

Confirmation Number: A5DE4ACB
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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

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| 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

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| 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

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| 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

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| 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

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| | 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

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| 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.) | |