

## STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

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- rease type or print in ink.					
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)		
Gutow	Bryon		David		
1. Office, Agency, or Court					
Agency Name (Do not use acronyn	18)				
Town Of Discovery Bay					
Division, Board, Department, District, if applicable		You	Your Position		
Community Services District		Di	Director		
▶ If filing for multiple positions, list	below or on an attachment. (D	o not use acronyms)			
Agency:		Pos	Position:		
2. Jurisdiction of Office (Che	ck at least one box)				
☐ State			<ul> <li>Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)</li> </ul>		
Multi-County		Co	County of		
City of			Town of Discovery B		
3. Type of Statement (Check	at least one box)				
Annual: The period covered is December 31, 2023.	January 1, 2023, through	L	eaving Office: Date Left(Check one		
The period covered is December 31, 2023.	, ti	nrough -o	The period covered is January of leaving office.	1, 2023, through the date	
Assuming Office: Date assum	ned		The period covered is/. the date of leaving office.	, through	
Candidate: Date of Election _	and office	sought, if different	han Part 1:		
. Schedule Summary (requ	ired) - Total n	umbar of nago	inaludina thia aayay naa	1	
Schedules attached	neu) 🕨 Iotai ii	umber or payes	including this cover pag	e	
Schedule A-1 - Investments	<ul> <li>schedule attached</li> </ul>	Schedule	C - Income, Loans, & Business	Positions - schedule attached	
Schedule A-2 - Investments – schedule attached		Schedule	Schedule D - Income - Gifts - schedule attached		
Schedule B - Real Property	<ul> <li>schedule attached</li> </ul>	Schedule	E - Income - Gifts - Travel Pay	ments - schedule attached	
			*		
or- None - No reportable	interests on any schedule				
. Verification					
MAILING ADDRESS STREET (Business or Agency Address Recommended	- Public Document)	CITY	STATE	ZIP CODE	
1800 Willow Lake Road		Discovery Bay	CA	94505	
DAYTIME TELEPHONE NUMBER		EMAIL ADDR	ESS		
(925 ) 634-1131			@todb.ca.gov		
I have used all reasonable diligence herein and in any attached schedule				wledge the information containe	
I certify under penalty of perjury t	under the laws of the State of	California that the	foregoing is true and correct.		
Date Signed	) in the second of the second	Signature _	(File the originally signed paper states	ment with your filing official 1	