

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received
Filing Official Use Only

A PUBLIC DOCUMENT

Filed Date: 01/05/2024 11:20 AM SAN: 091300036-STH-0036

Please type or print in ink.			SA	IN: 091300036-51H-0036	
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)		
Durfee	James		Walter		
1. Office, Agency, or Court		_			
Agency Name (Do not use acror					
South Placer Municipal U	• *				
Division, Board, Department, District, if applicable		Yo	our Position		
, , <u> </u>	, .rr				
			Director		
► If filing for multiple positions, li	st below or on an attachment. (D	o not use acronym	S)		
Agency:		Position:			
2. Jurisdiction of Office (c	heck at least one box)				
State		\sqcap .	☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner		
			Statewide Jurisdiction)		
Multi-County			County of		
			Other District		
3. Type of Statement (Chec	k at least one box)				
× Annual: The period covered			Leaving Office: Date Left		
December 31, 2023	3.		•	one circle.)	
The period covered	d is, t	through	The period covered is January of leaving office.	uary 1, 2023, through the date	
December 31, 2023	3.	•	of leaving office.		
Assuming Office: Date ass	sumed/	_	The period covered is the date of leaving office.	/, through	
□ A #14 A · · · · · ·			•		
Candidate: Date of Election	and offic	e sought, if differer	nt than Part 1:		
4. Schedule Summary (red	quired) ► Total r	number of page	es including this cover p	page: 1	
Schedules attached		,	Ç r	<u> </u>	
_	nte — cohodula attached	□ Schadu	le C - Income Loans & Rusin	ess Positions – schedule attached	
Schedule A-1 - Investments - schedule attached			le D - Income - Gifts - schedu		
Schedule A-2 - Investments – schedule attached Schedule B - Real Property – schedule attached Schedule B - Income − Gifts – schedule attached Schedule E - Income − Gifts – Travel Payments – schedule attached					
Golleddie D • Nedi F10pe	, oonoddio allaondd		Jane Gillo Havol	, Januariou	
-or- × None - No reportab	ole interests on any schedul	e			
5. Verification	morodo on any soneaul	-			
MAILING ADDRESS STRE	ET	CITY	STATE	ZIP CODE	
(Business or Agency Address Recommend					
5901 Craig Ct.		Loomis	CA	95650	
DAYTIME TELEPHONE NUMBER		EMAIL ADI	DRESS		
(530) 308-1180					
	ce in preparing this statement. I h lules is true and complete. I ackr			knowledge the information contained	
I certify under penalty of perjui	y under the laws of the State o	f California that th	ne foregoing is true and corre	ect.	
Date Signed 01/05/20)24 11:20 AM	Signature	James W	alter Durfee	
· · · · · · · · · · · · · · · · · · ·	n, day, year)	-ignatule		statement with your filing official.)	