CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Stamp Filing Received
RECEIVED
Alameda County
JUL 21 2026
Reg. of Voters

Please type or print in ink.

NAME OF FILER (LAST) Justice (FIRST) Michael (MIDDLE) D

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
Fairview Fire Protection District
Division, Board, Department, District, if applicable

Director
Your Position

► *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
- ☐ Multi-County _____
- ☐ City of _____
- ☐ Judge (Supreme, Appellate, Superior Court), Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- ☒ County of Alameda County
- ☐ Other _____

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

- ☐ **Annual:** The period covered is January 1, 2025, through December 31, 2025.
  -or-
  The period covered is ___/___/_____, through December 31, 2025.
- ☐ **Assuming Office:** Date assumed ___/___/_____
- ☐ **Leaving Office:** Date Left ___/___/_____ *(Check one circle below.)*
  - ☐ The period covered is January 1, 2025, through the date of leaving office.
  - -or-
  - ☐ The period covered is ___/___/_____, through the date of leaving office.
- ☒ **Candidate:** Date of Election 11-3-2026 and office sought, if different than Part 1: _____

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

Schedules attached

- ☐ **Schedule A-1** - *Investments* – schedule attached
- ☐ **Schedule A-2** - *Investments* – schedule attached
- ☐ **Schedule B** - *Real Property* – schedule attached
- ☐ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- ☐ **Schedule D** - *Income – Gifts* – schedule attached
- ☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached
- ☐ **Attachment 700-P** - *Prospective Employment (87200 Filers Only)* – schedule attached

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

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document) STREET: 25602 Clover Rd CITY: Hayward STATE: Ca. ZIP CODE: 94542

DAYTIME TELEPHONE NUMBER: (408) 687-6021 EMAIL ADDRESS:

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 7-21-26 (month, day, year) Signature _____
(File the originally signed paper statement with your filing official.)