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STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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Filing ID: 210611041

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)	
Fernandez-Lipp, Renee				
. Office, Agency, or Court				
Agency Name (Do not use acronyms)				
Contra Costa County				
Division, Board, Department, District, if applicable	Your Position			
District - CC Resource Conservation	Director	Director		
► If filing for multiple positions, list below or on an attachment.	. (Do not use acronyms)			
Agency:	Position:	Position:		
2. Jurisdiction of Office (Check at least one box)	L. J D. C.	all des Des Terre la	de la companya de la	
☐ State	Judge, Retire (Statewide J		dge, or Court Commissioner	
Multi-County	X County of C	ontra Costa		
City of	Other			
3. Type of Statement (Check at least one box)				
X Annual: The period covered is January 1, 2023 through December 31, 2023.	n Leaving Off	ice: Date Left (Check	one circle)	
The period covered is/, thr December 31, 2023.		 The period covered is January 1, 2023 through the date of leaving office. 		
Assuming Office: Date assumed//	The period covered is/, through the date of leaving office.			
Candidate:Date of Election and office	e sought, if different than Part 1:			
I. Schedule Summary (required) ► Total	number of pages including	this cover nage	. 2	
Schedules attached	mamber of pages melaumy	tilis cover page		
Schedule A-1 - Investments – schedule attached	Schedule C - Income Schedule C - Income	ome, Loans, & Busine	ess Positions – schedule attached	
Schedule A-2 - Investments – schedule attached	_	☐ Schedule D - Income - Gifts - schedule attached		
Schedule B - Real Property – schedule attached	Schedule E - Inco	ome – Gifts – Travel I	Payments – schedule attached	
or-				
☐ None - No reportable interests on any schedule	е			
. Verification				
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE	
DAYTHE TELEPHONE AUMPED	Concord	CA	94521	
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS			
I have used all reasonable diligence in preparing this statement.			owledge the information contained	
herein and in any attached schedules is true and complete. I I certify under penalty of perjury under the laws of the Sta				
Date Signed _02/20/2024 (month, day, year)	Signature Renee Fe	rnandez-Lipp e the originally signed paperst	atement with your filing official.)	