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STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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NAM	E OF FILER	(LAST)	(FIRST)	(MIDDLE)
Нe	ldmaier, Clemens Helge			
1. (Office, Agency, or Court			
I	Agency Name (Do not use acronym	s)		
_	San Mateo County			
[Division, Board, Department, District,	if applicable	Your Position	
1	Montara Water and Sanitary	District	General Manager	
)	If filing for multiple positions, list b	elow or on an attachment. (Do not u	use acronyms)	
A	Agency:		Position:	
2.	Jurisdiction of Office (Che	ck at least one box)		
[X State		Judge, Retired Judge, (Statewide Jurisdiction	, Pro Tem Judge, or Court Commissioner
[X Multi-County California		X County of San Mate	eo
[X City ofMontara		Other	
3.	Type of Statement (Check a	t least one box)		
[X Annual: The period covered is December 31, 2023.	January 1, 2023 through	Leaving Office: Date	e Left/(Check one circle)
	The period covered is December 31, 2023.	, through	 The period covere of leaving office. 	ed is January 1, 2023 through the date
[Assuming Office: Date assum	ed/	 The period covered of leaving office. 	ed is/, through the date
	Candidate:Date of Election	and office sought, i	f different than Part 1:	
	Schedule Summary (require	ed) ► Total number	of pages including this co	over page:3
3	Schedules attached			
	Schedule A-1 - Investments			ns, & Business Positions - schedule attached
	Schedule A-2 - Investments		Schedule D - Income - Git	
	X Schedule B - Real Property	- schedule attached	Schedule E - Income - Gil	fts - Travel Payments - schedule attached
-or				
	None - No reportable inte	rests on any schedule		
	/erification			
	MAILING ADDRESS STREET (Business or Agency Address Recommended -	Public Document)	\$	STATE ZIP CODE
	?8888 Cabrillo Hwy	Mon	tara	CA 94037
	DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS	
((650) 728-3545	n pranaring this statement. I have so	clemens@mwsd.net	act of my knowledge the information contained
	herein and in any attached schedule			est of my knowledge the information contained
ı	certify under penalty of perjury u	nder the laws of the State of Calif	fornia that the foregoing is true a	and correct.
	Date Signed03/27/2024		Signature Clemens Helge	Heldmaier
	(month, da	; year)		lly signed paper statement with your filing official.)

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORM FAIR POLITICAL		M 700 COMMISSION
Name		
Heldmaier,	Clemens	Helge

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
467 Third Street	
CITY	CITY
Montara	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$1,000,000 23	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 Easement	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
S0 - \$499 S500 - \$1,000 S1,001 - \$10,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
	S10,001 - \$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. None Jeff Wheeler	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.
business on terms available to members of the public	al lending institution made in the lender's regular course of without regard to your official status. Personal loans and
loans received not in a lender's regular course of busi	
NAME OF LENDER*	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
%	%
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 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
Comments:	

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION					
Name					
Heldmaier,	Clemens	Helge			

NAME OF SOURCE OF INCOME			
	NAME OF SOURCE OF INCOM	E	
Montara Water &Sanitary	Cabrillo Unified Scho	ol District	
ADDRESS (Business Address Acceptable) 8888 Cabrillo Hwy	ADDRESS (Business Address Acceptable)		
Montara, CA 94037	Kelly Street Half Moon Bay, CA 94037		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, (
Public Agency	Public		
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION		
General Manager	Special Ed Teacher		
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED	No Income - Business Position On	
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000	\$1,001 - \$10,000	
S10,001 - \$100,000 X OVER \$100,000	X \$10,001 - \$100,000	OVER \$100,000	
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH	INCOME WAS RECEIVED	
Spouse's or registered domestic partner's income		CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's or registered domestic partner's income	
(For self-employed use Schedule A-2.)	(For self-employed use Schedule A-2.)		
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Schedule A-2.)	wnership. For 10% or greater use	
Sale of	Sale of		
(Real property, car, boat, etc.)	1	eal 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)	
Other	Other	,	
(Describe)		(Describe)	
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	IOD .		
You are not required to report loans from a commercial a retail installment or credit card transaction, made in the members of the public without regard to your official sta	ne lender's regular course of		
regular course of business must be disclosed as follow			
regular course of business must be disclosed as follow	s:	ns received not in a lender's	
regular course of business must be disclosed as follow. NAME OF LENDER*	S: INTEREST RATE	ns received not in a lender's	
regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable)	S: INTEREST RATE	ns received not in a lender's	
regular course of business must be disclosed as follow. NAME OF LENDER*	S: INTEREST RATE	ns received not in a lender's TERM (Months/Years)	
regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	S: INTEREST RATE	ns received not in a lender's TERM (Months/Years)	
regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD	S: INTEREST RATE ———————————————————————————————————	ns received not in a lender's TERM (Months/Years) and residence	
regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	S: INTEREST RATE ———————————————————————————————————	ns received not in a lender's TERM (Months/Years) and residence	
regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD	S: INTEREST RATE ———————————————————————————————————	TERM (Months/Years) nal residence Street address	
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