

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

Filed Date: 02/04/2025 04:55 PM
SAN: 072400521-STH-0521

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

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. (Do not use acronyms)

Agency: _____ Position: _____

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

☐ State

☐ Judge, Retired Judge, Pro Tem 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, 2024, through
December 31, 2024.

☐ **Leaving Office:** Date Left ____/____/_____
(Check one circle below.)

-or-

The period covered is ____/____/_____, through
December 31, 2024.

☐ The period covered is January 1, 2024, through the date of
leaving office.

-or-

☐ **Assuming Office:** Date assumed ____/____/____

☐ The period covered is ____/____/_____, through
the date of leaving office.

☐ **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

-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

(909) 621-5568

EMAIL ADDRESS

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 02/04/2025 04:55 PM
(month, day, year)

Signature David D De Jesus
(File the originally signed paper statement with your filing official.)

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Three Valleys Municipal Water District

Division, Board, Department, District, if applicable

Your Position

Director

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Position: _____

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cgoytia@tvmwd.com

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Date Signed 03/05/2025 10:48 AM
(month, day, year)

Signature Carlos Goytia
(File the originally signed paper statement with your filing official.)

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SAN: 072400521-STH-0521

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NAME OF FILER (LAST) (FIRST) (MIDDLE)
Hanlon Jeff

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Three Valleys Municipal Water District

Division, Board, Department, District, if applicable

Your Position

Director

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Agency: Position:

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☐ Multi-County

☐ County of

☐ City of

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jhanlon@tvmwd.com

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(month, day, year)

Signature Jeff Hanlon
(File the originally signed paper statement with your filing official.)

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Three Valleys Municipal Water District

Division, Board, Department, District, if applicable

Your Position

Director

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Agency: SEE ATTACHED LIST

Position: _____

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

☐ State

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the date of leaving office.

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► Total number of pages including this cover page: 6

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☒ **Schedule A-1 - Investments** – schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☒ **Schedule A-2 - Investments** – schedule attached

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Claremont

CA

91711

DAYTIME TELEPHONE NUMBER

(909) 621-5568

EMAIL ADDRESS

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 03/12/2025 08:46 AM
(month, day, year)

Signature Robert G Kuhn
(File the originally signed paper statement with your filing official.)

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Marquez Jorge

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

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. (Do not use acronyms)

Agency: Position:

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

☐ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☒ Other District

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(Check one circle.)

-or-

The period covered is / / , through
December 31, 2023.

☐ The period covered is January 1, 2023, through the date
of leaving office.

-or-

☒ Assuming Office: Date assumed 12 / 06 / 2024

☐ The period covered is / / , through
the date of leaving office.

☐ Candidate: Date of Election and office sought, if different than Part 1:

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► Total number of pages including this cover page: 2

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☐ 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

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(Business or Agency Address Recommended - Public Document)

1021 East Miramar Avenue

Claremont

CA

91711

DAYTIME TELEPHONE NUMBER

(909) 621-5568

EMAIL ADDRESS

jmarquez@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 12/31/2024 08:34 PM
(month, day, year)

Signature Jorge Marquez
(File the originally signed paper statement with your filing official.)

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NAME OF FILER (LAST) (FIRST) (MIDDLE)
Roberto Mary "Jody" Jolene

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Three Valleys Municipal Water District

Division, Board, Department, District, if applicable

Your Position

Director

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Agency: SEE ATTACHED LIST

Position:

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

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jroberto@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 03/27/2025 09:48 PM
(month, day, year)

Signature Mary "Jody" Jolene Roberto
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NAME OF FILER (LAST) (FIRST) (MIDDLE)
Ti Mike

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Three Valleys Municipal Water District

Division, Board, Department, District, if applicable

Your Position

Director

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Signature Mike Ti
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