

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
LaMont **Mark**

1. Office, Agency, or Court

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

► 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, 2024, through December 31, 2024.
-or- The period covered is _____, through December 31, 2024.
Assuming Office: Date assumed _____
Candidate: Date of Election _____ and office sought, if different than Part 1: _____
Leaving Office: Date Left _____ (Check one circle below.)
The period covered is January 1, 2024, 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)

PO BOX 656

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
() **659-2153** **marklamont@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 **1/28/2025**
(month, day, year)

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