

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Please type or print in ink

NAME OF FILER (LAST) (FIRST) (MIDDLE)
ARANDA SABRINA

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Eden Township Healthcare District

Division, Board, Department, District, if applicable Your Position

Ward 4

Director

► 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 Alameda
- City of Other

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

- Annual: The period covered is January 1, 2024, through December 31, 2024
- Leaving Office: Date Left (Check one circle below)
- The period covered is January 1, 2024, through the date of leaving office.
- The period covered is through the date of leaving office.
- Assuming Office: Date assumed 11/5/2024
- Candidate: Date of Election 11/5/2024 and office sought, if different than Part 1:

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

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)
20400 Lake Chabot Road Suite 300 Castro Valley CA 94546

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(415) 6786383 sabrinacaranda83@gmail.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 4/1/2024 (month, day, year)

DocuSigned by: Sabrina Aranda Signature

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