

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

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NAME OF FILER (LAST	T) (FIRST)	(MIDDLE)
Leary	Barbara	
1. Office, Agen	cy, or Court	
Agency Name (I	Do not use acronyms)	
City of Folso	m	
Division, Board, [Department, District, if applicable	Your Position
Planning Cor	mmission	Planning Commissioner
► If filing for mu	ltiple positions, list below or on an attachment. (De	o not use acronyms)
Λαορον:		Position:
Agency.		i osition.
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 Fols		Other
3. Type of Sta	tement (Check at least one box)	
× Annual: Th	ne period covered is January 1, 2021, through exember 31, 2021 .	Leaving Office: Date Left/(Check one circle.)
	ne period covered is/, the cember 31, 2021 .	hrough The period covered is January 1, 2021 , through the date of leaving office. -or-
Assuming (Office: Date assumed/	
Candidate:	Date of Election and office	e sought, if different than Part 1:
4. Schedule S	ummary (must complete) ► Total n	number of pages including this cover page:
Schedules		· · · · · · · · · · · · · · · · · · ·
Schedule	• A-1 - Investments – schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached
<u> </u>	e A-2 - Investments – schedule attached	Schedule D - Income - Gifts - schedule attached
Schedule	B - Real Property - schedule attached	Schedule E - Income – Gifts – Travel Payments – schedule attached
	- No reportable interests on any schedule	9
5. Verification		
MAILING ADDRESS (Business or Agency	STREET Address Recommended - Public Document)	CITY STATE ZIP CODE
128 Yanktor		Folsom CA 95630-8142
DAYTIME TELEPHOI (916) 947		EMAIL ADDRESS barbaraleary@comcast.net
<u> </u>		ave reviewed this statement and to the best of my knowledge the information contained
	y attached schedules is true and complete. I acknow	
I certify under p	penalty of perjury under the laws of the State of	f California that the foregoing is true and correct.
Date Signed	02/24/2022 08:11 AM	Signature Barbara Leary
Date Signed	(month day year)	(File the originally signed paper statement with your filing official)