

(month, day, year)

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) Mourelatos Alex 1. Office, Agency, or Court Agency Name (Do not use acronyms) Placer County Consolidated Oversight Board Division, Board, Department, District, if applicable Your Position **Oversight Board Member** ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: SEE ATTACHED LIST 2. Jurisdiction of Office (Check at least one box) State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) X County of Placer Multi-County City of Other 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2022, through Leaving Office: Date Left ____/_ December 31, 2022. (Check one circle.) -or-The period covered is January 1, 2022, through the date of The period covered is ______, through leaving office. December 31, 2022. -or-___/___, through The period covered is ____ Assuming Office: Date assumed _____/____ the date of leaving office. Candidate: Date of Election ____ _____ and office sought, if different than Part 1: ___ 4. Schedule Summary (required) ► Total number of pages including this cover page: 11 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 MAILING ADDRESS STATE ZIP CODE STREET (Business or Agency Address Recommended - Public Document) 465 Brassie Ave., PO Box 72 **TAHOE VISTA** CA 96142-0072 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS (415)990-6234 aamourelatos@gmail.com 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. 03/28/2023 03:42 PM Alex Mourelatos Date Signed Signature

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

STATEMENT OF ECONOMIC INTERESTS COVER PAGE ATTACHMENT

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Alex Mourelatos

EXPANDED STATEMENT LIST

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
North Tahoe Public Utility District		Board of Director	Other District	Annual	01/01/22 - 12/31/22

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.

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name

Alex Mourelatos

NAME OF BUILDINGS ENTITY	NAME OF BUGINESS ENTITY
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
UBS Financial - IRA	Ally
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Retirement Investments	Investment House
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 X \$10,001 - \$100,000
■ \$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other	Stock Other High Yield Savings
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 22 , , , 22	02 / 12 / 22 / 22
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
UBS Financial Private Equity	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Managed Equity Investmentment Account	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 X \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other(Describe)
Partnership () Income Received of \$0 - \$499	Partnership () Income Received of \$0 - \$499
Income Received of \$500 or More (Report on Schedule C)	○ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
22	20 20
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
UBS Financial - Irrevocable Trust	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Investment Bank	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
▼ \$100,001 - \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
NATURE OF INVESTMENT X Stock Other	Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)	☐ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
00 , 28 , 22 , , , 22	, , , , , , , , , , , , , , , , , , , ,
09 / 28 / 22 / / 22 ACQUIRED DISPOSED	
ACQUIRED DISPOSED	ACQUIRED DISPOSED

Comments: _

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name

(Ownership Interest is 10% or Greater)

Alex Mourelatos

▶ 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Mourelatos Lakeshore Resort	Alex Mourelatos Irrevocable Trust
Name 6834 North Lake Blvd.	Name 465 Brassie Ave. Tahoe Vista, CA 96148
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
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Lodging	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$0 - \$1,999 \$2,000 - \$10,000 \$2,000 - \$10,000	\$0 - \$1,999 \$2,000 - \$10,000 \$2,000 - \$10,000
\$10,001 - \$100,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000	\$10,001 - \$100,000 ACQUIRED DISPOSED
\$100,001 - \$1,000,000 X Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
▼ Partnership	Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION General Manager	
FOUR BUSINESS POSITION	YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)	▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
\$0 - \$499 \$10,001 - \$100,000	□ \$0 - \$499 × \$10,001 - \$100,000
\$500 - \$1,000 X OVER \$100,000 \$1,001 - \$10,000	\$500 - \$1,000 OVER \$100,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) X None or Names listed below	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below
None or Names listed below	Notice of Indiana local policy
▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:	LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:
☐ INVESTMENT 🕱 REAL PROPERTY	☐ INVESTMENT 🔀 REAL PROPERTY
SEE ATTACHED	SEE ATTACHED
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
112-050-001-000	45 Twin Peaks, 476 Corbett Ave.
Description of Business Activity <u>or</u> 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:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000 \$\frac{1}{22}\$	\$2,000 - \$10,000 \$10,001 - \$100,000 01 / 01 / 22 //
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
X Over \$1,000,000	X Over \$1,000,000 NATURE OF INTEREST
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	X Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

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

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name

Alex Mourelatos

▶ 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Helicon Blu, LLC	
Name	Name
465 Brassie Ave., Tahoe Vista, CA 96148 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
Land and Building Owner	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
	C \$1,000
\$2,000 - \$10,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000	\$100,001 - \$1,000,000
▼ Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Partnership Sole Proprietorship X	Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION General Manager	YOUR BUSINESS POSITION
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
\$0 - \$499 \$10,001 - \$100,000	\$0 - \$499 \$10,001 - \$100,000
\$500 - \$1,000 X OVER \$100,000	\$500 - \$1,000 OVER \$100,000
\$1,001 - \$10,000	<u>\$1,001 - \$10,000</u>
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
X None or ☐ Names listed below	☐ None or ☐ Names listed below
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	A INVESTMENTS AND INTERESTS IN DEAL 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:	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	INVESTMENT REAL PROPERTY
Name of Business Entity, if Investment, or	Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property	Assessor's Parcel Number or Street Address of Real Property
Description of Dusings Ashirity	Description of Description Authority on
Description of Business Activity <u>or</u> 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:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$100,000	\$10,001 - \$100,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST Property Ownership/Doed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

SCHEDULE A-2

Attachment



BUSINESS ENTITY OR TRUST: Mourelatos Lakeshore Resort

Names of Business Entities, if Investments, or Assessor's Parcel Numbers or Street Addresses of Real Properties

Mourelatos Lakeshore Resort

APN 2 - 117-071-028-000 FOREST SIDE 6.0 ACRES

APN 3 - 117-072-013 LAKE FRONT 3.2 ACRES

BUSINESS ENTITY OR TRUST: Alex Mourelatos Irrevocable Trust

Names of Business Entities, if Investments, or Assessor's Parcel Numbers or Street Addresses of Real Properties

476-478 Corbett Ave., San Francisco, CA. 94114

45 Twin PeaksBlvd., San Francisco, CA. 94114

SCHEDULE B Interests in Real Property

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name **Alex Mourelatos**

(Including Rental Income)

	,
ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
6834-6835 North Lake Blvd.	465 Brassie Ave.
CITY	CITY
Tahoe Vista	Tahoe Vista, CA
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 /_ / 22	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 10,001 - \$100,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
X Ownership/Deed of Trust	▼ Ownership/Deed of Trust
Leasehold	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$\ \tag{90} \ \tag{500} - \\$1,000 \ \tag{51,001} - \\$10,000	\$ \$0 - \$499 \$ \$500 - \$1,000 \$ \$1,001 - \$10,000
□ \$10,001 - \$100,000 × OVER \$100,000	▼ \$10,001 - \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. X None	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. None
	Il lending institution made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows:
NAME OF LENDER*	NAME OF LENDER*
	PENNYMAC LOAN SERVICES, LLC
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
	PO BOX 30597 LOS ANGELES, CA 90030-0597
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
	Mortgage Lending
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
%	3.99 None <u>30</u>
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
\$1,001 \$10,000	_
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 X OVER \$100,000

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION Name **Alex Mourelatos**

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
192-194 Corbett Ave.	472-474 Corbett Ave.
CITY	CITY
San Francisco	San Francisco
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 X Over \$1,000,000 NATURE OF INTEREST Ownership/Deed of Trust IF APPLICABLE, LIST DATE: J_22 ACQUIRED DISPOSED Easement	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED
Leasehold Other	Leasehold Other
	IF RENTAL PROPERTY, GROSS INCOME RECEIVED \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000 \$\$10,001 - \$100,000 OVER \$100,000 SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. \$\$\text{X}\$ None
loans received not in a lender's regular course of business	
NAME OF LENDER*	NAME OF LENDER*
Sierra Pacific Mortgage	First Republic
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
PO Box 77404 Ewing, NJ 08628	PO BOX 790869, SAN ANTONIO, TX 78279
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
Mortgage Banking	Mortgage Banking
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
4.125 None 30	4.75 None 30
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 X OVER \$100,000	\$10,001 - \$100,000 X OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
	11

Comments: _

SCHEDULE C Income, Loans, & Business **Positions**(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Alex Mourelatos

NAME OF SOURCE OF INCOME	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Mourelatos Lakeshore Resort	North Tahoe Public Utility District
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
6834 North Lake Blvd.	675 National Ave.
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Lodging	Water, Sewer and Recreation
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
General Manager	Board Member
GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$1,001 - \$10,000 X OVER \$100,000	GROSS INCOME RECEIVED
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	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.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
(Describe)	(Describe)
Other	Othor
Other(Describe) - 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING F	Other(Describe)
(Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING F * You are not required to report loans from a commercial a retail installment or credit card transaction, made in the	(Describe) PERIOD I lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender's
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the to members of the public without regard to your official.	(Describe) PERIOD I lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender'
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the to members of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER*	(Describe) PERIOD I lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender's: INTEREST RATE TERM (Months/Years) 8.49 10 Years
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follow	(Describe) PERIOD I lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender's: INTEREST RATE TERM (Months/Years)
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the tomembers of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER* CENLAR ADDRESS (Business Address Acceptable)	(Describe) PERIOD I lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender's: INTEREST RATE TERM (Months/Years) 8.49 10 Years
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the tomembers of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER* CENLAR	CDescribe
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the tomembers of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER* CENLAR ADDRESS (Business Address Acceptable) PO BOX 77404, Ewing N.J. 08628 BUSINESS ACTIVITY, IF ANY, OF LENDER	CDescribe
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the tomembers of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER* CENLAR ADDRESS (Business Address Acceptable) PO BOX 77404, Ewing N.J. 08628 BUSINESS ACTIVITY, IF ANY, OF LENDER Equity Line of Credit	CDescribe
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the tomembers of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER* **CENLAR* ADDRESS (Business Address Acceptable) PO BOX 77404, Ewing N.J. 08628 BUSINESS ACTIVITY, IF ANY, OF LENDER Equity Line of Credit HIGHEST BALANCE DURING REPORTING PERIOD	CDescribe
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the tomembers of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER* CENLAR ADDRESS (Business Address Acceptable) PO BOX 77404, Ewing N.J. 08628 BUSINESS ACTIVITY, IF ANY, OF LENDER Equity Line of Credit HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	CDescribe
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the tomembers of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER* CENLAR ADDRESS (Business Address Acceptable) PO BOX 77404, Ewing N.J. 08628 BUSINESS ACTIVITY, IF ANY, OF LENDER Equity Line of Credit HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	I lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender's: INTEREST RATE SECURITY FOR LOAN None Personal residence Real Property 465 Brassie AVe. Street address Tahoe Vista, CA. 96148
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the tomembers of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER* CENLAR ADDRESS (Business Address Acceptable) PO BOX 77404, Ewing N.J. 08628 BUSINESS ACTIVITY, IF ANY, OF LENDER Equity Line of Credit HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	I lending institution, or any indebtedness created as part of he lender's regular course of business on terms available status. Personal loans and loans received not in a lender's: INTEREST RATE SECURITY FOR LOAN None Personal residence Real Property 465 Brassie AVe. Street address Tahoe Vista, CA. 96148 City
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the tomembers of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER* CENLAR ADDRESS (Business Address Acceptable) PO BOX 77404, Ewing N.J. 08628 BUSINESS ACTIVITY, IF ANY, OF LENDER Equity Line of Credit HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	CDescribe

SCHEDULE C Income, Loans, & Business **Positions**(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Alex Mourelatos

NAME OF COURCE OF INCOME	NAME OF COURSE OF INCOME
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Studio Short Term Rental	ADDDECC (Durings Address Assertable)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
465 Brassie Ave., Tahoe Vista, CA 96148	BUONESS ASTRUTY IF ANY OF SOURSE
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Short Term Rental	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Owner	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \qquad \qqquad \qqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqq	\$500 - \$1,000 \$1,001 - \$10,000
▼ \$10,001 - \$100,000	☐ \$10,001 - \$100,000 ☐ OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	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.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
·/	(Describe)
Other	Other
Other(Describe)	Other(Describe)
Other(Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING F * You are not required to report loans from a commercial a retail installment or credit card transaction, made in the second commercial commercial and the second com	Other
Other	Other
Other (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING F * You are not required to report loans from a commercial a retail installment or credit card transaction, made in the to members of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER*	Other
Other	Other
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the tomembers of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER* PennyMac ADDRESS (Business Address Acceptable)	Other
Cother	Other
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the tomembers of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER* PennyMac ADDRESS (Business Address Acceptable) PO Box 514387, Los Angeles, CA 90051-4387 BUSINESS ACTIVITY, IF ANY, OF LENDER	Other
Cother (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING F * You are not required to report loans from a commercial a retail installment or credit card transaction, made in the tomembers of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER* PennyMac ADDRESS (Business Address Acceptable) PO Box 514387, Los Angeles, CA 90051-4387 BUSINESS ACTIVITY, IF ANY, OF LENDER Mortgage Lending	Other
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the tomembers of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER* PennyMac ADDRESS (Business Address Acceptable) PO Box 514387, Los Angeles, CA 90051-4387 BUSINESS ACTIVITY, IF ANY, OF LENDER Mortgage Lending HIGHEST BALANCE DURING REPORTING PERIOD	Other
	Other
	Other
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the tomembers of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER* PennyMac ADDRESS (Business Address Acceptable) PO Box 514387, Los Angeles, CA 90051-4387 BUSINESS ACTIVITY, IF ANY, OF LENDER Mortgage Lending HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	Other
	Other

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

	ORNIA FORM 700 ITICAL PRACTICES COMMISSION
Name	
	Alex Mourelatos

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

► NAME OF SOURCE (Not an Acronym) NTPUD	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
875 National Ave,	
CITY AND STATE	CITY AND STATE
Tahoe Vista, CA	
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE PUD	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):////AMT: \$\frac{173.33}{}	DATE(S)://
► MUST CHECK ONE: ☐ Gift -or- ☒ Income	► MUST CHECK ONE: Gift -or Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description Parking Costs - Attended training conference	Other - Provide Description
▶ If Gift, Provide Travel Destination	▶ If Gift, Provide Travel Destination
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(O): / / ANT 6	DATE(C)
DATE(S):// AMT: \$	DATE(S):// AMT: \$
▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income	► MUST CHECK ONE: Gift -or Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
If Cift Provide Travel Postination	- 16 Cif. Devide Terrel Destination
▶ If Gift, Provide Travel Destination	▶ If Gift, Provide Travel Destination
Comments:	