FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE A Public Document

Confirmation Number: 74146783

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Please type or print in	ink.			SAN:	043000025-LAC-0025
NAME OF FILER	(LAST)		(FIRST)		(MIDDLE)
Bowcock		Brian			
1. Office, Agency	, or Court				
Agency Name <i>(Do r</i> Three Valleys	oot use acronyms) Municipal Water District				
Division, Board, Dep	artment, District, if applicable		Your Position		
			Director		
	e positions, list below or on an attac abriel Basin Water Quality A		- ,		
Agency:			Position: Board	d Member Alterna	te
State	f Office (Check at least one box		County of	,	or Court Commissioner
3 Type of State	ment (Check at least one box)				
Annual: The p Decm	period covered is January 1, 2020, th ber 31, 2020. eriod covered is	-	-	: Date Left (Check one Circle) covered is January 1, 2	
	nber 31, 2020.	_,ougn	-or- leaving office	e.	
Assuming Offi	ce: Date assumed		 The period of leaving of 		, through the date
Candidate: Da	te of Election	and office sought, if d	ifferent than Part 1:		
Schedules at Schedule / Schedule /		d 🗌 S d 🗌 S	chedule D - Income -		
-or-					
None - No rep	ortable interests on any schedule				
5. Verification					
MAILING ADDRESS (Business or Agency Ada 1021 East Miram	STREET ress Recommended - Public Document) ar Avenue	CITY Claremont		STATE	ZIP CODE 91711
DAYTIME TELEPHONE	NUMBER	E	MAIL ADDRESS		
(909) 621-556		-	rianbowcock@veriz		
	onable diligence in preparing this stat ttached schedules is true and comple				ge the information contained
I certify under pen	alty of perjury under the laws of th	ne State of California	that the foregoing is	true and correct.	
Date Signed	2/8/2021	Sign	ature	E-Filed By Brian E	
	(month, day, year)		(File the	originally signed paper statemer	nt with your filing official.)

FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE A Public Document

Confirmation Number: 2E88CD7B

Date Initial Filing Received Filing Official Use Only

2/4/2021 4:20:15 PM

Please type or print in ink.		SAN. 0430	00023-LAC-0023
NAME OF FILER	(LAST) (FI	IRST)	(MIDDLE)
De Jesus	David	D	
1. Office, Agency, or Court			
Agency Name (Do not use acronyms) Three Valleys Municipal Wat	er District		
Division, Board, Department, District, if a	applicable Your Po	osition	
	Directo	r	
► If filing for multiple positions, list bel	ow or on an attachment. (Do not use acronyms)		
Agency:	Pos	sition:	
2. Jurisdiction of Office (Check	J	udge, Retired Judge, Pro Tem Judge, or Cour Statewide Jurisdiction)	t Commissioner
Multi-County		ounty of	
City of		ther District	
2 Tune of Statement (about a)			
 Type of Statement (Check at I Annual: The period covered is Ja Decmber 31, 2020. 		Leaving Office: Date Left (Check one Circle)	_
-or- The period covered is December 31, 2020.		○ The period covered is January 1, 2020, th or-leaving office.	rough 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 different the	han Part 1:	
4. Schedule Summary (must c	complete) Fotal number of pages incl	uding this cover page: <u>4</u>	
Schedules attached			
Schedule A-1 - Investments -	schedule attached Schedule	C - Income, Loans, & Business Positions –	schedule attached
Schedule A-2 - Investments -		D - Income - Gifts - schedule attached	
Schedule B - Real Property –	schedule attached Schedule	E - Income – Gifts – Travel Payments – sc	hedule attached
-or-	any schedule		
5. Verification			
	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Po 1021 East Miramar Avenue	Claremont	CA 91	1711
	E-MAIL ADD		
(909) 621-5568		s@tvmwd.com	information contained
	preparing this statement. I have reviewed this sta is true and complete. I acknowledge this is a pu		Information contained
I certify under penalty of perjury une	der the laws of the State of California that the	e foregoing is true and correct.	
Date Signed 2/4/202	21 Signature	E-Filed By David De Jes	SUS
(month, day, y	Olghature	(File the originally signed paper statement with yo	ur filing official.)

FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE A Public Document

Confirmation Number: 0BC68E78

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2/4/2021 4:23:26 PM

Ple	ease type or print in ink.			·	
NA	ME OF FILER	(LAST)	(FII	RST)	(MIDDLE)
G	Soytia		Carlos		
1.	Office, Agency, or	Court			
	Agency Name (Do not us Three Valleys Mur	e acronyms) nicipal Water District			
	Division, Board, Departme	ent, District, if applicable	Your Po	sition	
			Director		
	► If filing for multiple pos	sitions, list below or on an attachme	ent. (Do not use acronyms)		
	Agency:		Pos	ition:	
2.	Jurisdiction of Of	fice (Check at least one box)		udge, Retired Judge, Pro Tem J tatewide Jurisdiction)	udge, or Court Commissioner
	Multi-County		Cc	ounty of	
	City of			District	
	•			-	
3.		It (Check at least one box) covered is January 1, 2020, throug 1, 2020.	yh 🗌 L	eaving Office: Date Left (Check one Circ	
	-or- The period December 3	covered is, 31, 2020.) The period covered is Janua r- leaving office.	ary 1, 2020, through the date of
	Assuming Office:	Date assumed	_ C	The period covered is of leaving office.	, through the date
	Candidate: Date of I	Election an	d office sought, if different th	ıan Part 1:	
4.			otal number of pages inclu	uding this cover page:1	
	Schedules attac	hed			
	_	Investments – schedule attached			ss Positions - schedule attached
	=	Investments – schedule attached		D - Income – Gifts – schedule	
-0		eal Property – schedule attached		E - Income – Gifts – Travel P	ayments – schedule attached
Ŭ		le interests on any schedule			
5.	Verification				
	MAILING ADDRESS	STREET	CITY	STA	TE ZIP CODE
	(Business or Agency Address R 1021 East Miramar Av	lecommended - Public Document) venue	Claremont	СА	91711
	DAYTIME TELEPHONE NUMBE	ER	E-MAIL ADDF	ESS	
	(909) 621-5568		Cgoytia7	0@aol.com	
		e diligence in preparing this stateme ed schedules is true and complete.			nowledge the information contained
	I certify under penalty of	of perjury under the laws of the S	State of California that the	foregoing is true and correct	:t.
	Data Signad	2/4/2021	0:	E-Filed By	Carlos Goytia
	Date Signed	(month, day, year)	Signature	(File the originally signed pape	r statement with your filing official.)

FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE A Public Document 2

Confirmation Number: 4A06211F

Date Initial Filing Received Filing Official Use Only

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Ple	ase type or print in ink.				0.1	
NAM	ie of filer	(LAST)		(FIRST)		(MIDDLE)
Κι	ıhn		Robert		G	
1.	Office, Agency, or Court					
	Agency Name (Do not use acronyms Three Valleys Municipal W	/				
	Division, Board, Department, District,	if applicable		Your Position		
				Director		
	If filing for multiple positions, list b San Gabriel Basin V	pelow or on an attachment. Vater Quality Authori		nyms)		
	Agency:	•	-	Position: Boa	rd Member	
2.	Jurisdiction of Office (Che	ck at least one box)			l ludae. Pro Tem ludae	e, or Court Commissioner
	State			(Statewide Jur		
	Multi-County					
	City of			Other Distric	ct	
3.	Type of Statement (Check a	it least one box)				
	Annual: The period covered is Decmber 31, 2020.			Leaving Offic	ce: Date Left (Check one Circle)	
	-or- The period covered is December 31, 2020.	, thro	ugh	 The period -or- leaving off 		, 2020, through the date of
	Assuming Office: Date assum	ed		 The period of leaving 		, through the date
	Candidate: Date of Election	and of	fice sought, if diffe	erent than Part 1: _		
4.	Schedule Summary (must	complete)	number of page	es including this c	over page: <u>4</u>	_
	Schedules attached					
	Schedule A-1 - Investments	s - schedule attached	🔲 Sch	nedule C - Income,	Loans, & Business Pe	ositions – schedule attached
	Schedule A-2 - Investments		Sch	nedule D - Income	- Gifts - schedule atta	ached
	Schedule B - Real Property	 schedule attached 	Sch	nedule E - Income	– Gifts – Travel Paym	ents - schedule attached
-or	_					
	None - No reportable interests	on any schedule				
5.	Verification					
	(Business or Agency Address Recommended -	TREET - Public Document)	CITY		STATE	ZIP CODE
	1021 East Miramar Avenue		Claremont		СА	91711
	DAYTIME TELEPHONE NUMBER			AIL ADDRESS		
	(909) 621-5568		0	kuhn@aol.com		
	I have used all reasonable diligence i herein and in any attached schedule					ledge the information contained
	I certify under penalty of perjury u	inder the laws of the State	e of California th	at the foregoing i	s true and correct.	
	Date Signed2/23/2	2021	Cianot	uro	E-Filed By Rol	pert Kuhn
	(month, da		Signat	(File t	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: B469A170

Date Initial Filing Received Filing Official Use Only

3/11/2021 8:02:09 PM

Please type or print in	ink.		341	1. 043000023-LAC-0023
NAME OF FILER	(LAST)	(FIRS	ST)	(MIDDLE)
Roberto		Mary	Jo	lene
1. Office, Agency,	or Court			
Agency Name (Do no Three Valleys I	ot use acronyms) Municipal Water District			
Division, Board, Depa	rtment, District, if applicable	Your Posi	ition	
		Director		
► If filing for multiple	e positions, list below or on an attachmen	t. (Do not use acronyms)		
Agency:		Positi	on:	
2. Jurisdiction of	• Office (Check at least one box)		ge, Retired Judge, Pro Tem Judge tewide Jurisdiction)	e, or Court Commissioner
Multi-County		Cou	nty of	
City of		Othe	erDistrict	
3. Type of Staten	nent (Check at least one box)			
Annual: The period	eriod covered is January 1, 2020, through aber 31, 2020.	Lea	aving Office: Date Left (Check one Circle)	
	eriod covered is <u>1/20/2020</u> , th iber 31, 2020.		The period covered is January 1 leaving office.	, 2020, through the date of
Assuming Offic	e: Date assumed		The period covered is of leaving office.	, through the date
Candidate: Date	e of Election and	office sought, if different tha	n Part 1:	
4. Schedule Sum	mary (must complete) Fot	al number of pages includ	ling this cover page: <u>3</u>	_
Schedules at	tached			
<u> </u>	-1 - Investments – schedule attached		- Income, Loans, & Business P	
=	 -2 - Investments – schedule attached - Real Property – schedule attached 		- Income – Gifts – schedule atta	
-or-	• Real Froperty – Schedule allached		 Income – Gifts – Travel Paym 	enis – schedule allached
	ortable interests on any schedule			
5. Verification				
MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
1021 East Mirama	ess Recommended - Public Document) Ir Avenue	Claremont	СА	91711
DAYTIME TELEPHONE N	UMBER	E-MAIL ADDRE	SS	
(951) 741-5999			erto@gmail.com	
herein and in any att	nable diligence in preparing this statemen tached schedules is true and complete. I	acknowledge this is a publi	c document.	ledge the information contained
I certify under pena	Ity of perjury under the laws of the St	ate of California that the fo	pregoing is true and correct.	
Date Signed	3/11/2021	Signature	E-Filed By Mar	y Roberto
	(month, day, year)	eignatare	(File the originally signed paper state	ement with your filing official.)

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CALIFORNIA FORM			SIAH

FAIR POLITICAL PRACTICES COMMISSION

MENT OF ECONOMIC INTERESTS

COVER PAGE

Date Initial Filing Received Filing Official Use Only

12/22/2020 2:01:38 PM

Please type or print in ink.	A Public Document	SAN: 043000025-LAC-0025
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Soto	Danielle	
1. Office, Agency, or Court		
Agency Name Three Valleys Municipal Water Dis	strict	
Division, Board, Department, District, if applicab	le Your Position	
	Director	
► If filing for multiple positions, list below or c	n an attachment.	
Agency:	Position:	
2. Jurisdiction of Office (Check at lease	st one box	
	(Statewide Judge, Retired Judge, (Statewide Jurisdiction)	Pro Tem Judge, or Court Commissioner
Multi-County		
City of	Other	
3. Type of Statement (Check at least of	ne box)	
Annual: The period covered is January Decmber 31, 2019.	1, 2019, through Leaving Office: Date	k one Circle)
-or- The period covered is December 31, 2019.	, through O The period covered leaving office.	d is January 1, 2019, through the date of
Assuming Office: Date assumed	2/4/2020	d is, through the date
Candidate: Date of Election	and office sought, if different than Part 1:	
4. Schedule Summary (must compl	ete) Total number of pages including this cover page	ge:1
Schedules attached		
Schedule A-1 - Investments - schedu	ule attached Schedule C - Income, Loans,	& Business Positions – schedule attached
Schedule A-2 - Investments – schedu		- schedule attached
Schedule B - Real Property – sched	ule attached Schedule E - Income – Gifts –	- Travel Payments – schedule attached
-or-		
None - No reportable interests on any so	hedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Doct		STATE ZIP CODE
1021 East Miramar Avenue	Claremont C/	A 91711
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS dsoto@tvmwd.com	
	ng this statement. I have reviewed this statement and to the be	st of my knowledge the information contained
	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 a	nd correct.
Date Signed 12/22/2020	E-F	Filed By Danielle Soto
Date Signed(month, day, year)	Signature (File the originally	v signed paper statement with your filing official.)

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FAIR POLITICAL PRACTICES COMMISSION

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EMENT OF ECONOMIC INTERESTS

Date Initial Filing Received Filing Official Use Only

COVER PAGE

SANI- 043000025-1 AC-0025

12/29/2020 9:17:31 AM

NAME OF FILER (LAST) (FIRST) (MIDDLE) Ti Mike 1. Office, Agency, or Court	
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:	
Let a control of Office (Check at least one box) State Multi-County	
City of District	
·	
3. Type of Statement (Check at least one box) □ Annual: The period covered is January 1, 2019, through Decmber 31, 2019. □ Leaving Office: Date Left	
-or- The period covered is, through December 31, 2019. The period covered is January 1, 2019, through the data leaving office.	ate of
Assuming Office: Date assumed <u>12/4/2020</u> O The period covered is , through of leaving office.	h the date
Candidate: Date of Election and office sought, if different than Part 1:	
4. Schedule Summary (must complete) ► Total number of pages including this cover page: Schedules attached □ Schedule A-1 - Investments - schedule attached □ Schedule A-2 - Investments - schedule attached □ Schedule B - Real Property - schedule attached □ Schedule B - Real Property - schedule attached □ Schedule E - Income - Gifts - Travel Payments - schedule attached	
-or- X None - No reportable interests on any schedule	
5. Verification	
MAILING ADDRESS STREET CITY STATE ZIP COD	E
(Business or Agency Address Recommended - Public Document) 1021 East Miramar Avenue CA 91711	
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS	
(626) 715-9898 mti@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 herein and in any attached schedules is true and complete. I acknowledge this is a public document.	o contained
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Date Signed 12/29/2020 E-Filed By Mike Ti (month, day, year) (File the originally signed paper statement with your filing official	l.)