

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
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NAME OF FILER (LAST) (FIRST) (MIDDLE)

Lauritzen III, Christian

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Contra Costa County

Division, Board, Department, District, if applicable

Your Position

Sanitary District - Ironhouse

Director

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: *SEE ATTACHED FOR ADDITIONAL POSITIONS

Position: _____

2. Jurisdiction of Office (Check at least one box)☒ State
☐ Judge (Supreme, Appellate, Superior Court), Retired Judge,
 Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County _____☒ County of Contra Costa☐ City of _____☒ Other Special District**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.

☐ **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.
☐ **Assuming Office:** Date assumed ____/____/____☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____**4. Schedule Summary (required)**► Total number of pages including this cover page: 3**Schedules attached**☒ **Schedule A-1 - Investments** – schedule attached☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached☐ **Schedule A-2 - Investments** – schedule attached☐ **Schedule D - Income – Gifts** – schedule attached☐ **Schedule B - Real Property** – 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 STREET CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)

Oakley

CA

94561

DAYTIME TELEPHONE NUMBER

()

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 01/26/2026
 (month, day, year)

 Signature Christian Lauritzen III
 (File the originally signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
Expanded Statement Attachment

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Christian Lauritzen III</u>

* This table lists all positions including the primary position listed in the Office, Agency, or Court section of the Cover Page.

Agency	Div/Board/Dept/District	Position	Type of Statement	SAN #
Contra Costa County	Sanitary District - Ironhouse	Board Member	Annual 1/1/2025 - 12/31/2025	
Contra Costa County	Sanitary District - Ironhouse	Director	Annual 1/1/2025 - 12/31/2025	041600128-NFH-0128

SCHEDULE A-1**Investments****Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

*Investments must be itemized.**Do not attach brokerage or financial statements.***CALIFORNIA FORM 700**
FAIR POLITICAL PRACTICES COMMISSION

Name

Lauritzen III, Christian

▶ NAME OF BUSINESS ENTITY

Morgan Stanley Dean Witter

GENERAL DESCRIPTION OF THIS BUSINESS

Investment Portfolio Account

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☒ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

_____/_____/25 ____/_____/25
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
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_____/_____/25 ____/_____/25
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▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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GENERAL DESCRIPTION OF THIS BUSINESS

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IF APPLICABLE, LIST DATE:

_____/_____/25 ____/_____/25
 ACQUIRED DISPOSED

Comments: _____