

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE



BY: R. P. HARMON

Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
HARMON	PAUL	EDWARD	

1. Office, Agency, or Court

Agency Name
 HELENDALE COMMUNITY SERVICES DISTRICT

Division, Board, Department, District, if applicable
 SPECIAL DISTRICT

Your Position
 FINANCE MANAGER

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- | | |
|---|---|
| <input type="checkbox"/> State | <input type="checkbox"/> Judge or Court Commissioner (Statewide Jurisdiction) |
| <input type="checkbox"/> Multi-County _____ | <input type="checkbox"/> County of _____ |
| <input type="checkbox"/> City of _____ | <input checked="" type="checkbox"/> Other <u>Special District</u> |

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

- | | |
|--|---|
| <input checked="" type="checkbox"/> Annual: The period covered is January 1, 2011, through December 31, 2011. | <input type="checkbox"/> Leaving Office: Date Left ____/____/____
(Check one) |
| -or- | <input type="checkbox"/> The period covered is January 1, 2011, through the date of leaving office. |
| The period covered is ____/____/____, through December 31, 2011. | <input type="checkbox"/> The period covered is ____/____/____, through the date of leaving office. |
| <input type="checkbox"/> Assuming Office: Date assumed ____/____/____ | |
| <input type="checkbox"/> Candidate: Election Year _____ Office sought, if different than Part 1: _____ | |

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 1

- | | |
|--|--|
| <input type="checkbox"/> Schedule A-1 - Investments – schedule attached | <input type="checkbox"/> Schedule C - Income, Loans, & Business Positions – schedule attached |
| <input type="checkbox"/> Schedule A-2 - Investments – schedule attached | <input type="checkbox"/> Schedule D - Income - Gifts – schedule attached |
| <input type="checkbox"/> Schedule B - Real Property – schedule attached | <input type="checkbox"/> 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
PO Box 359		Helendale	CA	92342-0359
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS (OPTIONAL)		
(760) 951-0006				

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 March 15, 2012
(month, day, year)

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