CALIFORNIA	FORM 700 STATE	STATEMENT OF ECONOMIC INTE COVER PAGE A PUBLIC DOCUMENT		Filed Date: 03/17/2021 05:58 PM SAN: 021400065-STH-0065	
Please type or print	in ink.			021400065-STH-0065	
NAME OF FILER (LAST) (FIRST)		(MIDDLE)		
England	Walter		Don		
1. Office, Agend	cy, or Court				
Agency Name (L	Do not use acronyms)				
	munity Services District				
	Department, District, if applicable	le Your Position			
		Direct	for		
► If filing for mul	tiple positions, list below or on an attachment				
Agency:		Positior	r		
, igonoy:					
2. Jurisdiction	of Office (Check at least one box)				
State			Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)		
Multi-County		× County	County of Yolo		
	ement (Check at least one box)				
	e period covered is January 1, 2020, through cember 31, 2020 .	Leavi	ng Office: Date Left (Check one		
The	e period covered is///		ne period covered is Januar aving office.	y 1, 2020 , through the date of	
Assuming O	ffice: Date assumed//		ne period covered is e date of leaving office.	/, through	
Candidate:	Date of Election and	office sought, if different than	Part 1:		
Schedules of Schedule		☐ Schedule D - ☐ Schedule E -	Income, Loans, & Business Income – Gifts – schedule	Positions – schedule attached	
5. Verification					
MAILING ADDRESS	STREET Address Recommended - Public Document)	CITY	STATE	ZIP CODE	
PO Box 349		Esparto	CA	95627	
DAYTIME TELEPHON		EMAIL ADDRESS			
(530)787-					
	asonable diligence in preparing this statement v attached schedules is true and complete. I			owledge the information contained	
I certify under p	enalty of perjury under the laws of the Sta	ate of California that the fore	egoing is true and correct		
Date Signed	03/17/2021 05:58 PM	Signature	Electronic S		
	(month, day, year)		(File the originally signed paper stat	ement with your filing official.)	