

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) Williams (FIRST) Diana (MIDDLE) H

1. Office, Agency, or Court

Agency Name Newberry Community Services District
 Division, Board, Department, District, if applicable Special District Your Position _____

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

Agency: _____ Position: _____

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

☐ State ☐ Judge (Statewide Jurisdiction)
☐ Multi-County _____ ☐ County of _____
☐ City of _____ ☒ Other Independent District

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

☒ **Annual:** The period covered is January 1, 2010, through December 31, 2010. -or- ☐ **Leaving Office:** Date Left ____/____/____
 The period covered is ____/____/____, through December 31, 2010. (Check one)
☐ **Assuming Office:** Date ____/____/____ ☐ The period covered is January 1, 2010, through the date of leaving office.
☐ **Candidate:** Election Year _____ Office sought, if different than Part 1: _____ ☐ The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 1

☐ **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

-or-

☐ **None - No reportable interests on any schedule**

5. Verification P.O. Box 127 Newberry Springs CA 92365-
 MAILING ADDRESS STREET CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER (760) 257-3070 E-MAIL 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 MARCH 9, 2011 Signature Diana Williams
 (month, day, year) (File the originally signed statement with your filing official.)