FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE A Public Document 2

Confirmation Number: 9A0839E6

Date Initial Filing Received Filing Official Use Only

2/10/2023 10:44:17 AM

Please type or print in ink.			5.	111. 043000023 ENO 0023	
NAME OF FILER	(LAST)	((FIRST)	(MIDDLE)	
De Jesus		David		D	
1. Office, Agency, or	Court				
Agency Name (Do not use Three Valleys Muni	- ,				
Division, Board, Departmen	t, District, if applicable	Your I	Position		
		Direct	tor		
 If filing for multiple posit 	ions, list below or on an attachment	. (Do not use acronyms))		
Agency:		Pe	osition:		
2. Jurisdiction of Off	ICE (Check at least one box)		Judge, Retired Judge, Pro Tem Ju (Statewide Jurisdiction)	ldge, or Court Commissioner	
Multi-County			County of		
City of			Other District		
2 Tune of Statement					
December 3	covered is January 1, 2022, through		Leaving Office: Date Left (Check one Circl		
-or- The period c December 3	overed is, thr I, 2022.		 The period covered is Januar -or- leaving office. 	ry 1, 2022, through the date of	
Assuming Office: Da	ate assumed		 The period covered is of leaving office. 	, through the date	
Candidate: Date of El	ection and c	office sought, if different	than Part 1:		
4. Schedule Summar		I number of pages inc	cluding this cover page: <u>3</u>		
Schedules attach	led				
<u> </u>	vestments – schedule attached	_	le C - Income, Loans, & Business		
=	vestments – schedule attached	-	le D - Income – Gifts – schedule		
-or-	al Property – schedule attached		le E - Income – Gifts – Travel Pa	<i>lyments</i> – schedule attached	
_	interests on any schedule				
5. Verification					
MAILING ADDRESS	STREET	CITY	STATI	E ZIP CODE	
(Business or Agency Address Red 1021 East Miramar Ave		Claremont	СА	91711	
DAYTIME TELEPHONE NUMBER	R	E-MAIL AD	DRESS		
(909) 621-5568		ddejesu	us@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 cont 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 Sta	te of California that th	e foregoing is true and correct	t.	
Deta Cirrad	2/10/2023	0:- 1	E-Filed By Da	avid De Jesus	
Date Signed	(month, day, year)	Signature _	(File the originally signed paper	statement with your filing official.)	

FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE A Public Document

Confirmation Number: CC2513E9

Date Initial Filing Received Filing Official Use Only

2/21/2023 3:24:55 PM

Please type or print	in ink.		JAN	N. 043000025-LAC-0023
NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Goytia		Carlos		
1. Office, Agenc	y, or Court			
	not use acronyms) s Municipal Water District			
Division, Board, De	partment, District, if applicable	Your Positi	on	
		Director		
Šan G	ple positions, list below or on an attachment. Babriel Valley Council of Governme	nts	Governing Reard Re	
Agency: <u>(SGV</u>	COG)	Positio	n: <u>Governing Board Re</u>	presentative
2. Jurisdiction	of Office (Check at least one box)		e, Retired Judge, Pro Tem Judge ewide Jurisdiction)	e, or Court Commissioner
Multi-County _		Coun	ty of	
City of		Other	District	
3 Type of State	ement (Check at least one box)			
Annual: The Dec	period covered is January 1, 2022, through ember 31, 2022.	Leav	ving Office: Date Left (Check one Circle)	
	period covered is, through the period covered covered is, through the period covered cov		The period covered is January 1 eaving office.	1, 2022, through the date of
Assuming Of	fice: Date assumed		The period covered is of leaving office.	, through the date
Candidate: D	and of	fice sought, if different than	Part 1:	
4. Schedule Su	mmary (required)	number of pages includi	ng this cover page: <u>1</u>	_
Schedules a	attached			
Schedule	A-1 - Investments - schedule attached	Schedule C	- Income, Loans, & Business P	ositions - schedule attached
=	A-2 - Investments – schedule attached		- Income – Gifts – schedule atta	
	B - Real Property – schedule attached	Schedule E	 Income – Gifts – Travel Paym 	ents – schedule attached
-or-	portable interests on any schedule			
5. Verification				
MAILING ADDRESS (Business or Agency A	STREET ddress Recommended - Public Document)	CITY	STATE	ZIP CODE
1021 East Mirar	mar Avenue	Claremont	CA	91711
DAYTIME TELEPHONE		E-MAIL ADDRES	S	
(909) 621-55		Cgoytia70@		
herein and in any	sonable diligence in preparing this statement. attached schedules is true and complete. I a	cknowledge this is a public	document.	ledge the information contained
I certify under pe	nalty of perjury under the laws of the State	e of California that the for	regoing is true and correct.	
Date Signed	2/21/2023	Signature	E-Filed By Car	los Goytia
Date Signed	(month, day, year)		(File the originally signed paper state	ement with your filing official.)

FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE A Public Document

Confirmation Number: 51784F45

Date Initial Filing Received Filing Official Use Only

12/9/2022 4:41:04 PM

Please type or print	in ink.		0,1		
NAME OF FILER	(LAST)	(FIRST))	(MIDDLE)	
Hanlon		Jeff			
1. Office, Agend	cy, or Court				
	not use acronyms) s Municipal Water District				
Division, Board, De	epartment, District, if applicable	Your Positi	on		
		Director			
► If filing for multi	ple positions, list below or on an attach	ment. (Do not use acronyms)			
Agency:		Position	n:		
2. Jurisdiction	of Office (Check at least one box)	Judg	e, Retired Judge, Pro Tem Judg ewide Jurisdiction)	ge, or Court Commissioner	
Multi-County _		Coun	ty of		
City of		Other	District		
2 Type of Stat	omont (Chack of loost one hou)				
Annual: The	ement (Check at least one box) period covered is January 1, 2021, thr ember 31, 2021.	ough 🗌 Leav	ving Office: Date Left (Check one Circle)		
	period covered is ember 31, 2021.		The period covered is January eaving office.	1, 2021, through the date of	
X Assuming Of	ffice: Date assumed12/2/2022		he period covered is f leaving office.	, through the date	
Candidate: D	Date of Election	and office sought, if different than	Part 1:		
		Total number of pages includir	ng this cover page: <u>3</u>	_	
Schedules a	attached				
	A-1 - Investments – schedule attached		- Income, Loans, & Business I		
=	 A-2 - Investments – schedule attached B - Real Property – schedule attached 		 Income – Gifts – schedule a Income – Gifts – Travel Payı 		
-or-			nicome – Gins – Haver Fayi		
None - No re	eportable interests on any schedule				
5. Verification					
MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE	
1021 East Mira	ddress Recommended - Public Document) mar Avenue	Claremont	CA	91711	
DAYTIME TELEPHON	E NUMBER	E-MAIL ADDRESS	3		
(414) 759-40		mwd.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 con herein and in any attached schedules is true and complete. I acknowledge this is a public document.					
I certify under pe	enalty of perjury under the laws of th	e State of California that the for	regoing is true and correct.		
Data Simuad	12/9/2022	01-modum	E-Filed By J	eff Hanlon	
Date Signed	(month, day, year)	_ Signature	(File the originally signed paper sta	atement with your filing official.)	

FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE A Public Document 2

Confirmation Number: 7502F7B6

Date Initial Filing Received Filing Official Use Only

2/28/2023 12:11:41 PM

Please type or print in	n ink.			1. 043000023-LAG-0023		
NAME OF FILER	(LAST)	(FIR	ST)	(MIDDLE)		
Kuhn		Robert	G			
1. Office, Agency	γ, or Court					
Agency Name (Do Three Valleys	^{not use acronyms)} Municipal Water District					
Division, Board, Dep	partment, District, if applicable	Your Pos	sition			
		Director				
	le positions, list below or on an attach					
	abriel Basin Water Quality Au		tion: Board Member			
2. Jurisdiction c	of Office (Check at least one box)	dae Betired Judge Dre Tem Judg	a or Court Commissioner		
State			dge, Retired Judge, Pro Tem Judg atewide Jurisdiction)	e, of Court Commissioner		
Multi-County			unty of			
City of		Oth	ner District			
3. Type of State	ment (Check at least one box)					
Annual: The	period covered is January 1, 2022, thr mber 31, 2022.	ough 🗌 Le	aving Office: Date Left (Check one Circle)			
	period covered is mber 31, 2022.		The period covered is January _leaving office.	1, 2022, through the date of		
Assuming Off	ice: Date assumed	0	The period covered is of leaving office.	, through the date		
Candidate: Da	ate of Election	and office sought, if different the	an Part 1:			
4. Schedule Sur		Total number of pages inclu	ding this cover page:4	_		
Schedules a		_				
=	A-1 - Investments – schedule attached		C - Income, Loans, & Business P			
=	 A-2 - Investments – schedule attached B - Real Property – schedule attached 	_	 D - Income – Gifts – schedule att E - Income – Gifts – Travel Paym 			
-or-						
None - No rep	portable interests on any schedule					
5. Verification						
MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE		
(Business or Agency Ade 1021 East Miram	dress Recommended - Public Document) nar Avenue	Claremont	СА	91711		
DAYTIME TELEPHONE	NUMBER	E-MAIL ADDRI				
(909) 621-556	8	bgkuhn@	aol.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 contain herein and in any attached schedules is true and complete. I acknowledge this is a public document.					
I certify under per	nalty of perjury under the laws of th	e State of California that the	oregoing is true and correct.			
Data Cimeri	2/28/2023	C:	E-Filed By Ro	bert Kuhn		
Date Signed	(month, day, year)	_ Signature	(File the originally signed paper stat	tement with your filing official.)		

FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE A Public Document

Confirmation Number: 7AFD979F

Date Initial Filing Received Filing Official Use Only

3/20/2023 1:26:01 PM

Please type or print in ink.				57(1).	043000023 ENC 0023
NAME OF FILER (LAST)			(FIRST)		(MIDDLE)
Roberto		Mary "Jo	dy"	Jolei	ne
1. Office, Agency, or Cou	rt				
Agency Name (Do not use acro Three Valleys Municipa	• /				
Division, Board, Department, Dist	trict, if applicable	Ň	Your Position		
			Director		
► If filing for multiple positions,	list below or on an attachment.	. (Do not use acroi	nyms)		
Agency:			Position:		
2. Jurisdiction of Office	(Check at least one box)		Judge, Retired J (Statewide Jurise	ludge, Pro Tem Judge, o diction)	r Court Commissioner
Multi-County			County of		
City of			Other District		
3. Type of Statement (Che	eck at least one box)				
Annual: The period covered December 31, 202	ed is January 1, 2022, through		Leaving Office	: Date Left (Check one Circle)	
-or- The period covere December 31, 202	ed is, through the second se	ough	 The period of -or-leaving officient 	covered is January 1, 2 e.	022, through the date of
Assuming Office: Date as	sumed		 The period of leaving of 		, through the date
Candidate: Date of Election	and c	office sought, if diff	erent than Part 1:		
4. Schedule Summary (re	equired) Fota	I number of page	es including this cov	ver page: <u>6</u>	
Schedules attached					
Schedule A-1 - Investr	nents - schedule attached	🗙 Sch	nedule C - Income, L	oans, & Business Posit.	ions – schedule attached
=	nents - schedule attached			Gifts - schedule attach	
Schedule B - Real Pro	perty – schedule attached	🗙 Scl	nedule E - Income -	Gifts – Travel Payment	s - schedule attached
-or-					
None - No reportable inter	ests on any schedule				
5. Verification					
MAILING ADDRESS (Business or Agency Address Recomment	STREET nded - Public Document)	CITY		STATE	ZIP CODE
1021 East Miramar Avenue		Claremont		СА	91711
			AIL ADDRESS		
(951) 741-5999		-	perto@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 conta herein and in any attached schedules is true and complete. I acknowledge this is a public document.					
I certify under penalty of perju	ury under the laws of the Sta	te of California th	nat the foregoing is	true and correct.	
Date Signed3/	20/2023	Signat	E	-Filed By Mary "Jod	ly" Roberto
	nth, day, year)	Sigila	(File the	originally signed paper statemer	t with your filing official.)

FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE A Public Document ³

Confirmation Number: 1695D0EC

Date Initial Filing Received Filing Official Use Only

3/30/2023 11:31:54 AM

Ple	ease type or print in ink.					
NAN	ME OF FILER (LAST))	(FIRST)		(MIDDLE)	
So	oto	Danielle	}			
1.	Office, Agency, or Court					
	Agency Name (Do not use acronyms) Three Valleys Municipal Water Di	istrict				
	Division, Board, Department, District, if applica	ble	Your Position			
			Director			
	► If filing for multiple positions, list below or LA County Fourth District (- /			
	Agency: Board		Position: Oversight Bo	ard Member		
2.	Jurisdiction of Office (Check at lea	ast one box)	Judge, Retired Judge, Pro (Statewide Jurisdiction)	Tem Judge, or Cou	rt Commissioner	
	Multi-County		County of			
	City of		Other District			
3.	Type of Statement (Check at least of	one box)				
	Annual: The period covered is January December 31, 2022.	1, 2022, through	Leaving Office: Date Le (Check of	ft ne Circle)		
	The period covered is December 31, 2022.	, through	 The period covered is -or- 	January 1, 2022, t	hrough the date of	
	Assuming Office: Date assumed		 The period covered is of leaving office. 		, through the date	
	Candidate: Date of Election	and office sought, if di	ifferent than Part 1:			
4.	Schedule Summary (required)	► Total number of page	ges 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 – sched		chedule D - Income - Gifts - sc	hedule attached		
	Schedule B - Real Property – sched	Jule attached	chedule E - Income – Gifts – Tr	avel Payments – so	chedule attached	
-or	_					
	None - No reportable interests on any s	chedule				
5.	Verification					
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Dow	CITY cument)		STATE	ZIP CODE	
	1021 East Miramar Avenue	Claremont	CA	9	1711	
	DAYTIME TELEPHONE NUMBER		MAIL ADDRESS			
	(909) 621-5568 dsoto@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	e laws of the State of California	that the foregoing is true and	correct.		
	Date Signed 3/30/2023	0	E-File	d By Danielle So	oto	
	Date Signed	Sign	(File the originally sign	ned paper statement with y	our filing official.)	

FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE A Public Document

Confirmation Number: C53A4B1A

Date Initial Filing Received Filing Official Use Only

3/9/2023 10:17:08 AM

Plea	ase type or print in ink	-					
NAM	e of filer	(LAST)		(FIRST)		(MIDDLE)	
Ti			Mike				
1. (Office, Agency, o	r Court					
	Agency Name (Do not u Three Valleys Mu	se acronyms) nicipal Water District					
I	Division, Board, Departm	ent, District, if applicable		Your Position			
				Director			
	If filing for multiple po	sitions, list below or on an attachme	nt. (Do not use acr	onyms)			
	Agency:			Position:			
	Jurisdiction of O	ffice (Check at least one box)		Judge, Retired J (Statewide Juriso	ludge, Pro Tem Judge, diction)	or Court Commissioner	
	Multi-County			County of			
	City of			Other District	:		
2	Tuna of Statama						
	Annual: The perio	nt <i>(Check at least one box)</i> d covered is January 1, 2022, throug · 31, 2022.	h		: Date Left (Check one Circle)		
	-or- The period December	d covered is, t 31, 2022.	hrough	○ The period of -or- leaving office		2022, through the date of	
I	Assuming Office:	Date assumed	-	 The period of leaving of 		, through the date	
	Candidate: Date of	Election and	d office sought, if di	fferent than Part 1:			
4.	Schedule Summa	ary (required)	tal number of pag	ges including this cov	ver page: <u>1</u>	1	
	Schedules attac	ched					
	Schedule A-1 -	Investments - schedule attached	□ S	chedule C - Income, L	oans, & Business Pos	sitions - schedule attached	
	=	Investments – schedule attached		chedule D - Income -			
-or-		Real Property – schedule attached		:hedule E - Income -	Gifts – Travel Paymei	nts - schedule attached	
-		ble interests on any schedule					
5. \	Verification						
	MAILING ADDRESS	STREET Recommended - Public Document)	CITY		STATE	ZIP CODE	
	1021 East Miramar A		Claremont		СА	91711	
	DAYTIME TELEPHONE NUME	BER	E-I	MAIL ADDRESS			
	(626) 715-9898		m	ti@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 contain 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 S	tate of California	that the foregoing is	true and correct.		
	Data Signad	3/9/2023	01		E-Filed By M	ike Ti	
	Date Signed	(month, day, year)	Sign	(File the	originally signed paper statem	ent with your filing official.)	