STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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Please type or print in ink.			SAN:	081800216-STH-0216
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)	
Treanor	Frank			
1. Office, Agency, or Court				
Agency Name (Do not use acronyms)				
Sonoma County Fire District				
Division, Board, Department, District, if applicable		Your Position		
		Director		
► If filing for multiple positions, list below or on a	in attachment. (Do not use	e acronyms)		
Agency:		Position:		
2. Jurisdiction of Office (Check at least o	ne box)			
State				lge, or Court Commissioner
		(Statewide Jurisdiction	,	
Multi-County		County of Sonom	าล	
City of		Other		
3. Type of Statement (Check at least one				
Annual: The period covered is January 1, 2 December 31, 2021.	.uz I, through		(Check one	// circle.)
-or- The period covered is $12/04$, 2020 through	○ The period cov		1, 2021, through the date of
December 31, 2021 .	, though	leaving office.	,	
Assuming Office: Date assumed/_	1	**	ered is/	, through
		the date of leav	ving office.	
Candidate: Date of Election	and office sought	if different than Part 1:		
4. Schedule Summary (must complet	a) > Total number	of nonco including thi		
Schedules attached	e) 🕨 lotal number	of pages including thi	s cover pag	<u> </u>
Schedules allached				
Schedule A-1 - Investments – schedule a	Ittached			Positions – schedule attached
Schedule A-2 - Investments – schedule a		Schedule D - Income – Gi		
Schedule B - Real Property – schedule a	ttached	Schedule E - Income – Gi	ts – Travel Pay	ments – schedule attached
or Vana Nama Nama dala Standa				
-or- No reportable interests c	n any schedule			
5. Verification				
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docume	nt)		STATE	ZIP CODE
8200 Old Redwood Hwy	Winds	or	CA	95492
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
(707)892-2440		bcft11@comcast.net		
I have used all reasonable diligence in preparing t herein and in any attached schedules is true and			best of my kno	wledge the information contained
I certify under penalty of perjury under the law	ws of the State of Californ	nia that the foregoing is tru	e and correct.	
Date Signed 01/10/2022 02:02 PI	vi e	ignature E	Electronic Su	ubmission
(month, day, year)	3			ment with your filing official.)