## STATEMENT OF ECONOMIC INTERESTS

## **COVER PAGE**

#### A PUBLIC DOCUMENT

Please type or print in ink.	A PUBLIC	C DOCUMENT			
IAME OF FILER (LAST)	(FIRST)		97. Mar.		(MIDDLE)
BOWCOCK	FREDERICK		BRIA	N	
Office, Agency, or Court					
Agency Name (Do not use acronyms)		*****			
THREE VALLEYS MUNICIPAL W	ATER DISTRICT				
Division, Board, Department, District, if applic	able	Your Position			
DIVISION 3		DIRECTOR			
► If filing for multiple positions, list below or	on an attachment. (Do not use acr	onyms)			
Agency:		Position:			
Jurisdiction of Office (Check at lea	ast one box)				
State		Judge or Court Com	missioner (	Statewide Juris	ediction)
Multi-County		County of			
City of		X Other DISTRICT			
		X Other			
Type of Statement (Check at least of	ne box)				
X Annual: The period covered is January	1, 2018, through	Leaving Office: Da	te Left	//	
December 31, 2018.			(Check o	ne circle.)	
The period covered is/_	, through	O The period cover	red is Janu	iary 1, 2018, tl	nrough the date of
December 31, 2018.		-or- leaving office.			
Assuming Office: Date assumed	_//	O The period cover			, through
Condidates Data of Election		the date of leaving			
Candidate: Date of Election	and office sought, if diff	erent than Part 1:		2	
Schedule Summary (must comp	lete) <ul> <li>Total number of p</li> </ul>	ages including this	cover p	age:	
Schedules attached					
Schedule A-1 - Investments - schedu	le attached	edule C - Income, Loans	& Rusino	es Positions	cobadula attached
Schedule A-2 - Investments – schedu	Lange Contraction of the second	edule D - Income – Gifts			schedule allached
Schedule B - Real Property - schedu		edule E - Income - Gifts			edule attached
	_			,	
or- 🗌 None - No reportable interest	s on any schedule				
Verification					
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docu	CITY ument)		STATE	ZIP (	ODE
1021 EAST MIRAMAR AVENUE	CLAREMONT		CA	91711	
DAYTIME TELEPHONE NUMBER	EMAIL	ADDRESS			
( 909 )621-5568		wcock@tvmwd.con			
I have used all reasonable diligence in preparir herein and in any attached schedules is true a	ig this statement. I have reviewed th and complete. I acknowledge this is	is statement and to the base a public document.	est of my k	nowledge the i	nformation contained
I certify under penalty of perjury under the			and correc	rt.	
Date Signed 2-28-19		nodin 1	R		Bonnande
(month, day, year)	Signatu		signed paper st	atement with your filin	g official.)
			CODC To U.S.	FPPC Advice	PPC Form 700 (2018/20 Email: advice@fppc.ca.
			FPPC IOII-Fr	ee Heipline: 866/	275-3772 www.fppc.ca.

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

CALIFORNIA FORM 700

Name

FREDERICK BRIAN BOWCOCK

- 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. Per Government Code
  Section 89506, these payments may not be subject to the gift limit. However, they may result
  in a disqualifying conflict of interest.

7 6

For gifts of travel, provide the travel destination.

NAME OF SOURCE (Not an Acronym)	NAME OF SOURCE (Not an Acronym)
METROPOLITAN WATER DISTRICT	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
700 N. ALAMEDA	
CITY AND STATE	CITY AND STATE
LOS ANGELES, CA. 90012	
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE METROPOLITAN INSPECTION TRIP	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): <u>4 6 18</u> <u>4 8 18</u> AMT: \$470	DATE(S):/// AMT: \$
MUST CHECK ONE: X Gift -or- Income	▶ MUST CHECK ONE: Gift -or- Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
O Other - Provide Description	O Other - Provide Description
If Gift, Provide Travel Destination	► If Gift, Provide Travel Destination
► NAME OF SOURCE (Not an Acronym) METROPOLITAN WATER DISTRICT	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (During Address Address A
700 N. ALAMEDA	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
LOS ANGELES, CA. 90012	GIT AND STATE
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 10, 19, 18 _ 10, 20, 18 AMT: \$470	 DATE(S):// AMT: \$
► MUST CHECK ONE: X Gift -or- Income	▶ MUST CHECK ONE: Gift -or- Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
O Other - Provide Description	O Other - Provide Description
If Gift, Provide Travel Destination INSPECTION- COLORADO RIVER AQUEDUCT	<ul> <li>If Gift, Provide Travel Destination</li></ul>

A PUBLIC DOCUMENT

## STATEMENT OF ECONOMIC INTERESTS

Confirmation Number: 3E5ADC2A Date Received

Official Use Only

**COVER PAGE** 

## 3/14/2019 8:10:59 AM

Ple	ease type or print in ink.			
NA	ME OF FILER (LAST)		(FIRST)	(MIDDLE)
D	)e Jesus	David		D
1.	Office, Agency, or Court			
	Agency Name Three Valleys Municipal Water District			
	Division, Board, Department, District, if applicable		Your Position	
		Direc	ctor	
	► If filing for multiple positions, list below or on an a	ttachment.		
	Agency:	F	Position:	
2.	Jurisdiction of Office (Check at least one	box)		
	State	·	Judge or Court Commissione	r (Statewide Jurisdiction)
	Multi-County	<b>П</b>	County of	
	City of		District	
3.	Type of Statement (Check at least one box	)		
	Annual: The period covered is January 1, 2018 Decmber 31, 2018.	i, through	Leaving Office: Date Left (Check one	
	The period covered is December 31, 2018.	, through	<ul> <li>The period covered is Jack leaving office.</li> </ul>	anuary 1, 2018, through the date of
	Assuming Office: Date assumed		<ul> <li>The period covered is</li> <li>of leaving office.</li> </ul>	, through the date
	Candidate: Date of Election	and office sought, if differen	t than Part 1:	
4.	Schedule Summary (must complete)	► Total number of pages in	cluding this cover page:	4
	Schedules attached	10	0 10	
	Schedule A-1 - Investments – schedule atta	iched 🔀 Schedu	Ile C - Income Loans & Bus	siness Positions – schedule attached
	Schedule A-2 - Investments – schedule atta		ile D - Income – Gifts – sche	
	Schedule B - Real Property - schedule atta	iched 🗌 Schedi	Ile E - Income – Gifts – Trav	el Payments - schedule attached
-0	r-			
	<b>None</b> - No reportable interests on any schedule	1		
5.	Verification			
•	MAILING ADDRESS STREET	CITY		STATE ZIP CODE
	(Business or Agency Address Recommended - Public Document) 1021 East Miramar Avenue	Claremont	<u> </u>	04744
	DAYTIME TELEPHONE NUMBER	E-MAIL AI		91711
	(909) 621-5568		sus@tvmwd.com	
	I have used all reasonable diligence in preparing this herein and in any attached schedules is true and co	statement. I have reviewed this	statement and to the best of n	ny knowledge the information contained
	I certify under penalty of perjury under the laws			rrect.
	Date Signed	Signature		By David De Jesus
_	(month, day, year)		(rile the originally signed	paper statement with your filling official.)

## SCHEDULE A-1

# Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

David De Jesus

Name

CALIFOR NIA FORM

FAIR POLITICA L PRACTIC ES COMMISSION

Investments must be itemized

Do not attach brokerage or financial statements.

> NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
Covina Irrigating Co	
GENERAL DESCRIPTION OF THIS BUINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Private Water company	
FAIR MARKET VALUE	FAIR MARKET VALUE
S2,000 - \$10,000 <b>×</b> \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
X Stock Other (Describe)	Stock Other (Describe)
Partnership  Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499      Income Received of \$500 or More ( <i>Report on Schedule C</i> )
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	➤ NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	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	\$2,000 - \$10,000 \$10,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
(Describe) Partnership O Income Received of \$0 - \$499	(Describe)
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	I AITLIOADLE, LIGT DATE.
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	➤ NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe) Partnership O Income Received of \$0 - \$499	(Describe) Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Comments:	

## SCHEDULE B Interests in Real Property

(Including Rental Income)

CALIFORNIA FORM

FAIR POLITICAL PRACTICES COMMISSION

Name

David De Jesus

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
0201116270000	
CITY	CITY
FAIR MARKET VALUE       IF APPLICABLE, LIST DATE:         \$2,000 - \$10,000       \$100,001 - \$100,000         \$100,001 - \$1,000,000       ACQUIRED       DISPOSED         Over \$1,000,000       Over \$1,000,000       DISPOSED	FAIR MARKET VALUE       IF APPLICABLE, LIST DATE:         \$2,000 - \$10,000       \$10,001 - \$100,000         \$100,001 - \$1,000,000       ACQUIRED         Over \$1,000,000       DISPOSED
NATURE OF INTEREST	NATURE OF INTEREST
IF RENTAL PROPERTY, GROSS INCOME RECEIVED \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 \$ OVER \$100,000	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
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.	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.

\* You are not required to report loans from a 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*	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
%  None	%  None
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
[]	

## SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

FAIR POLITICAL PRACTICES COMMISSION

**CALIFORNIA FORM** 

Name

David De Jesus

I. INCOME RECEIVED	➤ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Covina Irrigating Company	
DDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
P.O. Box 306, Covina, CA 91723	
SUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED         No Income - Business Position Only           \$500 - \$1,000         \$1,001 - \$10,000	GROSS INCOME RECEIVED No Income - Business Position Only
\$10,001 - \$100,000	S10,001 - \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary □ Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) Partnership (Less than 10% ownership. For 10% or greater use	CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's or registered domestic partner 's income (For self-employed use Schedule A-2.) Partnership (Less than 10% ownership. For 10% or greater use
Schdule A-2.)	Schdule A-2.)
Sale of (Real property, car, boat, etc.)	_ Sale of (Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other	Other
(Describe)	(Describe)
2. LOAN RECEIVED OR OUTSTANDING DURING THE REPORTING PE	RIOD
of a retail installment or credit card transaction, m	ercial lending institution, or any indebtedness created as p nade in the lender's regular course of business on terms to your official status. Personal loans and loans received be disclosed as follows:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	% None
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	- None Personal residence
	_ Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address

\$500 - \$1,000 \$1,001 - \$10,000

\$10,001 - \$100,000

OVER \$100,000

Comments:

City

(Describe)

Guarantor \_\_\_\_\_

Other \_

CALIFORNIA FORM 700

A PUBLIC DOCUMENT

## STATEMENT OF ECONOMIC INTERESTS

Confirmation Number: 38307EF4 Date Received

Official Use Only

**COVER PAGE** 

3/13/2019 11:11:48 AM

Ple	ease type or print in ink.						
NA	ME OF FILER	(LAST)		(FIRST)			(MIDDLE)
G	ioytia		Carlos	s			
1.	Office, Agency, or	Court					
	Agency Name Three Valleys Mur	nicipal Water District					
	Division, Board, Departme	nt, District, if applicable			Your Position		
				Director			
		itions, list below or on an attachme I Valley Council of Govern					
	Agency: _(SGVCOG	<u> </u>		_ Positio	n: Governing Boa	rd Repres	sentative Alternate
2.	Jurisdiction of Of	fice (Check at least one box)		🗌 Judge	or Court Commissioner	(Statewide	lurisdiction)
	Multi-County			Count	y of		
					District		
_							
3.	Annual: The period	t (Check at least one box) covered is January 1, 2018, throug	Jh	Leav	ing Office: Date Left _		
		covered is, t	through		(Check one of the period covered is Ja eaving office.	,	8, through the date of
	December Assuming Office:	31, 2018. Date assumed	_	0 T	-		, through the date
	Candidate: Date of	Election an	d office sought, i		-		
4	Schedule Summa	ry (must complete) ► To	atal mumbar of a	nonco in cludia		1	
т.	Schedules attac		stal number of	pages includir	ng this cover page:		
	Schedule A-1 -	Investments – schedule attached Investments – schedule attached			Income, Loans, & Busi Income – Gifts – sched		
	Schedule B - R	eal Property – schedule attached		Schedule E -	Income – Gifts – Trave	l Payments ·	<ul> <li>schedule attached</li> </ul>
-0	r-						
	None - No reportable	le interests on any schedule					
5.	Verification						
	MAILING ADDRESS	STREET	CIT	Υ	(	STATE	ZIP CODE
	(Business or Agency Address R 1021 East Miramar A	ecommended - Public Document) <b>/enue</b>	Claremon	t	СА		91711
	DAYTIME TELEPHONE NUMB	R	]	E-MAIL ADDRESS			31711
	(909) 621-5568			cgoytia@tvi	mwd.com		
		e diligence in preparing this stateme ed schedules is true and complete.				y knowledge	the information contained
	I certify under penalty	of perjury under the laws of the S	State of Californ	ia that the for	egoing is true and cor	rrect.	
	Date Signed	3/13/2019	Si	gnature		By Carlos G	-
	-	(month, day, year)		-	(File the originally signed	paper statement	with your filing official.)

FAIR POLITICAL PRACTICES COMMISSION	COV	ER PAGE	
Please type or print in ink.	A PUBLI	C DOCUMENT	
IAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Jackman	Denise	L.	
I. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Three Valleys Municipal Water Distric	t	Director Division 7	
Division, Board, Department, District, if applicable		Your Position	
► If filing for multiple positions, list below or on a	an attachment. (Do not use ac	ronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at least of	ne box)		
☐ State	,	Judge or Court Commissioner (	Statewide Jurisdiction)
 Multi-County		□ County of	,
		-	
City of		Other Special District	
. Type of Statement (Check at least one l	box)		
Annual: The period covered is January 1, 2 December 31, 2018.	018, through	Leaving Office: Date Left (Check or	
-or- The period covered is/ December 31, 2018.	_/, through	<ul> <li>The period covered is Janu</li> <li>-or- leaving office.</li> </ul>	ary 1, 2018, through the date of
Assuming Office: Date assumed/	/	O The period covered is the date of leaving office.	_/, through
Candidate: Date of Election	and office sought, if d	ifferent than Part 1:	
I. Schedule Summary (must complet	e) ► Total number of	pages including this cover p	age:
Schedules attached			
Schedule A-1 - Investments – schedule a	attached 🔀 So	chedule C - Income, Loans, & Busine	ss Positions - schedule attached
Schedule A-2 - Investments – schedule a	attached X Sc	chedule D - Income – Gifts – schedul	e attached
Schedule B - Real Property – schedule a	attached 🗙 So	chedule E - Income – Gifts – Travel I	Payments - schedule attached
_			
-or- D None - No reportable interests of	on any schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docume)	CITY	STATE	ZIP CODE
1021 E. Miramar Avenue	Claremont	CA	91711-2052
DAYTIME TELEPHONE NUMBER	EM	AIL ADDRESS	
( 424 ) 237-9266	D	Jackman@TVMWD.com	
I have used all reasonable diligence in preparing t herein and in any attached schedules is true and	his statement. I have reviewed complete. I acknowledge this	this statement and to the best of my is a public document.	knowledge the information containe
I certify under penalty of perjury under the law	ws of the State of California t	that the foregoing is true and corre	ct.
Date Signed 2 38 2019	Siana	ature Mux M	ckman
(month, day, year)		(File the originally signed papel)	tatement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS

CALIFORNIA FORM 700

Date Initial Filing Received

SCHED	ULE A-1 CALIFORNIA FORM 700
	PAIR POLITICAL PRACTICES COMMISSION
	nd Other Interests Name
	is Less Than 10%) Denise L. Jackman
Investments mu Do not attach brokerage	ust be itemized.
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
T Rowe Price	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE         \$2,000 - \$10,000         \$100,001 - \$1,000,000         Over \$1,000,000	FAIR MARKET VALUE         \$2,000 - \$10,000       \$10,001 - \$100,000         \$100,001 - \$1,000,000       Over \$1,000,000
NATURE OF INVESTMENT Employer Contribution/Invest	NATURE OF INVESTMENT Stock Other (Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
// <u>18</u> / <u>18</u> ACQUIRED DISPOSED	//_18// 18 ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
E Trade	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Investment Trading Account	
FAIR MARKET VALUE         X \$2,000 - \$10,000       \$10,001 - \$100,000         \$100,001 - \$1,000,000       Over \$1,000,000	FAIR MARKET VALUE         \$2,000 - \$10,000         \$100,001 - \$1,000,000         Over \$1,000,000
NATURE OF INVESTMENT ETF	NATURE OF INVESTMENT
(Describe)     (Describe)     Partnership () Income Received of \$0 - \$499     () Income Received of \$500 or More (Report on Schedule C)	(Describe)     (Describe)     Partnership O Income Received of \$0 - \$499     O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ <u>/ 18</u> / <u>/ 18</u> ACQUIRED DISPOSED	//_18//_18 ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE         \$2,000 - \$10,000         \$100,001 - \$1,000,000         Over \$1,000,000	FAIR MARKET VALUE         \$2,000 - \$10,000         \$100,001 - \$1,000,000         \$100,001 - \$1,000,000
Stock Other (Describe)	Stock Other(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership () Income Received of \$0 - \$499 () Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//_18//_18 ACQUIRED DISPOSED	//_18//_18 ACQUIRED DISPOSED

Comments: \_\_\_\_\_

# SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 70

FAIR POLITICAL PRACTICES COMMISSION

Name

Denise L. Jackman

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Jackman Paralegal Services	
Name	Name
18751 Marimba Street Rowland Heights CA 91748	
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one	Check one
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Paralegal and Bookkeeping Support	
FAIR MARKET VALUE       IF APPLICABLE, LIST DATE:         □ \$0 - \$1,999	FAIR MARKET VALUE       IF APPLICABLE, LIST DATE:         \$0 - \$1,999      //18_         \$10,000 - \$10,000      //18_         \$10,001 - \$100,000       ACQUIRED       DISPOSED         \$100,001 - \$1,000,000
Over \$1,000,000	
NATURE OF INVESTMENT	NATURE OF INVESTMENT
YOUR BUSINESS POSITION Owner	YOUR BUSINESS POSITION
2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	<ul> <li>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</li> </ul>
□ \$0 - \$499	\$0 - \$499       \$10,001 - \$100,000         \$500 - \$1,000       OVER \$100,000         \$1,001 - \$10,000       \$10,000
► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)  X None or Names listed below	None or Names listed below
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST	▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST
	Check one box:
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
□ \$2,000 - \$10,000 □ \$10,001 - \$100,000 / / 18 / / 18	\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000
\$10,001 - \$100,000      IO         \$100,001 - \$1,000,000       ACQUIRED       DISPOSED         Over \$1,000,000       Over \$1,000,000	\$10,001 - \$1,000,000         ACQUIRED         DISPOSED           Over \$1,000,000         Over \$1,000,000         DISPOSED
─	NATURE OF INTEREST
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

# SCHEDULE B Interests in Real Property (Including Rental Income)

FAIR POLITICAL PRACTICES COMMISSION Name

CALIFORNIA FORM

Denise L. Jackman

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 8258-003-018-18-000	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
СІТҮ	CITY
Rowland Heights	
FAIR MARKET VALUE       IF APPLICABLE, LIST DATE:         \$2,000 - \$10,000	FAIR MARKET VALUE       IF APPLICABLE, LIST DATE:         \$2,000 - \$10,000      /
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust	Ownership/Deed of Trust
Leasehold IXIS. remaining Equitable Int. Own	Leasehold [] Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
🗌 \$0 - \$499 🔲 \$500 - \$1,000 🛄 \$1,001 - \$10,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	☐ \$10,001 - \$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.	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.

\* You are not required to report loans from a commercial lending institution 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*	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
% None	% 🗋 None
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
□ \$500 - \$1,000 □ \$1,001 - \$10,000	<b>\$500 - \$1,000 \$1,001 - \$10,000</b>
🗍 \$10,001 - \$100,000 🗍 OVER \$100,000	🗌 \$10,001 - \$100,000 🔲 OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
I	

Comments: \_

#### SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

#### CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Denise L. Jackman

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Automobile Club of Southern California	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
3333 Fairview Road, Costa Mesa, CA 92828	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Paralegal	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
<b>\$500 - \$1,000 \$1,001 - \$10,000</b>	□ \$500 - \$1,000 □ \$1,001 - \$10,000
X \$10,001 - \$100,000	S10,001 - \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other (Describe)	Other (Describe)

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

\* You are not required to report loans from a commercial lending institution, 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:

NAME OF LENDER*	INTEREST RATE		TERM (Months/Years)
ADDRESS (Business Address Acceptable)	%	None None	
	SECURITY FOR LO	DAN	
BUSINESS ACTIVITY, IF ANY, OF LENDER	None None	Personal res	sidence
	🔲 Real Property _		Street address
HIGHEST BALANCE DURING REPORTING PERIOD			
<b>\$500 - \$1,000</b>	-		City
<b>\$1,001 - \$10,000</b>			
<b>\$10,001 - \$100,000</b>			
OVER \$100,000	Other		
			(Describe)
Comments:			

## SCHEDULE D Income – Gifts



Name

Denise L. Jackman

NAME OF SOURC	E (Not an Acrony	m)	► NAME OF SOURC	E (Not an Acror	nym)
Automobile C	lub of Southe	ern California			
ADDRESS (Busine	ss Address Accep	table)	ADDRESS (Busine	ss Address Acce	eptable)
3333 Fairview	w Road Costa	a Mesa CA 92828			
BUSINESS ACTIVI	TY, IF ANY, OF S	OURCE	BUSINESS ACTIVI	TY, IF ANY, OF	SOURCE
02/01/2018	200.00	Nascar/Drag Tickets			
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02,01,18	\$00.00	Nascar/Drag Tickets	/	\$	
//	\$		///	\$	
//	\$		//	\$	
NAME OF SOURC	E (Not an Acronyi	m)	► NAME OF SOURC	E (Not an Acron	iym)
ADDRESS (Busine	ss Address Accep	table)	ADDRESS (Busines	ss Address Acce	eptable)
BUSINESS ACTIVI	TY, IF ANY, OF S	OURCE	BUSINESS ACTIVI	TY, IF ANY, OF	SOURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
//	\$		//	\$	
//	\$		//	\$	
//	\$		/	\$	
NAME OF SOURC	E (Not an Acronyi	m)	► NAME OF SOURC	E (Not an Acron	iym)
ADDRESS (Busine	ss Address Accept	table)	ADDRESS (Busines	ss Address Acce	eptable)
BUSINESS ACTIVI	TY, IF ANY, OF S	OURCE	BUSINESS ACTIVI	TY, IF ANY, OF	SOURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
//	\$		//	\$	
/	\$		/	\$	
, ,	\$			\$	
//					
//					

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



Name

Denise L. Jackman

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. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.
- · For gifts of travel, provide the travel destination.

► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
GFWC - Rowland Heights Women's Club	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
18751 Marimba Street	
CITY AND STATE	CITY AND STATE
Rowland Heights, CA 91748	
[X] 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE Formation of Club and reimbursment of Travel costs	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 05 / 17 / 18 - 05 / 19 / 18 AMT: \$850.00	DATE(S):/ AMT: \$
► MUST CHECK ONE: Gift -or- Income	► MUST CHECK ONE: Gift -or- Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	O Other - Provide Description
Induction of new club and ceremony / formation of club	
If Gift, Provide Travel Destination	► If Gift, Provide Travel Destination
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):/// AMT: \$	DATE(S):// AMT: \$
► MUST CHECK ONE: Gift -or- Income	► MUST CHECK ONE: Gift -or- Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
O Other - Provide Description	O Other - Provide Description
► If Gift, Provide Travel Destination	► If Gift, Provide Travel Destination
Comments:	

CALIFORNIA FORM 700

A PUBLIC DOCUMENT

## STATEMENT OF ECONOMIC INTERESTS

Confirmation Number: 1E5D18C4

Date Received Official Use Only

**COVER PAGE** 

3/14/2019 12:38:35 PM

Please type or pl	rint in ink.			
NAME OF FILER	(LAST)	(FIRST)		(MIDDLE)
Kuhn		Robert	G	
1. Office, Age	ency, or Court			
Agency Name Three Vall	leys Municipal Water District			
Division, Board	, Department, District, if applicable		Your Position	
		Director		
► If filing for r Sa	nultiple positions, list below or on an attachment. n Gabriel Basin Water Quality Author	ity		
Agency:		Position	Board Member	
2. Jurisdictio	on of Office (Check at least one box)	Judge	or Court Commissioner (Statewid	e Jurisdiction)
Multi-Coun	ty	County	of	
City of	-			
Annual:	tatement (Check at least one box) The period covered is January 1, 2018, through Decmber 31, 2018.	Leavi	ng Office: Date Left (Check one circle)	
-or-	The period covered is, through the period covered is, through the period covered is, through the period cover and		e period covered is January 1, 2 aving office.	018, through the date of
🗌 Assuming	g Office: Date assumed		e period covered is leaving office.	, through the date
Candidate	e: Date of Election and c	office sought, if different than F	Part 1:	
4. Schedule	Summary (must complete)  Tota	I number of pages including	g this cover page: <u>1</u>	
Schedule	s attached			
Scheo	dule A-1 - Investments – schedule attached dule A-2 - Investments – schedule attached	Schedule D -	Income, Loans, & Business Posi Income – Gifts – schedule attach	ned
	dule B - Real Property – schedule attached	Schedule E -	Income – Gifts – Travel Payment	s – schedule attached
-or-				
	lo reportable interests on any schedule			
5. Verification	1			
MAILING ADDRES (Business or Agen <b>1021 East M</b>	SS STREET cy Address Recommended - Public Document) Iiramar Avenue	CITY Claremont	STATE CA	ZIP CODE 91711
DAYTIME TELEPH	HONE NUMBER	E-MAIL ADDRESS		
(909) 621	-5568	bkuhn@tvm	wd.com	
	reasonable diligence in preparing this statement. any attached schedules is true and complete.			ge the information contained
I certify unde	r penalty of perjury under the laws of the Sta	te of California that the fore	going is true and correct.	
Date Signed _	3/14/2019	Signature	E-Filed By Robe	
	(month, day, year)		(File the originally signed paper statem	ent with your tiling official.)

A PUBLIC DOCUMENT

## STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

## 3/14/2019 9:25:58 AM

Please type or print in	ink.		SAN. 043000023-EAC-0
NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Mendoza		John	
1. Office, Agency,	, or Court		
Agency Name			
Three Valleys I	Municipal Water District		
Division, Board, Depa	artment, District, if applicable	Your Position	n
		Director	
► If filing for multiple	e positions, list below or on an attachment.		
Agency:		Position:	
2. Jurisdiction of	f Office (Check at least one box)		
State		Judge or Court Comm	issioner (Statewide Jurisdiction)
Multi-County		County of	
-		District	
3. Type of Staten	nent (Check at least one box)		
Decmb	eriod covered is January 1, 2018, through ber 31, 2018.	•	e Left <i>ck one circle)</i>
	eriod covered is, throug her 31, 2018.	h O The period cover leaving office.	ed is January 1, 2018, through the date of
Assuming Offic	ce: Date assumed	<ul> <li>The period cover of leaving office.</li> </ul>	ed is, through the d
Candidate: Date	e of Election and offic	e sought, if different than Part 1:	
4. Schedule Sum	nmary (must complete) ► Total n	umber of pages including this cover pa	age: <u>2</u>
Schedules at			
_		<b>Schedule C</b> - Income. Loans	& Business Positions - schedule attache
Schedule A	<ul> <li>-1 - Investments – schedule attached</li> <li>-2 - Investments – schedule attached</li> </ul>	Schedule C - Income, Loans, Schedule D - Income – Gifts	& Business Positions – schedule attache – schedule attached
Schedule A	-1 - Investments - schedule attached	Schedule D - Income – Gifts	
Schedule A	<ul> <li>-1 - Investments – schedule attached</li> <li>-2 - Investments – schedule attached</li> </ul>	Schedule D - Income – Gifts	- schedule attached
Schedule A Schedule A Schedule B -or-	<ul> <li>-1 - Investments – schedule attached</li> <li>-2 - Investments – schedule attached</li> </ul>	Schedule D - Income – Gifts	- schedule attached
Schedule A Schedule A Schedule B -or- None - No repo	<ul> <li><b>1</b> - Investments – schedule attached</li> <li><b>2</b> - Investments – schedule attached</li> <li><b>3</b> - Real Property – schedule attached</li> </ul>	Schedule D - Income – Gifts	- schedule attached
Schedule A Schedule A Schedule B -or-	<ul> <li><b>1</b> - Investments – schedule attached</li> <li><b>2</b> - Investments – schedule attached</li> <li><b>3</b> - Real Property – schedule attached</li> </ul>	Schedule D - Income – Gifts	- schedule attached
Schedule A Schedule A Schedule B -or- None - No repo 5. Verification MAILING ADDRESS	<ul> <li>Investments – schedule attached</li> <li>Investments – schedule attached</li> <li>Real Property – schedule attached</li> <li>ortable interests on any schedule</li> </ul>	CITY	<ul> <li>schedule attached</li> <li><i>Travel Payments</i> – schedule attached</li> <li>STATE ZIP CODE</li> </ul>
Schedule A Schedule A Schedule B -or- <i>None</i> - <i>No</i> repo 5. Verification MAILING ADDRESS (Business or Agency Addre	A-1 - Investments – schedule attached A-2 - Investments – schedule attached B - Real Property – schedule attached portable interests on any schedule STREET ress Recommended - Public Document) ar Avenue	CITY	<ul> <li>schedule attached</li> <li><i>Travel Payments</i> – schedule attached</li> </ul>
Schedule A Schedule A Schedule B -or- None - No repo 5. Verification MAILING ADDRESS (Business or Agency Addre 1021 East Mirama	A-1 - Investments – schedule attached A-2 - Investments – schedule attached B - Real Property – schedule attached ortable interests on any schedule STREET ress Recommended - Public Document) ar Avenue	CITY	<ul> <li>schedule attached</li> <li><i>Travel Payments</i> – schedule attached</li> <li>STATE ZIP CODE</li> <li>SA 91711</li> </ul>
Schedule A Schedule A Schedule B -or- None - No repo 5. Verification MAILING ADDRESS (Business or Agency Addre 1021 East Mirama DAYTIME TELEPHONE N (909) 621-5568 I have used all reaso	A-1 - Investments – schedule attached A-2 - Investments – schedule attached B - Real Property – schedule attached ortable interests on any schedule STREET ress Recommended - Public Document) ar Avenue	CITY Claremont E-MAIL ADDRESS mendoza.john2016@gma	- schedule attached - <i>Travel Payments</i> – schedule attached STATE ZIP CODE CA 91711 ail.com
Schedule A Schedule A Schedule B -or- None - No repo 5. Verification MAILING ADDRESS (Business or Agency Addre 1021 East Mirama DAYTIME TELEPHONE N (909) 621-5568 I have used all reaso herein and in any att	A-1 - Investments – schedule attached A-2 - Investments – schedule attached B - Real Property – schedule attached ortable interests on any schedule STREET ress Recommended - Public Document) ar Avenue NUMBER 8 bnable diligence in preparing this statement.	CITY Claremont E-MAIL ADDRESS mendoza.john2016@gma have reviewed this statement and to the b mowledge this is a public document.	<ul> <li>schedule attached</li> <li><i>Travel Payments</i> – schedule attached</li> <li>STATE ZIP CODE</li> <li>CA 91711</li> <li>ail.com</li> <li>est of my knowledge the information contained</li> </ul>
Schedule A Schedule A Schedule B -or- None - No repo 5. Verification MAILING ADDRESS (Business or Agency Addre 1021 East Mirama DAYTIME TELEPHONE N (909) 621-5568 I have used all reaso herein and in any att	A-1 - Investments – schedule attached A-2 - Investments – schedule attached B - Real Property – schedule attached brtable interests on any schedule STREET ress Recommended - Public Document) ar Avenue NUMBER 8 brnable diligence in preparing this statement. I H tached schedules is true and complete. I ack	CITY Claremont E-MAIL ADDRESS mendoza.john2016@gma have reviewed this statement and to the b nowledge this is a public document. of California that the foregoing is true	<ul> <li>schedule attached</li> <li><i>Travel Payments</i> – schedule attached</li> <li>STATE ZIP CODE</li> <li>CA 91711</li> <li>ail.com</li> <li>est of my knowledge the information contained</li> </ul>

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

CALIFORNIA FORM 700

Name

John Mendoza

• 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. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.

• For gifts of travel, provide the travel destination.

► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
Metropolitan Water District	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
700 Alameda St.	
CITY AND STATE	CITY AND STATE
Los Angeles, CA 90212	
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 04/06/2018 _ 04/08/2018 AMT: \$ 475	DATE(S): AMT: \$
► MUST CHECK ONE: 🛛 Gift - or - 🗌 Income	▶ MUST CHECK ONE: Gift - or - Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Colorado River Aqueduct Tour	
Other - Provide Description	Other - Provide description
<ul> <li>If Gift, Provide Travel Destination</li> </ul>	<ul> <li>If Gift, Provide Travel Destination</li> </ul>
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): AMT: \$	DATE(S): AMT: \$
(If gift) ► MUST CHECK ONE: Gift - or - Income	(If gift) ► MUST CHECK ONE: Gift - or - Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide description
<ul> <li>If Gift, Provide Travel Destination</li> </ul>	If Gift, Provide Travel Destination
Comments:	

CALIFORNIA FORM 700

A PUBLIC DOCUMENT

# STATEMENT OF ECONOMIC INTERESTS

Confirmation Number: AB490A94 Date Received

Official Use Only

**COVER PAGE** 

3/13/2019 10:56:00 AM

Please type or print in i	nk.		<b>e</b>	
NAME OF FILER	(LAST)	(FIRST)		(MIDDLE)
Ruzicka		Joseph	Т	
1. Office, Agency,	or Court			
Agency Name Three Valleys N	Iunicipal Water District			
Division, Board, Depar	tment, District, if applicable		Your Position	
		Director		
<ul> <li>If filing for multiple</li> <li>See Atta</li> </ul>	positions, list below or on an attachment. ched.			
Agency:		Position	1:	
2. Jurisdiction of	<b>Office</b> (Check at least one box)	Judge	or Court Commissioner (State	wide Jurisdiction)
Multi-County		Count	y of	
City of		Other	District	
Annual: The pe	ent (Check at least one box) riod covered is January 1, 2018, through er 31, 2018.	Leav	ing Office: Date Left (Check one circle)	
	iod covered is, throosen 31, 2018.	agn	he period covered is January aving office.	1, 2018, through the date of
Assuming Office	: Date assumed		he period covered is f leaving office.	, through the date
Candidate: Date	of Election and o	ffice sought, if different than	Part 1:	
4. Schedule Sum	nary (must complete) 🛛 🕨 Tota	I number of pages includin	g this cover page: <u>2</u>	
Schedules att				
Schedule A-	<ol> <li>Investments – schedule attached</li> <li>Investments – schedule attached</li> <li>Real Property – schedule attached</li> </ol>	Schedule D -	Income, Loans, & Business F Income – Gifts – schedule att Income – Gifts – Travel Paym	tached
-or-				
🔀 None - No repor	table interests on any schedule			
5 Varification	·			
5. Verification	STREET	CITY	STATE	ZIP CODE
	ss Recommended - Public Document)	Claremont	CA	91711
DAYTIME TELEPHONE NU		E-MAIL ADDRESS		
(909) 621-5568		jruzicka@tv		
	able diligence in preparing this statement. ached schedules is true and complete. I a			ledge the information contained
I certify under penal	ty of perjury under the laws of the Stat	te of California that the for	egoing is true and correct.	
Date Signed	3/13/2019	Signature	E-Filed By Jose	·
	(month, day, year)		(rile une originality signed <b>paper</b> sta	atement with your liling official.)

A PUBLIC DOCUMENT

# STATEMENT OF ECONOMIC INTERESTS

## COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Ruzicka	Joseph		Т
MAILING ADDRESS STREET	CITY	STA	TE ZIP CODE
(Business or Agency Address Recommended - Public Document) 1021 East Miramar Avenue	Claremont	СА	91711
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS (OPTIONAL)		
(909) 621-5568	jruzicka@tvmwd.com	1	
1. Office, Agency, or Court			
<ul> <li>If filing for multiple positions, list additional agency(ie</li> </ul>	es)/position(s):		
Local Agency Formation Commission	Commissioner		Agency Jurisdiction
Agency:			0
LA County Fifth District Consolidated			Agency Jurisdiction
Agency: Oversight Board	Position:	Jurisdiction:	
Agency:	Desition	luriadiation	
Agency	Position		
Agency:	Position:	Jurisdiction:	
Agency:	Position:	Jurisdiction:	·
Agency:	Position:	Jurisdiction	:
A	Desilient	hada P. C.	
Agency:	Position:	Jurisdiction:	
Agency:	Position <sup>.</sup>	Jurisdiction	
	- oonon		
Agency:	Position:	Jurisdiction	·
<b>.</b>			