

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

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M1 WEST COVING

Please type or print in ink.

NAME OF FILER (LAST) Redhartz (FIRST) Herbert (MIDDLE) M.

1. Office, Agency, or Court

Agency Name (Do not use acronyms) City of West Coving

Division, Board, Department, District, if applicable Community and Senior Services Commission Your Position Commissioner

► 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 West Coving
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

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

- Annual: The period covered is January 1, 2020, through December 31, 2020.
- or-
- The period covered is ____/____/____, through December 31, 2020.
- Leaving Office: Date Left 1/19/2021
(Check one circle.)
- The period covered is January 1, 2020, through the date of leaving office.
- or-
- The period covered is ____/____/____, through the date of leaving office.
- Candidate: Date of Election _____ 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 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 1444 Garvey Ave. S. STREET West Coving, CA CITY STATE ZIP CODE 91790

(Business or Agency Address Recommended - Public Document)

I have used all reasonable diligence in preparing this statement. I have reviewed 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

Date Signed 2/2/2021
(month, day, year)

Signature _____
(Print name and title of filer and signature of filer with your filing official.)