CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

A PUBLIC DOCUMENT



TOWN OF MAMMOTH LAKE OFFICE OF THE TOWN CLE ease type or print in ink. (MIDDLE) (FIRST) NAME OF FILER (LAST) R Bill Sauser 1. Office, Agency, or Court Agency Name (Do not use acronyms) **Town of Mammoth Lakes** Your Position Division, Board, Department, District, if applicable council member **Town Council** ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Position: -Agency: ___ 2. Jurisdiction of Office (Check at least one box) Judge, Retired Judge, Pro Tem Judge, or Court Commissioner State (Statewide Jurisdiction) County of Multi-County City of Mammoth Lakes Other 3. Type of Statement (Check at least one box) Leaving Office: Date Left ____ Annual: The period covered is January 1, 2023, through (Check one circle.) December 31, 2023. ☐ The period covered is January 1, 2023, through the date The period covered is ____/___/ of leaving office. December 31, 2023. Assuming Office: Date assumed ____ the date of leaving office. Candidate: Date of Election 11/05/2024 and office sought, if different than Part 1:_ ▶ Total number of pages including this cover page: 4. Schedule Summary (required) Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached -or- None - No reportable interests on any schedule 5. Verification ZIP CODE STATE CITY MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) 93546 CA Mammoth Lakes P.O. Box 26 EMAIL ADDRESS DAYTIME TELEPHONE NUMBER cbsauser@gmail.com (760) 937-5822 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	4-7-Z \(\frac{1}{(month, day, year)}	Signature File the originally signed paper statement with your filing official.)
-------------	--------------------------------------	--

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Bill Sauser

▶ 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
Sauser Family Trust	N
P.O.Box 26, Mammoth Lakes, CA., 93546	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one	Check one Trust, go to 2 Business Entity, complete the box, then go to 2
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2 GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
GENERAL DESCRIPTION OF THIS BUSINESS	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999
NATURE OF INVESTMENT Partnership Sole Proprietorship Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	STARL OF THE SHOPE W
\$0 - \$499	\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000 \$1,001 - \$10,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below
▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST	▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST
Check one box: INVESTMENT REAL PROPERTY	Check one box: INVESTMENT REAL PROPERTY
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 DISPOSED
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Yrs. remaining Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments:	FPPC Form 700 - Schedule A-2 (2023/20