

Confirmation Number: A5DE4ACB
Date Initial Filing Received
Filing Official Use Only

2/15/2024 9:04:01 PM

	type or print in ink.	(1.4.07)		(FIDAT)		(MIDDI T)
NAME OF		(LAST)	David d	(FIRST)	5	(MIDDLE)
De Je			David		D	
1. Offi	ice, Agency, or C	ourt				
-	ncy Name (Do not use a nree Valleys Munic					
Divis	sion, Board, Department,	District, if applicable		Your Position		
				Director		
► If	filing for multiple position	ons, list below or on an attachme	ent. (Do not use a	cronyms)		
Ager	ncy:			Position:		
	State	CE (Check at least one box)		(Statewide Jur	isdiction)	e, or Court Commissioner
	•			Other Distric		
	City of			Other		
3. Typ	pe of Statement (Check at least one box)				
\boxtimes	December 31	overed is January 1, 2023, throug 2023.	gh	Leaving Office	ce: Date Left (Check one Circle)	
	-or- The period co December 31,	vered is, 2023.	through	○ The period-or- leaving off		1, 2023, through the date of
	Assuming Office: Date	e assumed	_	The period of leaving		, through the date
	Candidate: Date of Ele	ction an	d office sought, if	different than Part 1: _		
4. Sc	hedule Summary	(required) ▶ T	otal number of p	ages including this c	over page: 3	_
Sc	hedules attache	ed				
1	Schedule A-1 - Inv	restments – schedule attached	\boxtimes	Schedule C - Income,	Loans, & Business F	Positions – schedule attached
[Schedule A-2 - Inv	restments - schedule attached		Schedule D - Income	 Gifts – schedule at 	tached
	Schedule B - Real	Property – schedule attached		Schedule E - Income	– Gifts – Travel Payn	nents - schedule attached
-or-						
	None - No reportable i	nterests on any schedule				
5. Ver	ification					
	ING ADDRESS	STREET	CITY	,	STATE	ZIP CODE
	iness or Agency Address Reco 21 East Miramar Aver		Claremont		CA	91711
DAY	TIME TELEPHONE NUMBER			E-MAIL ADDRESS		
(90	09) 621-5568			ddejesus@tvmwd.d	com	
		iligence in preparing this statemes schedules is true and complete.				rledge the information contained
I cei	rtify under penalty of p	perjury under the laws of the	State of Californi	a that the foregoing i	s true and correct.	
Date	e Signed	2/15/2024	Sic	nature	E-Filed By Dav	id De Jesus
Date		(month, day, year)	Sig	(File t	the originally signed paper stat	ement with your filing official.)



Confirmation Number: D1826050

Date Initial Filing Received

Filing Official Use Only

2/28/2024 11:26:55 AM

Please type or print ii	л іпк.						
NAME OF FILER	(LAST)	(FIRST)		(MIDDLE)			
Goytia		Carlos					
1. Office, Agency	y, or Court						
Agency Name (Do Three Valleys	not use acronyms) Municipal Water District						
Division, Board, Dep	partment, District, if applicable	Your Position					
		Director					
► If filing for multip	le positions, list below or on an attach	ment. (Do not use acronyms)					
Agency:		Position: .					
State	of Office (Check at least one box)	Statewi	ride Jurisdiction)	dge, or Court Commissioner			
·							
City of		Other _	Jistrict				
3. Type of State	ment (Check at least one box)						
Dece	period covered is January 1, 2023, thromber 31, 2023.	ough Leaving	g Office: Date Left(Check one Circle				
	period covered is mber 31, 2023.		e period covered is January ving office.	y 1, 2023, through the date of			
☐ Assuming Off	ice: Date assumed		e period covered is eaving office.	, through the date			
Candidate: Da	ate of Election	and office sought, if different than Pa	art 1:				
4. Schedule Sur	nmary (required)	Total number of pages including	this cover page:1				
Schedules a	Schedules attached						
Schedule	A-1 - Investments – schedule attached A-2 - Investments – schedule attached B - Real Property – schedule attached	Schedule D - In	ncome - Gifts - schedule	Positions – schedule attached attached yments – schedule attached			
-or-							
⊠ None - No rep	portable interests on any schedule						
5. Verification							
MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE			
1021 East Miram	dress Recommended - Public Document) nar Avenue	Claremont	CA	91711			
DAYTIME TELEPHONE	NUMBER	E-MAIL ADDRESS					
(909) 994-868	38	cgoytia@tvmv	wd.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 per	nalty of perjury under the laws of the	State of California that the foreg	joing is true and correct.				
Date Signed	2/28/2024	Signature	E-Filed By C				
	(month, day, year)		(File the originally signed paper s	statement with your filing official.)			



Confirmation Number: 3C3C64CA

Date Initial Filing Received

Filing Official Use Only

3/14/2024 2:28:28 PM

Please type or print in	n ink.		JAI	1. 043000023-LAC-0023		
NAME OF FILER	(LAST)	(FIRST)		(MIDDLE)		
Hanlon		Jeff				
1. Office, Agency	, or Court					
Agency Name (Do r Three Valleys	not use acronyms) Municipal Water District					
Division, Board, Dep	artment, District, if applicable	Your Position				
		Director				
► If filing for multipl	le positions, list below or on an attachme	nt. (Do not use acronyms)				
Agency:		Position: _				
2. Jurisdiction o	f Office (Check at least one box)	Judge, R (Statewic	Retired Judge, Pro Tem Judge de Jurisdiction)	e, or Court Commissioner		
Multi-County		County o	of			
City of		Other D	District			
🔀 Annual: The p	ment (Check at least one box) period covered is January 1, 2023, through mber 31, 2023.	gh Leaving	Office: Date Left(Check one Circle)			
	period covered is12/2/2022, to the state of th		period covered is January 1 ing office.	, 2023, through the date of		
Assuming Offi	ce: Date assumed		period covered iseaving office.	, through the date		
Candidate: Da	te of Election and	d office sought, if different than Par	rt 1:			
4. Schedule Sun		otal number of pages including t	this cover page:4	_		
Schedules at	ttached					
=	A-1 - Investments - schedule attached			ositions - schedule attached		
=	A-2 - Investments – schedule attached	—	come - Gifts - schedule atta			
-or-	B - Real Property - schedule attached	X Schedule E - Inc	come – Gifts – Travel Paym	ents – schedule attached		
_	ortable interests on any schedule					
5. Verification						
MAILING ADDRESS	STREET dress Recommended - Public Document)	CITY	STATE	ZIP CODE		
1021 East Miram		Claremont	CA	91711		
DAYTIME TELEPHONE	NUMBER	E-MAIL ADDRESS				
(414) 759-401	(414) 759-4015 jhanlon@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 informat herein and in any attached schedules is true and complete. I acknowledge this is a public document.						
I certify under pen	alty of perjury under the laws of the S	state of California that the forego	oing is true and correct.			
Date Signed	3/14/2024	Signature	E-Filed By Je	ff Hanlon		
Date Signed	(month, day, year)	Jiyilatule	(File the originally signed paper state	ement with your filing official.)		



Confirmation Number: D90334E1

Date Initial Filing Received

Filing Official Use Only

2/21/2024 10:15:50 AM

NAME OF F	FILER (LAST)		(FIRST)		(MIDDLE)			
Kuhn		Robert		G				
1. Offic	ce, Agency, or Court							
Agend	cy Name (Do not use acronyms)							
Thr	ee Valleys Municipal Water District							
Divisio	on, Board, Department, District, if applicable	Your	Position					
		Dire	otor					
► If f	iling for multiple positions, list below or on an attach		s)					
A	San Gabriel Basin Water Quality Au	· .	Position: Board Memb	her				
Agen	Cy:	h	osition: Doard Werns	JC1				
2. Juri	sdiction of Office (Check at least one box)		Judge, Retired Judge, Pro	o Tem Judge, or Co	urt Commissioner			
☐ St	tate		(Statewide Jurisdiction)	, 10.11 caago, c. cc				
M	ulti-County		County of					
□ C	ity of	X	Other District					
3. Tvp	o of Statement (Check at least one bank							
	e of Statement (Check at least one box)	nuah \Box	Leaving Officer Date I.	-#				
× A	Annual: The period covered is January 1, 2023, thro December 31, 2023.	ougn \square	Leaving Office: Date Leaving Office: Office Check of Chec	eπ one Circle)				
	-or- The period covered is	through	 The period covered is 	,	through the date of			
	December 31, 2023.	, unough	-or- leaving office.	•	Ū			
	Assuming Office: Date assumed		○ The period covered is	s	, through the date			
	•		of leaving office.					
	Candidate: Date of Election	and office sought, if differen	t than Part 1:					
1 Sob	adula Summany (raquirad)							
		Total number of pages in	cluding this cover page:					
_	nedules attached	_						
	Schedule A-1 - Investments – schedule attached		ule C - Income, Loans, & E		 schedule attached 			
	 Schedule A-2 - Investments – schedule attached Schedule B - Real Property – schedule attached 	_	ule D - Income – Gifts – so ule E - Income – Gifts – Ti		achadula attachad			
ے -or-	Scriedule B - Real Froperty – Scriedule attached	Scriedt	ne E - mcome – Gms – m	iavei Fayillellis – s	scriedule allacried			
_	lone - No reportable interests on any schedule							
	,							
	fication			07175	7/2 0577			
(Busin	NG ADDRESS STREET ess or Agency Address Recommended - Public Document)	CITY		STATE	ZIP CODE			
102 ⁻	1 East Miramar Avenue	Claremont	CA	!	91711			
	ME TELEPHONE NUMBER	E-MAIL A						
	(909) 621-5568 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 contained							
	e used all reasonable diligence in preparing this state n and in any attached schedules is true and complet			of my knowledge th	ie information containe			
	ify under penalty of perjury under the laws of the	· ·		correct.				
. 5016	, permany or penjary amount and tarte of the							
Date	Signed2/21/2024	Signature		ed By Robert Ku				
	(month, day, year)	-	(File the originally sig	gned paper statement with	your filing official.)			



Confirmation Number: C46BD000 Date Initial Filing Received Filing Official Use Only

3/11/2024 2:36:37 PM

Please type or print						
NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)			
Roberto		Mary "Jody"	Jolene			
1. Office, Agend	cy, or Court					
• • •	o not use acronyms) vs Municipal Water District					
Division, Board, D	epartment, District, if applicable	Your Position				
		Director				
	tiple positions, list below or on an attachme Gabriel Basin Water Quality Auth	ority				
Agency:		Position:	Board Member Alternate			
State	of Office (Check at least one box)	(Statewid	Retired Judge, Pro Tem Judge, or Court Commissioner de Jurisdiction)			
☐ Multi-County .			of			
City of		Other D	District			
3 Type of Stat	ement (Check at least one box)					
🔀 Annual: The	e period covered is January 1, 2023, throug cember 31, 2023.	h Leaving	Office: Date Left(Check one Circle)			
	e period covered is, t cember 31, 2023.	hrough OThe properties The properties of the pro	period covered is January 1, 2023, through the date of ing office.			
Assuming O	ffice: Date assumed		period covered is, through the date aving office.			
Candidate:	Date of Election and	d office sought, if different than Par	rt 1:			
4. Schedule Su	ımmary (required) ► To	otal number of pages including th	this cover page:5			
Schedules	attached					
Schedule Schedule	e A-1 - Investments — schedule attached e A-2 - Investments — schedule attached e B - Real Property — schedule attached	Schedule D - Inc	come, Loans, & Business Positions – schedule attached come – Gifts – schedule attached come – Gifts – Travel Payments – schedule attached			
-or-						
☐ None - No r	eportable interests on any schedule					
5. Verification						
MAILING ADDRESS	STREET	CITY	STATE ZIP CODE			
(Business or Agency A	Address Recommended - Public Document) Imar Avenue	Claremont	CA 91711			
DAYTIME TELEPHON	IE NUMBER	E-MAIL ADDRESS				
(951) 741-59	(951) 741-5999 jroberto@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.						
I certify under p	enalty of perjury under the laws of the S	tate of California that the forego	oing is true and correct.			
Date Signed	3/11/2024	Signature	E-Filed By Mary "Jody" Roberto			
-	(month, day, year)	-	(File the originally signed paper statement with your filing official.)			



Confirmation Number: 2E31A846

Date Initial Filing Received

Filing Official Use Only

3/20/2024 8:39:53 AM

	ase type or print in ink.	(1.4.0.T.)		(FIDOT)		(MIDDLE)
_	ME OF FILER	(LAST)	Danialla	(FIRST)		(MIDDLE)
	oto	_	Danielle			
1.	Office, Agency, or	Court				
	Agency Name (Do not use Three Valleys Muni	acronyms) icipal Water District				
	Division, Board, Departmen	t, District, if applicable	,	Your Position		
				Director		
	▶ If filing for multiple positi	tions, list below or on an attac	hment. (Do not use acro	nyms)		
	Agency:			Position:		
	Jurisdiction of Off	ICE (Check at least one box	()	Judge, Retired Judge (Statewide Jurisdiction		Court Commissioner
	Multi-County			County of		
	City of			Other District		
3.	Type of Statement	(Check at least one box)				
•		covered is January 1, 2023, th	rough	Leaving Office: Dat	te Left eck one Circle)	
	-or- The period of December 3	covered is 1, 2023.	, through	The period covered to the period cov	ed is January 1, 202	23, through the date of
	Assuming Office: D	ate assumed		 The period covered of leaving office. 	ed is	, through the date
	Candidate: Date of E	lection	and office sought, if diff	erent than Part 1:		
4.	Schedule Summar	y (required)	► Total number of page	es including this cover pa	age:1	
	Schedules attach	ned				
	Schedule A-1 - II	nvestments - schedule attache	d Sc	hedule C - Income, Loans,	, & Business Positic	ns - schedule attached
	=	nvestments – schedule attache		hedule D - Income - Gifts		
		al Property – schedule attache	d Sc	hedule E - Income – Gifts	 Travel Payments 	 schedule attached
-or		intereste en enveshadule				
		interests on any schedule				
5.	Verification					
	MAILING ADDRESS (Business or Agency Address Re		CITY		STATE	ZIP CODE
	1021 East Miramar Ave		Claremont		CA	91711
	DAYTIME TELEPHONE NUMBER	₹		AIL 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 of the best of my knowledge the information.						
		d schedules is true and complete			est of my knowledge	e the information contained
	I certify under penalty of	perjury under the laws of t	ne State of California th	nat the foregoing is true	and correct.	
	Date Signed	3/20/2024	Signa	ture	-Filed By Danielle	
	•	(month, day, year)	•	(File the origina	ally signed paper statement	with your filing official.)



Confirmation Number: 58D18776

Date Initial Filing Received

Filing Official Use Only

3/25/2024 11:06:06 AM

Please type or print in	ink.			SAIN.	043000025-LAC-0025	
NAME OF FILER	(LAST)		(FIRST)		(MIDDLE)	
Ti		Mike				
1. Office, Agency	, or Court					
Agency Name (Do n Three Valleys	ot use acronyms) Municipal Water District					
Division, Board, Depa	artment, District, if applicable		Your Position			
			Director			
► If filing for multiple	e positions, list below or on an attach	ment. (Do not use acro	onyms)			
Agency:			Position:			
2. Jurisdiction o	f Office (Check at least one box)		☐ Judge, Retired Ju (Statewide Jurisd		or Court Commissioner	
☐ Multi-County			County of			
City of			Other District			
3 Type of States	nent (Check at least one box)					
Annual: The p	eriod covered is January 1, 2023, thromber 31, 2023.	ough		Date Left (Check one Circle)		
	eriod covered is nber 31, 2023.	, through	The period c-or- leaving office		2023, through the date of	
Assuming Office	ce: Date assumed		The period c of leaving off		, through the date	
Candidate: Date	te of Election	and office sought, if dif	ferent than Part 1:			
4. Schedule Sum		Total number of pag	es including this cov	er page: 2		
Schedules at	tached					
=	1-1 - Investments - schedule attached	□ **			sitions - schedule attached	
=	A-2 - Investments – schedule attached		shedule D - Income -			
-or-	3 - Real Property – schedule attached	<u> X </u> Sc	hedule E - Income - (Gifts – Travel Paymei	nts - schedule attached	
_	ortable interests on any schedule					
5. Verification						
MAILING ADDRESS	STREET	CITY		STATE	ZIP CODE	
1021 East Miram	ress Recommended - Public Document) ar Avenue	Claremont		CA	91711	
DAYTIME TELEPHONE N	NUMBER	E-N	MAIL ADDRESS			
(626) 715-989	(626) 715-9898 mti@tvmwd.com					
	onable diligence in preparing this state tached schedules is true and complet			the best of my knowle	dge the information contained	
I certify under pen	alty of perjury under the laws of the	e State of California t	hat the foregoing is t	true and correct.		
Date Signed	3/25/2024	_ Signa	ature	E-Filed By M	ike Ti	
Date Signed	(month, day, year)	_ Signa	(File the	originally signed paper statem	ent with your filing official.)	