

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Date Initial Filing Received
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A PUBLIC DOCUMENT

PIE	ease type or print in ink.										
	ME OF FILER (LAST)	(FIRST)		(MIDDLE)							
E	dwards	Spencer		Wiles							
1.	Office, Agency, or Court										
	Agency Name (Do not use acronyms)										
	Groveland Community Services Distric										
	Division, Board, Department, District, if applicable		Your Posit	ion							
	Board of Directors		Directo	r							
	▶ If filing for multiple positions, list below or on an	attachment. (Do not us	e acronyms)								
	Agency: Tuolumne/StanislausIntergrated	Watershed Adviso	Position:	Director							
2.	2. Jurisdiction of Office (Check at least one box)										
	State			Retired Judge, Pro Tem Ju le Jurisdiction)	dge, or Court Commissioner						
	Multi-County Tuolumne/Stanislaus		County of	of							
	City of										
3.	Type of Statement (Check at least one bo	x)									
	Annual: The period covered is January 1, 202 December 31, 2022.	22, through	Leaving	g Office: Date Left (Check one							
	The period covered is 01 / 01 December 31, 2022.	, 2023 , through		period covered is Januar ing office.	y 1, 2022, through the date of						
	Assuming Office: Date assumed/	<u></u>	☐ The	period covered isdate of leaving office.	/, through						
	Candidate: Date of Election	and office sought,	, if different than P	art 1:							
4.	Schedule Summary (required)	► Total number	of pages incl	uding this cover pag	ge:						
	Schedules attached		, ,								
	Schedule A-1 - Investments – schedule atta	ched	Schedule C - In	come. Loans. & Business	Positions – schedule attached						
	Schedule A-1 - Investments – schedule atta										
	Schedule B - Real Property – schedule atta		Schedule E - In	come – Gifts – Travel Pa	yments - schedule attached						
-or- None - No reportable interests on any schedule											
5.	Verification	At .			_						
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY		STATE	ZIP CODE						
	18966 Ferretti Road	Grovel	and	Ca	95321						
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS								
	(209) 962-7161	99) 962-7161 sedwards@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 02/13/2023	Si	ignature	Moderal	(Show)						
	(month, day, year)			(File the originally signed paper state	ement with your filing official.)						



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E	dwards		Spencer		Wi	les				
1.	Office, A	gency, or C	ourt							
	Agency Nar	gency Name (Do not use acronyms)								
			y Services District							
	Division, Bo	oard, Department,	District, if applicable		Your Position					
	Board of	Directors			Director					
	► If filing fo	or multiple position	ns, list below or on an attachment.	(Do not use acror	onyms)					
	, T	Tuolumne/StanislausIntergrated Watershed Advisory Position: Director								
	Agency:				Position:					
2.	Jurisdic	tion of Offic	e (Check at least one box)				7			
	State		,	Γ	Judge Retired Judge Pro	Tem Judge, or Court Commi	ssioner			
					(Statewide Jurisdiction)	Tom stage, or stant stamm				
	Multi-Co	ounty Tuolumn	e/Stanislaus		County of					
	☐ City of	•			7.04					
3.	Type of	Statement (Check at least one box)							
•			vered is January 1, 2022, through	Г	Leaving Office: Date Let	it				
		December 31,		L		eck one circle.)	=,			
	-or	The period co December 31,	vered is 01 , 01 , 2023 2022.	_, through	☐ The period covered is leaving office.	January 1, 2022, through the	e date of			
	Assum	ning Office: Date	e assumed/	<u> </u>	☐ The period covered is the date of leaving offi		through			
	Candid	late: Date of Ele	ection and o	ffice sought, if diffe	rent than Part 1:					
4.	Schedul	e Summary	(required) ► Tota	I number of pa	ges including this cov	er page:				
		les attached	• • •		gg					
	Sch	Schedule A-1 - Investments – schedule attached Schedule C - Income, Loans, & Business Positions – schedule attached					attached			
		Schedule A-2 - Investments – schedule attached Schedule D - Income – Gifts – schedule attached								
	Sch	hedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached					tached			
-0	r- 🗌 No	one - No repo	rtable interests on any sched	lule						
5.	Verificati	on								
	MAILING ADDR (Business or A		STREET Imended - Public Document)	CITY	STATE	ZIP CODE				
	18966 F	erretti Road		Groveland	Ca	95321				
	DAYTIME TELI	EPHONE NUMBER		EMAIL	ADDRESS					
	(209)	962-7161		sed	vards@gcsd.org	V*				
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	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.									
	Date Signed	02/13/2023	}	Signatur	C)hul9	Class	2			
			month, day, year)			paper statement with your filing official.)				