CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

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NAME OF FILER (LAST)	(FIRST)		(MIDDLE)	
Dvorak, Michael Jon	•		(Anima Ca)	
1. Office, Agency, or Court			Maria (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
Agency Name (Do not use acronyms)				
Calaveras County Resource Conser	vation District			
Division, Board, Department, District, if applicab	e	Your Position	n	
Board		Board M	ember	
► If filling 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			ired Judge, Pro Tem Jud Jurisdiction)	ge, or Court Commissioner
Multi-County	MANTANIA ORIGINALI ILI ILI ILI ILI ILI ILI ILI ILI ILI	County of	Calaveras	
City of	the state of the s	Other		
3. Type of Statement (Check at least one	box)			·
Annual: The period covered is January 1, December 31, 2021.	2021, through	Leaving (Office: Date Left (Check one of	
The period covered is/ December 31, 2021.	•		eriod covered is January g office.	1, 2021, through the date of
■ Assuming Office: Date assumed	13, 2022		eriod covered is	through
Candidate: Date of Election	and office sought,	if different than Par	t 1:	
4. Schedule Summary (must comple Schedules attached	te) > Total number	of pages includ	ling this cover page	e: 3
		Sebadula C. Jan	omo Lagna I Puninone	Positions schedule attached
Schedule A-1 - Investments - schedule			ome – Gifts – schedule a	
Schedule A-2 - Investments - schedule Schedule B - Real Property - schedule				ments - schedule attached
outestie a - roat Froperty - guitatie	audorea			
-or- None - No reportable interests	on any schedule			
5. Verification				
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docum	CITY		STATE	ZIP CODE
		ndreas	CA	95249
DAYTIME TELEPHONE NUMBER	and the second of the second	EMAIL ADDRESS		
I have used all reasonable diligence in preparing herein and in any attached schedules is true ar		wed this statement a		wledge the information contained
I certify under penalty of perjury under the I		•		
		~ (
Date Signed 04/14/2022	S	ignature	≤ -1	
(month, day, year)		(F	ile the briginally signed paper states	ment with your filing official.)

Clear

Print

SCHEDULE C Income, Loans, & Business **Positions**

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Michael Dvorak

1. INCOME RECEIVED	▶ 1. INCOME RECEIVED		
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME		
The Permanente Medical Group			
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
1950 Franklin St, Oakland, CA 94612			
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Physician group			
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION		
Physician			
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position O		
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000		
\$10,001 - \$100,000 OVER \$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, cer, bost, etc.)	(Real property, cer, boat, etc.)		
Loan repayment	Loan repayment		
and the contract of the contra			
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or mo		
Commission or Rental income, list each source of \$10,000 or more (Describe)	Commission or Rental Income, list each source of \$10,000 or mo (Describe)		
(Describe)	(Describe)		
(Describe) Other(Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING	(Describe) Other(Describe) PERIOD		
(Describe) Other (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING TH	Other (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		
Other (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING * 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 NAME OF LENDER*	Other (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:		
(Describe) Other (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING * 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 follows.	Other		
(Describe) Other(Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING I * 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 NAME OF LENDER* ADDRESS (Business Address Acceptable)	Other		
Other (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING * 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 NAME OF LENDER*	Other		
(Describe) Other(Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING I * 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 NAME OF LENDER* ADDRESS (Business Address Acceptable)	Other (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)		
(Describe) Other(Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING I * 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 NAME OF LENDER* ADDRESS (Business Address Acceptable)	Other		
Other(Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING. * 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 NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	Other (Describe) Other (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) ———————————————————————————————————		
(Describe) Other(Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING TO 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 NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD	Other		
(Describe) Other	Other		
(Describe) Other	Other		

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

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name

Michael Dvorak

► 1. BUSINESS ENTITY OR TRUST ▶ 1. BUSINESS ENTITY OR TRUST Weather Tactics LLC Name Name 10207 Pool Station Rd, Angels Camp, CA 95222 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 weather data engineering/consulting FAIR MARKET VALUE IF APPLICABLE, LIST DATE: FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$0 - \$1.999 /21 \$2,000 - \$10,000 /21 /21_ \$2,000 - \$10,000 /21_ ACQUIRED DISPOSED \$10,001 - \$100,000 \$10,001 - \$100,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 Over \$1,000,000 Over \$1,000,000 NATURE OF INVESTMENT NATURE OF INVESTMENT single-member LLC Partnership Sole Proprietorship Sole Proprietorship Partnership YOUR BUSINESS POSITION Member YOUR BUSINESS POSITION IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME 10 THE ENTITY/TRUST) 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) **\$10,001 - \$100,000** \$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000 \$1,001 - \$10,000 LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a apparate sheet if necessary) LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary). None Names listed below Names listed below INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: Check one box: INVESTMENT REAL PROPERTY INVESTMENT REAL PROPERTY Name of Business Entity, if Investment, or 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 Description of Business Activity or 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 \$2,000 - \$10,000 \$10,001 - \$100,000 /21 /21 \$10,001 - \$100,000 /21 /21_ ACQUIRED DISPOSED ACQUIRED DISPOSED \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 Over \$1,000,000 Over \$1,000,000 NATURE OF INTEREST NATURE OF INTEREST Property Ownership/Deed of Trust Stock Property Ownership/Deed of Trust Partnership Partnership Stock Leasehold Yrs. remaining Leasehold ________Yrs. remaining Other ... 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