

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

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CITY OF ARCATA
CITY MANAGER'S OFFICE

NAME OF FILER (LAST) (FIRST) (MIDDLE)
ROSEN EDITH SANDRA

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

ARCATA CITY COUNCIL

Division, Board, Department, District, if applicable

CITY OF ARCATA

COUNCIL MEMBER

Your Position

COUNCIL MEMBER

► 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 **ARCATA**

☐ Other _____

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

☐ Annual: The period covered is January 1, 2021, through
December 31, 2021.

☐ Leaving Office: Date Left _____
(Check one circle.)

-or-

The period covered is _____, through
December 31, 2021.

☐ The period covered is January 1, 2021, through the date of
leaving office.

-or-

☐ Assuming Office: Date assumed _____

☐ The period covered is _____, through
the date of leaving office.

☒ Candidate: Date of Election **6/7/2022** and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 1

Schedules attached

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule 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

-or- ☒ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
1641 OLIVER ARCATA ROAD BAYSIDE CA 95524

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(707) 498-6041 erosenconsulting@gmail.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 **2/23/2022**
(month, day, year)

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

Print

Clear