CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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| Please type or print in | ink. | | |
|--|---|---------------------------|---|
| NAME OF FILER (LAST) | (FIRST) | | (MIDDLE) |
| Preston | Mid | chael | |
| 1. Office, Agency, | or Court | | |
| Agency Name (Do n | | | |
| | rotection District | | |
| | artment, District, if applicable | Y | Your Position |
| | | | General Manager |
| ► If filing for multiple | e positions, list below or on an attachment | | |
| F it iming for multiple | positions, not below or on an attachment | (Do not asc acrony) | ino) |
| Agency: | | ! | Position: |
| | Off: | | |
| 2. Jurisdiction of | Office (Check at least one box) | | |
| ☐ State | | | Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) |
| Пи «: о · · | | | |
| | | | County of Alameda |
| City of | | | Other |
| 3. Type of Staten | nent (Check at least one box) | | |
| | eriod covered is January 1, 2023, through | | Leaving Office: Date Left/ |
| Decem | nber 31, 2023. | _ | (Check one circle.) |
| | eriod covered// | , through | ☐ The period covered is January 1, 2023, through the |
| is Dec | ember 31,2023. | | date of leaving office. |
| ☐ Assuming Offic | e: Date assumed/ | | The period covered is/, through the date of leaving office. |
| Candidata: Dat | is of Florities and | effice county if differen | • |
| Candidate: Dat | e or Election and | office sought, if differe | ent than Part 1: |
| I. Schedule Sum | mary (required) ► Tot | al number of pag | es including this cover page:1 |
| Schedules att | ached | | |
| ☐ Schedule A-1 | 1 - Investments – schedule attached | ☐ Sched | ule C - Income, Loans, & Business Positions - schedule attached |
| Schedule A-2 | 2 - Investments - schedule attached | ☐ Sched | ule D - Income - Gifts - schedule attached |
| □ Schedule B - | Real Property – schedule attached | ☐ Sched | ule E - Income - Gifts - Travel Payments - schedule attached |
| | | | |
| -or- 🗵 <i>None</i> - ∧ | lo reportable interests on any sche | edule | |
| 5. Verification | | | |
| MAILING ADDRESS (Business or Agency Addre | STREET ess Recommended - Public Document) | CITY | STATE ZIP CODE |
| 25862 Five Car | · | Castro Valley | CA 94552 |
| DAYTIME TELEPHONE N | UMBER | EMAIL AD | |
| (510) 583-49 | 30 | mike. | preston@fairviewfiredistrict.org |
| | nable diligence in preparing this statement ached schedules is true and complete. I | | statement and to the best of my knowledge the information contains public document. $ \\$ |
| I certify under pena | lty of perjury under the laws of the Sta | ite of California that t | |
| _ | 2 /18 /2024 | | Docusigned by: Michael Preston |
| Date Signed | 2/18/2024 (month, day, year) | Signature | (File the originally signed paper statement with your filing official.) |
| | ························/ | | , ,g paper statement man your ming omoran) |