

**STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT**

Date Initial Filing Received  
Filing Official Use Only

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
MORA	Nancy	Kay

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
Groveland Community Services District

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

Your Position  
Vice President

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

Agency: N/A 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 \_\_\_\_\_

City of Groveland, CA  Other \_\_\_\_\_

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

Annual: The period covered is January 1, 2020, through December 31, 2020.

Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Check one circle.)

**-or-**

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through December 31, 2020.

The period covered is January 1, 2020, through the date of leaving office.

**-or-**

Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
 The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through the date of leaving office.

Candidate: Date of Election 11-3-2020 and office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary (must complete) ► Total number of pages including this cover page: \_\_\_\_\_**

**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
<i>(Business or Agency Address Recommended - Public Document)</i>				
GCS D	18966 Ferretti Road	Groveland	CA	95321
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS			
(209 ) 962-7161	nmora@gcsd.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 February 26, 2021  
*(month, day, year)*

Signature Nancy Kay Mora  
*(File the originally signed paper statement with your filing official.)*

**SCHEDULE A-1  
Investments**

**Stocks, Bonds, and Other Interests**  
(Ownership Interest is Less Than 10%)

*Investments must be itemized.*

*Do not attach brokerage or financial statements.*

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <b>Nancy Mora</b>
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▶ NAME OF BUSINESS ENTITY  
Fidelity Investments

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GENERAL DESCRIPTION OF THIS BUSINESS  
**Nancy Mora 401K**

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FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other Mutual Funds  
(Describe)

Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/20      \_\_\_\_\_/\_\_\_\_\_/20  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Fidelity Investments

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GENERAL DESCRIPTION OF THIS BUSINESS  
**Leo Mora 401K**

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FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other Mutual Funds  
(Describe)

Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/20      \_\_\_\_\_/\_\_\_\_\_/20  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY

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GENERAL DESCRIPTION OF THIS BUSINESS

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FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)

Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/20      \_\_\_\_\_/\_\_\_\_\_/20  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY

---

GENERAL DESCRIPTION OF THIS BUSINESS

---

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)

Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/20      \_\_\_\_\_/\_\_\_\_\_/20  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY

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GENERAL DESCRIPTION OF THIS BUSINESS

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FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)

Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/20      \_\_\_\_\_/\_\_\_\_\_/20  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY

---

GENERAL DESCRIPTION OF THIS BUSINESS

---

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)

Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/20      \_\_\_\_\_/\_\_\_\_\_/20  
 ACQUIRED                      DISPOSED

Comments: \_\_\_\_\_







# SCHEDULE C

## Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name \_\_\_\_\_

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
 Delta Airlines

ADDRESS (Business Address Acceptable)  
 1020 Delta Boulevard Atlanta, GA 30354

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Airline

YOUR BUSINESS POSITION  
 Leo Mora - Retired

GROSS INCOME RECEIVED  No Income - Business Position Only  
 \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary  Spouse's or registered domestic partner's income  
 (For self-employed use Schedule A-2.)  
 Partnership (Less than 10% ownership. For 10% or greater use  
 Schedule A-2.)  
 Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)  
 Loan repayment  
 Commission or  Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 (Describe)  
 Other Pension  
 \_\_\_\_\_  
 (Describe)

NAME OF SOURCE OF INCOME  
 \_\_\_\_\_

ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

YOUR BUSINESS POSITION  
 \_\_\_\_\_

GROSS INCOME RECEIVED  No Income - Business Position Only  
 \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary  Spouse's or registered domestic partner's income  
 (For self-employed use Schedule A-2.)  
 Partnership (Less than 10% ownership. For 10% or greater use  
 Schedule A-2.)  
 Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)  
 Loan repayment  
 Commission or  Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 (Describe)  
 Other \_\_\_\_\_  
 (Describe)

**▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000  
 \$1,001 - \$10,000  
 \$10,001 - \$100,000  
 OVER \$100,000

INTEREST RATE \_\_\_\_\_%  None

TERM (Months/Years) \_\_\_\_\_

SECURITY FOR LOAN  
 None  Personal residence  
 Real Property \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City \_\_\_\_\_  
 Guarantor \_\_\_\_\_  
 Other \_\_\_\_\_  
 (Describe)

Comments: \_\_\_\_\_