

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

1/24/2018 3:22:00 PM

SAN: 043000025-LAC-0025

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Bowcock Frederick Brian

1. Office, Agency, or Court

Agency Name
 Three Valleys Municipal Water District
 Division, Board, Department, District, if applicable
 Your Position
 Director

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

Agency: _____ Position: _____

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

- State Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of _____ Other District

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

- Annual:** The period covered is January 1, 2017, through December 31, 2017.
 -or-
 The period covered is _____, through December 31, 2017.
- Assuming Office:** Date assumed _____
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left _____
 (Check one)
 The period covered is January 1, 2017, through the date of leaving office.
 The period covered is _____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 2

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

-or-

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)
1021 East Miramar Avenue Claremont CA 91711

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(909) 621-5568 bbowcock@tvmwd.com

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 1/24/2018 Signature E-Filed By Frederick Brian Bowcock
 (month, day, year) (File the originally signed statement with your filing official.)

SCHEDULE E

Income – Gifts

Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <u>Frederick Brian Bowcock</u>

- Mark either the gift or income box.
- Mark the “501(c)(3)” box for a travel payment received from a nonprofit 501(c)(3) organization or the “Speech” box if you made a speech or participated in a panel. These payments are not subject to the gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE *(Not an Acronym)*
Metropolitan Water District
 ADDRESS *(Business Address Acceptable)*
700 N. Alameda
 CITY AND STATE
Los Angeles, CA 90012
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
MWD Inspection Trip
 DATE(S): 03/10/2017 - 03/10/2017 AMT: \$ 150
(If gift)
 ▶ MUST CHECK ONE: Gift - or - Income
 Made a Speech/Participated in a Panel
Diamond Valley Lake
 Other - Provide Description _____

 ▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE *(Not an Acronym)*

 ADDRESS *(Business Address Acceptable)*

 CITY AND STATE

 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

 DATE(S): _____ - _____ AMT: \$ _____
(If gift)
 ▶ MUST CHECK ONE: Gift - or - Income
 Made a Speech/Participated in a Panel
 Other - Provide description _____

 ▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE *(Not an Acronym)*
Metropolitan Water District
 ADDRESS *(Business Address Acceptable)*
700 N. Alameda
 CITY AND STATE
Los Angeles, CA 90012
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
MWD Inspection Trip
 DATE(S): 06/02/2017 - 06/04/2017 AMT: \$ 300
(If gift)
 ▶ MUST CHECK ONE: Gift - or - Income
 Made a Speech/Participated in a Panel
Colorado River Aqueduct
 Other - Provide Description _____

 ▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE *(Not an Acronym)*

 ADDRESS *(Business Address Acceptable)*

 CITY AND STATE

 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

 DATE(S): _____ - _____ AMT: \$ _____
(If gift)
 ▶ MUST CHECK ONE: Gift - or - Income
 Made a Speech/Participated in a Panel
 Other - Provide description _____

 ▶ If Gift, Provide Travel Destination _____

Comments: _____

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

2/22/2018 10:37:01 AM

SAN: 043000025-LAC-0025

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
De Jesus David D

1. Office, Agency, or Court

Agency Name
 Three Valleys Municipal Water District
 Division, Board, Department, District, if applicable
 Your Position
 Director

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

Agency: _____ Position: _____

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

- State Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of _____ Other District

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

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- Schedule A-1 - Investments** – schedule attached
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- Schedule C - Income, Loans, & Business Positions** – schedule attached
- Schedule D - Income – Gifts** – schedule attached
- 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
 (Business or Agency Address Recommended - Public Document)
1021 East Miramar Avenue Claremont CA 91711

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(909) 621-5568 ddejesus@tvmwd.com

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 2/22/2018 Signature E-Filed By David De Jesus
 (month, day, year) (File the originally signed statement with your filing official.)

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
 0201116270000
 CITY
 Rancho Cucamonga

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED _____ DISPOSED _____

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ _____
 Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None
 Irene Gaxiola

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

 CITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED _____ DISPOSED _____

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ _____
 Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
 _____% None _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
 _____% None _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

Guarantor, if applicable

Comments: _____

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Goytia Carlos

1. Office, Agency, or Court

Agency Name
Three Valleys Municipal Water District
Division, Board, Department, District, if applicable
Your Position
Director

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

Agency: _____ Position: _____

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-or-

None - No reportable interests on any schedule

5. Verification

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 (Business or Agency Address Recommended - Public Document)
1021 East Miramar Avenue Claremont CA 91711

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
 () - cgoytia@tvmwd.com

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 2/21/2018 Signature E-Filed By Carlos Goytia
(month, day, year) (File the originally signed statement with your filing official.)

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Horan Dan

1. Office, Agency, or Court

Agency Name
Three Valleys Municipal Water District
Division, Board, Department, District, if applicable
Your Position
Director

► If filing for multiple positions, list below or on an attachment.
San Gabriel Basin Water Quality Authority
Agency: _____ Position: **Board Member Alternate**

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

State Judge or Court Commissioner (Statewide Jurisdiction)
 Multi-County _____ County of _____
 City of _____ Other **District**

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

Annual: The period covered is January 1, 2017, through December 31, 2017.
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-or-
 None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
1021 East Miramar Avenue Claremont CA 91711
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(626) 975-1550 dhoran@tvmwd.com

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 1/31/2018 Signature _____
(month, day, year) (File the originally signed statement with your filing official.)
E-Filed By Dan Horan

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM	700
<small>FAIR POLITICAL PRACTICES COMMISSION</small>	
Name	
Dan Horan	

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
<p>NAME OF SOURCE OF INCOME</p> <p><u>New Spirits Naturals</u></p> <p>ADDRESS (Business Address Acceptable)</p> <p><u>615 W. Allen San Dimas, CA 91773</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p><u>Health Supplements</u></p> <p>YOUR BUSINESS POSITION</p> <p><u>Accounting Manager</u></p> <p>GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only</p> <p><input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000</p> <p><input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED</p> <p><input type="checkbox"/> Salary <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)</p> <p><input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)</p> <p><input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.)</p> <p><input type="checkbox"/> Loan repayment</p> <p><input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more</p> <p>_____ (Describe)</p> <p><input type="checkbox"/> Other _____ (Describe)</p>	<p>NAME OF SOURCE OF INCOME</p> <p>_____</p> <p>ADDRESS (Business Address Acceptable)</p> <p>_____</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>_____</p> <p>YOUR BUSINESS POSITION</p> <p>_____</p> <p>GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only</p> <p><input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000</p> <p><input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED</p> <p><input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)</p> <p><input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)</p> <p><input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.)</p> <p><input type="checkbox"/> Loan repayment</p> <p><input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more</p> <p>_____ (Describe)</p> <p><input type="checkbox"/> Other _____ (Describe)</p>

▶ 2. LOAN RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

<p>NAME OF LENDER*</p> <p>_____</p> <p>ADDRESS (Business Address Acceptable)</p> <p>_____</p> <p>BUSINESS ACTIVITY, IF ANY, OF LENDER</p> <p>_____</p> <p>HIGHEST BALANCE DURING REPORTING PERIOD</p> <p><input type="checkbox"/> \$500 - \$1,000</p> <p><input type="checkbox"/> \$1,001 - \$10,000</p> <p><input type="checkbox"/> \$10,001 - \$100,000</p> <p><input type="checkbox"/> OVER \$100,000</p>	<p>INTEREST RATE</p> <p>_____ % <input type="checkbox"/> None</p> <p>TERM (Months/Years)</p> <p>_____</p> <p>SECURITY FOR LOAN</p> <p><input type="checkbox"/> None <input type="checkbox"/> Personal residence</p> <p><input type="checkbox"/> Real Property _____</p> <p style="text-align: right; margin-right: 50px;">Street address</p> <p style="text-align: right; margin-right: 50px;">_____</p> <p style="text-align: right; margin-right: 50px;">City</p> <p><input type="checkbox"/> Guarantor _____</p> <p><input type="checkbox"/> Other _____ (Describe)</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Comments: _____

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

1/22/2018 8:50:50 AM

SAN: 043000025-LAC-0025

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Kuhn Robert G

1. Office, Agency, or Court

Agency Name
 Three Valleys Municipal Water District
 Division, Board, Department, District, if applicable
 Your Position
 Director

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

Agency: _____ Position: _____

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

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- Leaving Office:** Date Left _____
 (Check one)
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- Schedule E - *Income – Gifts – Travel Payments* – schedule attached

-or-
 None - No reportable interests on any schedule

5. Verification

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 (Business or Agency Address Recommended - Public Document)
1021 East Miramar Avenue Claremont CA 91711

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(909) 621-5568 bkuhn@tvmwd.com

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I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 1/22/2018 Signature E-Filed By Robert Kuhn
 (month, day, year) (File the originally signed statement with your filing official.)

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CA LIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Robert Kuhn

NAME OF BUSINESS ENTITY
Alandale Insurance Agency

GENERAL DESCRIPTION OF THIS BUSINESS
Insurance Company

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:

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
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
Kuhn Family Trust

GENERAL DESCRIPTION OF THIS BUSINESS
Family Trust

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 Trust (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

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
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

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
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

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
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

ACQUIRED DISPOSED

Comments:

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name
Robert Kuhn

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
669 Hunters Trail
CITY
Glendora

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED _____ DISPOSED _____

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ _____
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED _____ DISPOSED _____

NATURE OF INTEREST
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Yrs. remaining Other

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NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
_____% None _____
HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
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HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: _____

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Mendoza John

1. Office, Agency, or Court

Agency Name
Three Valleys Municipal Water District
Division, Board, Department, District, if applicable
Your Position
Director

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

Agency: _____ Position: _____

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

- State
- Multi-County _____
- City of _____
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-or-
The period covered is **12/7/2016**, through December 31, 2017.
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-or-

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)
1021 East Miramar Avenue Claremont CA 91711

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(909) 621-5568 jmendoza@tvmwd.com

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 2/21/2018 Signature _____
(month, day, year) (File the originally signed statement with your filing official.)

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Ruzicka Joseph T

1. Office, Agency, or Court

Agency Name
 Three Valleys Municipal Water District
 Division, Board, Department, District, if applicable
 Your Position
 Director

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

Local Agency Formation Commission

Agency: _____ Position: Commissioner

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

- State Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of _____ Other District

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

- Annual:** The period covered is January 1, 2017, through December 31, 2017.
 -or-
 The period covered is _____, through December 31, 2017.
- Assuming Office:** Date assumed _____
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left _____
 (Check one)
 The period covered is January 1, 2017, through the date of leaving office.
 The period covered is _____, through the date of leaving office.

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

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

-or-

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)
1021 East Miramar Avenue Claremont CA 91711

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(909) 621-5568 jruzicka@tvmwd.com

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 2/21/2018 Signature E-Filed By Joseph Ruzicka
 (month, day, year) (File the originally signed statement with your filing official.)

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Hansen Richard W

1. Office, Agency, or Court

Agency Name
Three Valleys Municipal Water District
Division, Board, Department, District, if applicable Your Position
General Manager/Chief Engineer

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

Agency: _____ Position: _____

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

State Judge or Court Commissioner (Statewide Jurisdiction)
 Multi-County _____ County of _____
 City of _____ Other **District**

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

Annual: The period covered is January 1, 2017, through December 31, 2017.
-or- The period covered is _____, through December 31, 2017.
 Assuming Office: Date assumed _____
 Candidate: Date of Election _____ and office sought, if different than Part 1: _____
 Leaving Office: Date Left _____ (Check one)
 The period covered is January 1, 2017, through the date of leaving office.
 The period covered is _____, through the date of leaving office.

4. Schedule Summary (must complete)

► Total number of pages including this cover page: 1

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

-or-

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
1021 East Miramar Avenue Claremont CA 91711
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(909) 621-5568 rhansen@tvmwd.com

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 1/22/2018
(month, day, year)

Signature _____ E-Filed By **Richard Hansen**
(File the originally signed statement with your filing official.)

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

- Mark either the gift or income box.
- Mark the “501(c)(3)” box for a travel payment received from a nonprofit 501(c)(3) organization or the “Speech” box if you made a speech or participated in a panel. These payments are not subject to the gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)
Metropolitan Water District

ADDRESS (Business Address Acceptable)
700 N. Alameda

CITY AND STATE
Los Angeles, CA 90212

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Inspection Tour-State Water Project

DATE(S): 10/20/2017 - 10/21/2017 AMT: \$ 675
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel
 Other - Provide Description Tour Oroville Dam, Lodestar Farms, Delta Cross Channel-Walnut Grove, CA and Banks

▶ If Gift, Provide Travel Destination Sacramento/Oroville

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): _____ - _____ AMT: \$ _____
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel
 Other - Provide description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): _____ - _____ AMT: \$ _____
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel
 Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

Verification

Print Name Richard W Hansen

Office, Agency or Court Three Valleys Municipal Water District

Statement Type 2017/2018 Annual Assuming Leaving
 _____ Annual Candidate
(yr)

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 certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 01/22/2018
(month, day, year)

Filer's Signature E-Filed By Richard W Hansen

Comments: _____