

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Date Initial Filing Received
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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Andrewson Rhonda

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
Idyllwild Fire Protection District
Division, Board, Department, District, if applicable Your Position
Board of Commissioners Secretary

► 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 Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of _____ Other **Special District**

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

- Annual:** The period covered is January 1, 2023, through December 31, 2023.
- or-
- The period covered is _____ through December 31, 2023.
- Assuming Office:** Date assumed _____
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left _____/_____/_____
(Check one circle.)
- The period covered is January 1, 2023, through the date of leaving office.
- or-
- The period covered is _____ through the date of leaving office.

4. Schedule Summary (required)

► **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 STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
P.O. Box 656 Idyllwild CA 92549
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(951) 659-2153 rhonda@idyllwildfire.com

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge 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 the foregoing is true and correct.

Date Signed 01/09/2024
(month, day, year)

Signature Rhonda Andrewson
(File the originally signed paper statement with your filing official.)