



STATEMENT OF ECONOMIC INTERESTS COVER PAGE A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) Faria Mariellen

1. Office, Agency, or Court

Agency Name (Do not use acronyms) Eden Township Healthcare District

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

If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: County of Alameda / Measure A Citizen Oversight Committee Position: Appointed Member

2. Jurisdiction of Office (Check at least one box)

- State, Multi-County, City of, Judge (Supreme, Appellate, Superior Court), Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction), County of Alameda, Other

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

- Annual: The period covered is January 1, 2025, through December 31, 2025. Leaving Office: Date Left, The period covered is January 1, 2025, through the date of leaving office. Assuming Office: Date assumed, The period covered is through the date of leaving office. Candidate: Date of Election and office sought, if different than Part 1.

4. Schedule Summary (required)

Total number of pages including this cover page: 2

Schedules attached

- Schedule A-1 - Investments - schedule attached, Schedule A-2 - Investments - schedule attached, Schedule B - Real Property - schedule attached, Attachment 700-P - Prospective Employment (87200 Filers Only) - 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 20400 Lake Chabot Road, Suite 303 Castro Valley CA 94546 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS ( 510 ) 750-6219 mefaria@yahoo.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 3/20/2026 (month, day, year)

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

