - \$10,000

OVER \$100,000

\$500 - \$1,000

\$10,001 - \$100,000

Guarantor, if applicable

\$500 - \$1,000	1,001 - \$10,000
\$10,001 - \$100,000	OVER \$100,000

HIGHEST BALANCE DURING REPORTING PERIOD

Guarantor,	if	applicable
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Comments: _