

**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)
DAVIS WILLIAM LEE

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

NOVATO FIRE PROTECTION DISTRICT

Division, Board, Department, District, if applicable

BOARD

Your Position

DIRECTOR

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

Agency: _____ Position: _____

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

- State
- Multi-County _____
- City of _____
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other **SPECIAL DISTRICT**

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

- Annual:** The period covered is January 1, 2023, through December 31, 2023.
- or-
- The period covered is ____/____/____, through December 31, 2023.
- Assuming Office:** Date assumed ____/____/____
- Candidate:** Date of Election ____/____/____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left ____/____/____ (Check one circle.)
- The period covered is January 1, 2023, through the date of leaving office.
- or-
- The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

Schedules attached

- Schedule A-1 - Investments** – schedule attached
- Schedule A-2 - Investments** – schedule attached
- Schedule B - Real Property** – 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
(Business or Agency Address Recommended - Public Document)
95 ROWLAND WAY NOVATO CA 94945

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(415) 878-2690 **BDAVIS@NOVATOFIRE.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 3/6/24
(month, day, year)

Signature *William J Davis*
(File the originally signed paper statement with your filing official.)

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NAME OF FILER (LAST) (FIRST) (MIDDLE)
Francisco Shane Gary

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Novato Fire Protection District

Division, Board, Department, District, if applicable

Board of Directors

Your Position

Director

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

Agency: _____ 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 Novato Other _____

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

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- or- The period covered is ____/____/____, through December 31, 2023. The period covered is January 1, 2023, through the date of leaving office.
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-or- None - No reportable interests on any schedule

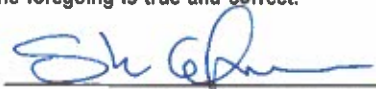
5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
95 Rowland Way Novato CA 94945
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(415) 878-2690 Sfrancisco@novatofire.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 01/17/2024
(month, day, year)

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

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NAME OF FILER (LAST) (FIRST) (MIDDLE)
GOINES BRUCE FURMAN

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
NOVATO FIRE PROTECTION DISTRICT

Division, Board, Department, District, if applicable
BOARD

Your Position
DIRECTOR

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

Agency: **MARIN WILDFIRE PREVENTION AUTHORITY** Position: **BOARD**

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

- State
- Multi-County _____
- City of _____
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other **SPECIAL DISTRICT**

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- Candidate: Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office: Date Left _____ (Check one circle.)
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-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

95 ROWLAND WAY NOVATO CA 94945

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(415) 878-2690 BGOINES@NOVATOFIRE.ORG

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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 3/6/24
(month, day, year)

Signature [Signature]
(File the originally signed paper statement with your filing official.)

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NAME OF FILER (LAST) (FIRST) (MIDDLE)
Hadfield Michael James

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Novato Fire Protection District

Division, Board, Department, District, if applicable

Board

Your Position

Director

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

Agency: Marin Emergency Radio Authority (MREA)

Position: Alternate representative

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 Other Special District

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

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- The period covered is January 1, 2023, through the date of leaving office. -or-
- The period covered is through the date of leaving office.
- Assuming Office: Date assumed
- Candidate: Date of Election and office sought, if different than Part 1:

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- 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
(Business or Agency Address Recommended - Public Document)
95 Rowland Way Novato, CA 94945

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(415) 878-2690 mhadfield@novatofire.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 02/23/2024
(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)

Name _____

1. BUSINESS ENTITY OR TRUST

MH Builders

Name
2041 Mill RD. Novato, CA 94947

Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS
General Contractor

FAIR MARKET VALUE <input checked="" type="checkbox"/> \$0 - \$1,000 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: _____ / _____ / <u>23</u> _____ / _____ / <u>23</u> ACQUIRED DISPOSED
--	---

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION Owner

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

<input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
---	---

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

MHS Construction - Novato

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT | 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

FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: _____ / _____ / <u>23</u> _____ / _____ / <u>23</u> ACQUIRED DISPOSED
---	---

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Other _____
Yes, remaining

Check box if additional schedules reporting investments or real property are attached

1. BUSINESS ENTITY OR TRUST

Name _____

Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE <input type="checkbox"/> \$0 - \$1,000 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: _____ / _____ / <u>23</u> _____ / _____ / <u>23</u> ACQUIRED DISPOSED
---	---

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

<input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
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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

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NATURE OF INTEREST
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 Leasehold _____ Other _____
Yes, remaining

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Comments: _____

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NAME OF FILER (LAST) (FIRST) (MIDDLE)
Silverman Lj

1. Office, Agency, or Court

Agency Name (Do not use acronyms) **Novato Fire District** **Board of Directors**
Division, Board, Department, District, if applicable Your Position

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

Agency: **Marin emergency Radio Authority (MERA)** Position: **Board Member**

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

- State
- Multi-County _____
- City of _____
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of **Marin**
- Other _____

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(Business or Agency Address Recommended - Public Document)
95 Rowland Way Novato CA 94945

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(415) 898-2690 ljsilverman@novatofire.org

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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 **1/25/2024**
(month, day, year)

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