CALIFORNIA FORM 700 STATEMEN	T OF ECONOMIC INTEREST COVER PAGE	S Date Initial Filing Receiv Filing Official Use Only
	A Public Document	03/18/2024 12:05:40 Filing ID:
lease type or print in ink.		211019093
AME OF FILER (LAST)	(FIRST)	(MIDDLE)
Brennan, Cathleen M		
Office, Agency, or Court		
Agency Name (Do not use acronyms)		
San Mateo County		
Division, Board, Department, District, if applicable	Your Position	
Coastside County Water District	Water Resources Analys	t
► If filing for multiple positions, list below or on an attachment. (Do	not use acronyms)	
Agency:	Position:	
Jurisdiction of Office (Check at least one box)		
☐ State	Judge, Retired Judge, Pro Ter (Statewide Jurisdiction)	n Judge, or Court Commissioner
Multi-County	· · · · · · · · · · · · · · · · · · ·	
□ City of		
Type of Statement (Check at least one box)		
<ul> <li>Annual: The period covered is January 1, 2023 through December 31, 2023.</li> </ul>	Leaving Office: Date Left	/ neck one circle)
-or- The period covered is/, through December 31, 2023.	· ·	nuary 1, 2023 through the date
Assuming Office: Date assumed//	<ul> <li>The period covered is of leaving office.</li> </ul>	/, through the date
Candidate:Date of Election and office sou	ght, if different than Part 1:	
Schedule Summary (required)	nber of pages including this cover pa	age:3
Schedule A-1 - Investments – schedule attached	Schedule C - Income, Loans, & Bu	siness Positions – schedule attached
Schedule A-2 - Investments - schedule attached	Schedule D - Income – Gifts – sch	edule attached
Schedule B - Real Property – schedule attached	Schedule E - Income – Gifts – Tra	vel Payments – schedule attached
Dr-		
□ <b>None -</b> No reportable interests on any schedule		
Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY STATE	ZIP CODE
DAYTIME TELEPHONE NUMBER	Half Moon Bay CA E-MAIL ADDRESS	94019
I have used all reasonable diligence in preparing this statement. I ha herein and in any attached schedules is true and complete. I ackno		/ knowledge the information contained
I certify under penalty of perjury under the laws of the State of		rect.
<b>Det. Consel</b> 03/18/2024	SignatureCathleen M Brennan	
Date Signed _03/18/2024 (month, day, year)	(File the originally signed pa	per statement with your filing official.)

### SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests

CALIFORNIA FORM 7	0	C
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FAIR POLITICAL PRACTICES COMMISSION

Name	
------	--

Brennan, Cathleen M

(Ownership Interest is Less Than 10%) Investments must be itemized.

Do not attach brokerage or financial statements.

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Pfizer	Lam Research
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Pharmaceutical	Semiconductor Equipment Manufacturer
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000         X         \$10,001 - \$100,000	x \$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)	X Stock Other
Partnership ○ Income Received of \$0 - \$499 ○ Income Received of \$500 or More ( <i>Report on Schedule C</i> )	Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ / 23 / / 23	/ / 23 / 23
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Ross Stores	Applied Materials
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Retail	Semiconductor Equipment Manufacturing
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
X         \$1,000,000         Over \$1,000,000	S100,001 - \$1,000,000 X Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other	X Stock Other
(Describe) ☐ Partnership ◯ Income Received of \$0 - \$499	
Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//23//23 ACQUIRED DISPOSED	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Southwest Airlines	AT&T
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Transportation	Communications
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	X \$2,000 - \$10,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other (Describe)	X Stock Other(Describe)
Partnership (Income Received of \$0 - \$499	Partnership (Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ <u>23</u> / <u>23</u> /	
ACQUIRED DISPOSED	ACQUIRED DISPOSED

Comments: \_

Comments: \_

### SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

CALIFORNIA FORM	7	0	
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FAIR POLITICAL PRACTICES COMMISSION

Name	
------	--

Brennan, Cathleen M

Investments must be itemized.

Do not attach brokerage or financial statements.

	NAME OF BUSINESS ENTITY		NAME OF BUSINESS ENTITY
	Viatris Inc.		
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
	Pharmaceutical		
	FAIR MARKET VALUE		FAIR MARKET VALUE
	X     \$2,000 - \$10,000     \$10,001 - \$100,000		\$2,000 - \$10,000 \$10,001 - \$100,000
	\$100,001 - \$1,000,000 Over \$1,000,000		□ \$2,000 = \$10,000 □ \$100,000 □ \$100,001 - \$1,000,000 □ Over \$1,000,000
	NATURE OF INVESTMENT		NATURE OF INVESTMENT
	X Stock Other		Stock Other (Describe)
	(Describe) ☐ Partnership ◯ Income Received of \$0 - \$499		□ Partnership ○ Income Received of \$0 - \$499
	Income Received of \$500 or More (Report on Schedule C)		Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
	/ / 23 / / 23		/ / 23 / / 23
	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		\$2,000 - \$10,000       \$10,001 - \$100,000
	\$100,001 - \$1,000,000 Over \$1,000,000		S100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT		NATURE OF INVESTMENT
	Stock Other		Stock Other
	(Describe)		(Describe)
	□ Partnership ○ Income Received of \$0 - \$499 ○ Income Received of \$500 or More ( <i>Report on Schedule C</i> )		□ Partnership ○ 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:
	/ /23 / /23		/ / 23 / / 23
	//////////		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		\$2,000 - \$10,000       \$10,001 - \$100,000
	\$100,001 - \$1,000,000 Over \$1,000,000		S100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT		NATURE OF INVESTMENT
	Stock Other		Stock Other
	(Describe)	1	(Describe)
	□ Partnership ○ Income Received of \$0 - \$499 ○ Income Received of \$500 or More ( <i>Report on Schedule C</i> )		□ Partnership ○ Income Received of \$0 - \$499 ○ Income Received of \$500 or More ( <i>Report on Schedule</i> C)
		1	
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
	/ /23 / /23	1	/ / 23 / / 23
	ACQUIRED DISPOSED	1	ACQUIRED DISPOSED
	I	1	

CALIFORNIA FORM 700 STATEMENT	OF ECONOMIC INTERESTS COVER PAGE	Date Initial Filing Receiv Filing Official Use Only
	A Public Document	03/13/2024 09:44:58 Filing ID:
Please type or print in ink.	(5007)	210948982
AME OF FILER (LAST)	(FIRST)	(MIDDLE)
Coverdell, Kenneth Lee		
Office, Agency, or Court		
Agency Name (Do not use acronyms)		
SAN MATEO COUNTY		
Division, Board, Department, District, if applicable	Your Position	
Coastside County Water District	Director	
► If filing for multiple positions, list below or on an attachment. (Do not	t use acronyms)	
Agency:	Position:	
Jurisdiction of Office (Check at least one box)		
State	Judge, Retired Judge, Pro Tem Judge, o (Statewide Jurisdiction)	or Court Commissioner
Multi-County	,	
□ City of		
-		
Type of Statement (Check at least one box)		
Annual: The period covered is January 1, 2023 through December 31, 2023.	Leaving Office: Date Left/(Check one	
The period covered is/, through December 31, 2023.	<ul> <li>The period covered is January 1, 2 of leaving office.</li> </ul>	023 through the date
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 sough	t, if different than Part 1:	
Schedule Summary (required)	er of pages including this cover page:	4
Schedule A-1 - Investments – schedule attached	🗵 Schedule C - Income, Loans, & Business Po	ositions – schedule attached
Schedule A-2 - Investments – schedule attached	Schedule D - Income - Gifts - schedule atta	ached
X Schedule B - Real Property – schedule attached	Schedule E - Income – Gifts – Travel Payme	ents – schedule attached
pr-		
□ <b>None -</b> No reportable interests on any schedule		
Verification		
MAILING ADDRESS STREET CIT (Business or Agency Address Recommended - Public Document)	Y STATE	ZIP CODE
Ha DAYTIME TELEPHONE NUMBER	LIF Moon Bay CA	94019
I have used all reasonable diligence in preparing this statement. I have herein and in any attached schedules is true and complete. I acknowle		ge the information contained
I certify under penalty of perjury under the laws of the State of Ca		
Date Signed03/13/2024	Signature Kenneth Lee Coverdell	
(month, day, year)	(File the originally signed paper statemen	t with your filing official.)

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

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700

Name

Coverdell, Kenneth Lee

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Blue Sky Designs, Inc.	
Name	Name
Half Moon Bay, Ca 94019	
Address (Business Address Acceptable) Check one	Address (Business Address Acceptable) Check one
Trust, go to 2 I Business Entity, complete the box, then go to 2	Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Landscape Contractor	
FAIR MARKET VALUE     IF APPLICABLE, LIST DATE:       \$0 - \$1.999     \$0	FAIR MARKET VALUE     IF APPLICABLE, LIST DATE:       \$1,999     \$1,999
\$2,000 - \$10,000//23//23	□ \$0 - \$1,999 □ \$2,000 - \$10,000
\$10,001 - \$100,000 ACQUIRED DISPOSED	\$10,001 - \$100,000         ACQUIRED         DISPOSED
\$100,001 - \$1,000,000 X Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Partnership Sole Proprietorship <u>X</u> Corporation	Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION President	YOUR BUSINESS POSITION
<ul> <li>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)</li> </ul>	<ul> <li>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)</li> </ul>
□ \$0 - \$499 □ \$10,001 - \$100,000	\$0 - \$499 \$10,001 - \$100,000
S500 - \$1,000 X OVER \$100,000	□ \$500 - \$1,000 □ OVER \$100,000 □ \$1,001 - \$10,000
<ul> <li>↓ \$1,001 - \$10,000</li> <li>▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF</li> </ul>	▶ 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	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
LEASED BY THE BUSINESS ENTITY OR TRUST	LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:
Name of Duciness Entity if Investment on	News of Dusinger Folia if Investment or
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>	Description of Business Activity <u>or</u>
City or Other Precise Location of Real Property	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//23//23	\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000         ACQUIRED         DISPOSED	\$100,001 - \$1,000,000         ACQUIRED         DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
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

LE B cal Property al Income) CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Coverdell, Kenneth Lee
► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
CITY
FAIR MARKET VALUE       IF APPLICABLE, LIST DATE:         \$2,000 - \$10,000       ///23         \$10,001 - \$100,000       ///23         \$100,001 - \$1,000,000       ACQUIRED         Over \$1,000,000       DISPOSED
NATURE OF INTEREST
Ownership/Deed of Trust
Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED
□ \$0 - \$499 □ \$500 - \$1,000 □ \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$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.

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

Comments: \_\_\_

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

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Coverdell, Kenneth Lee

▶ 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Blue Sky Designs, Inc.	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
Half Moon Bay, Ca 94019	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Landscape Contractor	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
President	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Or
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
□ \$10,001 - \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
X Salary Dysection 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	
(Real property, car, boat, etc.)	(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)

\* 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	
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LC	AN	sidence
HIGHEST BALANCE DURING REPORTING PERIOD	Real Property _		Street address
<ul> <li>□ \$500 - \$1,000</li> <li>□ \$1,001 - \$10,000</li> </ul>	_		City
□ \$10,001 - \$100,000 □ OVER \$100,000	_		
_	Other		(Describe)

Comments: \_\_\_

CALIFORNIA FORM / UU FAIR POLITICAL PRACTICES COMMISSION	T OF ECONOMIC INTERESTS COVER PAGE
	A Public Document 02/27/2024 15:26:41 Filing ID:
Please type or print in ink.	210706127
NAME OF FILER (LAST)	(FIRST) (MIDDLE)
Derbin, James	
. Office, Agency, or Court	
Agency Name (Do not use acronyms)	
SAN MATEO COUNTY	
Division, Board, Department, District, if applicable	Your Position
Coastside County Water District	Superintendent of Operations
► If filing for multiple positions, list below or on an attachment. (Do not	ot use acronyms)
Agency:	Position:
. Jurisdiction of Office (Check at least one box)	
State	Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Multi-County	X County of San Mateo
City of	Other
Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2023 through December 31, 2023.	Leaving Office: Date Left//(Check one circle)
-or- The period covered is/, through December 31, 2023.	<ul> <li>The period covered is January 1, 2023 through the date of leaving office.</li> </ul>
Assuming Office: Date assumed//	O The period covered is/, through the date of leaving office.
Candidate:Date of Election and office sough	ht, if different than Part 1:
. Schedule Summary (required) ► Total numb Schedules attached	ber of pages including this cover page:1
Schedule A-1 - Investments – schedule attached	Schedule C - Income, Loans, & Business Positions – schedule attached
Schedule A-2 - Investments – schedule attached	Schedule D - Income – Gifts – schedule attached
Schedule B - Real Property – schedule attached	Schedule E - Income – Gifts – Travel Payments – schedule attached
or-	
Image None - No reportable interests on any schedule	
Verification	
MAILING ADDRESS STREET CI (Business or Agency Address Recommended - Public Document)	TY STATE ZIP CODE
H. H	E-MAIL ADDRESS
I have used all reasonable diligence in preparing this statement. I have herein and in any attached schedules is true and complete. I acknow	e reviewed this statement and to the best of my knowledge the information contained rledge this is a public document.
I certify under penalty of perjury under the laws of the State of C	
Date Signed	Signature James Derbin
(month, day, year)	(File the originally signed paper statement with your filing official.)

CALIFORNIA FORM 700	COV	ECONOMIC INTERES /ER PAGE	Filing Official Use Only
	A Pub	lic Document	02/29/2024 09:04:18 Filing ID:
Please type or print in ink.			210728092
NAME OF FILER (LAST)		(FIRST)	(MIDDLE)
Feldman, Robert Charles			
I. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
SAN MATEO COUNTY			
Division, Board, Department, District, if applicable		Your Position	
Coastside County Water District		Director	
► If filing for multiple positions, list below or on an	attachment. (Do not use acro	onyms)	
Agency:		Position:	
. Jurisdiction of Office (Check at least one	e box)		
State		(Statewide Jurisdiction)	em Judge, or Court Commissioner
Multi-County		X County of San Mateo	
☐ City of		X Other Special Distric	ct
. Type of Statement (Check at least one bo	x)		
X Annual: <sub>The period</sub> covered is January 1, 20 December 31, 2023.	23 through	Leaving Office: Date Left	Check one circle)
-or- The period covered is/ December 31, 2023.	, through	<ul> <li>The period covered is of leaving office.</li> </ul>	January 1, 2023 through the date
Assuming Office: Date assumed/	/	<ul> <li>The period covered is a of leaving office.</li> </ul>	/, through the date
Candidate:Date of Election	_ and office sought, if differe	nt than Part 1:	
. Schedule Summary (required) Schedules attached	► Total number of pa	ages including this cover	page:1
Schedule A-1 - Investments - schedule at	tached	Schedule C - Income. Loans. &	Business Positions – schedule attached
Schedule A-2 - Investments - schedule at		Schedule D - Income - Gifts - s	
Schedule B - Real Property - schedule at	tached	Schedule E - Income – Gifts – 7	Fravel Payments – schedule attached
or-			
☑ None - No reportable interests on any Marification	/ schedule		
. Verification		07475	
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
DAYTIME TELEPHONE NUMBER	Half Moon	n Bay CA IAIL ADDRESS	94019
( )			
I have used all reasonable diligence in preparing this herein and in any attached schedules is true and co			my knowledge the information contained
I certify under penalty of perjury under the laws			orrect.
Date Signed 02/29/2024 (month, day, year)	Signa	ture <u>Robert Charles Fel</u> (File the originally signed	dman d paper statement with your filing official.)

CALIFORNIA FORM 700 STAT	EMENT OF ECONOMIC INTERESTS COVER PAGE	Date Initial Filing Receiv Filing Official Use Only
	A Public Document	02/27/2024 17:04:59
Please type or print in ink.		Filing ID: 210708984
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Mickelson, Christian Ronald		
l. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
San Mateo County		
Division, Board, Department, District, if applicable	Your Position	
San Mateo Local Agency Formation Commissio	n Alternate Member	
► If filing for multiple positions, list below or on an attachme	ent. (Do not use acronyms)	
Agency:	ONS Position:	
. Jurisdiction of Office (Check at least one box)		
State	Judge, Retired Judge, Pro Tem Judg (Statewide Jurisdiction)	e, or Court Commissioner
Multi-County		
City of	Other	
Type of Statement (Check at least one box)		
X Annual: The period covered is January 1, 2023 throu December 31, 2023.	ugh Leaving Office: Date Left/_ (Check or	
-or- The period covered is/, December 31, 2023.	through O The period covered is January 1 of leaving office.	l, 2023 through the date
Assuming Office: Date assumed//	O The period covered is/ of leaving office.	/, through the date
Candidate:Date of Election and o	ffice sought, if different than Part 1:	
. Schedule Summary (required) ► Tot Schedules attached	al number of pages including this cover page:	4
Schedule A-1 - Investments – schedule attached	Schedule C - Income, Loans, & Business	Positions - schedule attached
Schedule A-2 - Investments – schedule attached	Schedule D - Income - Gifts - schedule	attached
Schedule B - Real Property – schedule attached	Schedule E - Income – Gifts – Travel Pag	yments - schedule attached
or-		
□ <b>None -</b> No reportable interests on any sched	lule	
Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY STATE	ZIP CODE
	Half Moon Bay CA	94019
	E-MAIL ADDRESS	
I have used all reasonable diligence in preparing this stateme herein and in any attached schedules is true and complete.	ent. I have reviewed this statement and to the best of my know I acknowledge this is a public document.	leage the information contained
I certify under penalty of perjury under the laws of the S		
Data Signad 02/27/2024	Signature _ Christian Ronald Mickelso	n
Date Signed	File the originally signed paper state	

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE Expanded Statement Attachment

CALIFORNIA FORM 700

NameChristian Ronald Mickelson

\* This table lists all positions including the primary position listed in the Office, Agency, or Court section of the Cover Page.

Agency	Div/Board/Dept/District	Position	Type of Statement	SAN #
San Mateo County	San Mateo Local Agency Formation Commission	Alternate Member	Annual 3/16/2023 - 12/31/2023	011700170-NFH-0170
SAN MATEO COUNTY	Coastside County Water	Director	Annual 1/1/2023 - 12/31/2023	011700170-NFH-0170

SCHEDU Interests in Ro (Including Ren	eal Property Name
ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS          1927 Hayes Street #1         CITY         San Francisco         FAIR MARKET VALUE       IF APPLICABLE, LIST DATE:         \$2,000 - \$10,000      23         \$10,001 - \$100,000      23         \$100,001 - \$1,000,000      23         NATURE OF INTEREST	<ul> <li>► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS</li></ul>

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

\_

SCHEDI Interests in Re (Including Ren	eal Property Name
<ul> <li>ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS         <sup>107</sup> Broadway         CITY         Half Moon Bay         FAIR MARKET VALUE</li></ul>	<ul> <li>► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS         <ul> <li>155 Broadway</li> <li>CITY</li> <li>Half Moon Bay</li> <li>FAIR MARKET VALUE</li> <li>\$2,000 - \$10,000</li> <li>\$10,001 - \$10,000</li> <li>\$10,001 - \$1,000,000</li> <li>ACQUIRED</li> <li>DISPOSED</li> <li>X Over \$1,000,000</li> </ul> </li> <li>NATURE OF INTEREST         <ul> <li>∑ Ownership/Deed of Trust</li> <li>Easement</li> <li>Leasehold</li></ul></li></ul>

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

Comments: \_

CALIFORNIA FORM 700 STATEMEN	IT OF ECONOMIC INTEREST COVER PAGE	S Date Initial Filing Receiv Filing Official Use Only E-Filed
	A Public Document	03/11/2024 16:01:20 Filing ID:
Please type or print in ink.	(5007)	210909054
IAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Miyaki, Patrick T		
. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
San Mateo County Division, Board, Department, District, if applicable	Your Position	
Coastside County Water District	Attorney	
► If filing for multiple positions, list below or on an attachment. (Do not be the second se	not use acronyms)	
Agency: <u>*SEE ATTACHED FOR ADDITIONAL POSITIONS</u>	Position:	
Jurisdiction of Office (Check at least one box)	ludge Detired ludge Dre Te	n ludge, er Court Commissioner
State	(Statewide Jurisdiction)	m Judge, or Court Commissioner
Multi-County	X County of San Mateo	
☐ City of	Other	
Type of Statement (Check at least one box)		
Annual: The period covered is January 1, 2023 through December 31, 2023.	Leaving Office: Date Left	/ neck one circle)
-or- The period covered is ////, through December 31, 2023.	<ul> <li>The period covered is Jai of leaving office.</li> </ul>	nuary 1, 2023 through the date
Assuming Office: Date assumed//	<ul> <li>The period covered is of leaving office.</li> </ul>	/, through the date
Candidate:Date of Election and office source	ht, if different than Part 1:	
	ber of pages including this cover p	age: <sup>6</sup>
Schedules attached		
Schedule A-1 - Investments – schedule attached	Schedule C - Income, Loans, & Bu	
<ul> <li>Schedule A-2 - Investments – schedule attached</li> <li>Schedule B - Real Property – schedule attached</li> </ul>	Schedule D - Income – Gifts – sch	
	Schedule E - Income – Gifts – Tra	<i>vel Payments –</i> schedule allached
□ <b>None -</b> No reportable interests on any schedule		
Verification		
MAILING ADDRESS STREET C (Business or Agency Address Recommended - Public Document)	ITY STATE	ZIP CODE
DAYTIME TELEPHONE NUMBER	San Francisco CA E-MAIL ADDRESS	94105
( )		
I have used all reasonable diligence in preparing this statement. I have herein and in any attached schedules is true and complete. I acknow		y knowledge the information contained
I certify under penalty of perjury under the laws of the State of (		rect.
Date Signed	Signature _ Patrick T Miyaki	
(month, day, year)	(File the originally signed p	aper statement with your filing official.)

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE Expanded Statement Attachment

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name Patrick T Miyaki

\* This table lists all positions including the primary position listed in the Office, Agency, or Court section of the Cover Page.

Agency	Div/Board/Dept/District	Position	Type of Statement	SAN #
San Mateo County	North Coast County Water District	Attorney	Annual 1/1/2023 - 12/31/2023	011700170-NFH-0170
San Mateo County	Coastside County Water	Attorney	Annual 1/1/2023 - 12/31/2023	011700170-NFH-0170

### SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests

CALIFORNIA FORM	7	0	
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FAIR POLITICAL PRACTICES COMMISSION

Name

<u>Miyaki, Patrick T</u>

(Ownership Interest is Less Than 10%) Investments must be itemized.

Do not attach brokerage or financial statements.

•	NAME OF BUSINESS ENTITY		NAME OF BUSINESS ENTITY
]	Hanson Bridgett LLP		
(	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
-	Law Firm		
F	AIR MARKET VALUE		FAIR MARKET VALUE
ļ	\$2,000 - \$10,000\$10,001 - \$100,000		\$2,000 - \$10,000       \$10,001 - \$100,000
L	X     \$100,001 - \$1,000,000     Over \$1,000,000		\$100,001 - \$1,000,000Over \$1,000,000
1	NATURE OF INVESTMENT		NATURE OF INVESTMENT
[	Stock Other		Stock Other
Г	(Describe) X Partnership ◯ Income Received of \$0 - \$499		(Describe) □ Partnership ○ Income Received of \$0 - \$499
Ŀ	A income Received of \$500 or More (Report on Schedule C)		<ul> <li>Income Received of \$500 or More (Report on Schedule C)</li> </ul>
I	F APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
_	<b></b>		/ <u>/23</u> / <u>/23</u>
	ACQUIRED DISPOSED		ACQUIRED DISPOSED
• 1	NAME OF BUSINESS ENTITY	►	NAME OF BUSINESS ENTITY
(	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
-			
F	FAIR MARKET VALUE		FAIR MARKET VALUE
[	\$2,000 - \$10,000 \$10,001 - \$100,000		\$2,000 - \$10,000 \$10,001 - \$100,000
[	\$100,001 - \$1,000,000 Over \$1,000,000		S100,001 - \$1,000,000 Over \$1,000,000
E F	NATURE OF INVESTMENT Stock Other		NATURE OF INVESTMENT           Stock         Other
L	(Describe)		(Describe)
[	Partnership O Income Received of \$0 - \$499		Partnership O Income Received of \$0 - \$499
	Income Received of \$500 or More (Report on Schedule C)		○ Income Received of \$500 or More (Report on Schedule C)
I	F APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
_			/ <u>23</u> / <u>23</u> /
	ACQUIRED DISPOSED		ACQUIRED DISPOSED
	NAME OF BUSINESS ENTITY		NAME OF BUSINESS ENTITY
-	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
F	FAIR MARKET VALUE		FAIR MARKET VALUE
Γ	\$2,000 - \$10,000 \$10,001 - \$100,000		\$2,000 - \$10,000 \$10,001 - \$100,000
Ī	\$100,001 - \$1,000,000 Over \$1,000,000		□ \$100,001 - \$1,000,000 □ Over \$1,000,000
1			
L	_ Stock _ Other (Describe)		Stock Other (Describe)
[	Partnership O Income Received of \$0 - \$499		Partnership O Income Received of \$0 - \$499
_	○ Income Received of \$500 or More (Report on Schedule C)		○ Income Received of \$500 or More (Report on Schedule C)
I	F APPLICABLE, LIST DATE:		IF APPLICABLE. LIST DATE:
-		1	
-		1	
	ACQUIRED DISPOSED	1	ACQUIRED DISPOSED

Comments: \_

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

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700

Name

.....

Miyaki, Patrick T

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Patrick and Edith Miyaki Trust	
Name	Name
San Francisco, CA 94105	
Address (Business Address Acceptable) Check one	Address (Business Address Acceptable) Check one
Image: Structure of the sector of the sec	Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
□ \$0 - \$1,999 □ \$2,000 - \$10,000 / / 23 / /23	$\Box = \$0 - \$1,999 / (23) / (23)$
\$2,000 - \$10,000        Z3        Z3           \$10,001 - \$100,000         ACQUIRED         DISPOSED	\$2,000 - \$10,000        Z        Z           \$10,001 - \$100,000         ACQUIRED         DISPOSED
\$100,001 - \$1,000,000	
Over \$1,000,000	Over \$1,000,000 NATURE OF INVESTMENT
Partnership Sole Proprietorship	Partnership Sole Proprietorship
Other YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
<ul> <li>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</li> </ul>	<ul> <li>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)</li> </ul>
∑ \$0 - \$499	\$0 - \$499 \$10,001 - \$100,000
S500 - \$1,000 OVER \$100,000	□ \$500 - \$1,000 □ OVER \$100,000 □ \$1,001 - \$10,000
S1,001 - \$10,000      S1,000      S1,000	■ 91,001 - 910,000 > 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	S. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
X         None         Or         Names listed below	None or Names listed below
	I
▶ 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:	Check one box:
INVESTMENT X REAL PROPERTY	INVESTMENT REAL PROPERTY
Name of Business Entity, if Investment, <u>or</u>	Name of Business Entity, if Investment, <u>or</u>
Assessor's Parcel Number or Street Address of Real Property	Assessor's Parcel Number or Street Address of Real Property
Half Moon Bay, CA 94019	
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 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000
X         \$1,00,001         \$1,000,000         ACQUIRED         DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property	Yrs. remaining Check box if additional schedules reporting investments or real property
are attached	are attached

Comments:\_

SCHEDU	CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Interests in Re	al Property Name
(Including Renta	
► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
	ASSESSOR'S FARGEL NOWBER ON STREET ADDRESS
340 Bridgeport Drive	
Half Moon Bay         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
X Ownership/Deed of Trust	Ownership/Deed of Trust
Leasehold Other	Leasehold [] Cther
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
□ \$10,001 - \$100,000 □ OVER \$100,000	S10,001 - \$100,000 OVER \$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.

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

Comments: \_\_\_

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

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Miyaki, Patrick T

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Hanson Bridgett LLP	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
San Francisco, CA 94105	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legal Services	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Partner	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position On
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 X OVER \$100,000	S10,001 - \$100,000 OVER \$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	Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.)	Schedule A-2.)
(Real property, car, boat, etc.)	(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)
X Other Profit Distribution	
(Describe)	(Describe)

\* 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	
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LC	AN	sidence
HIGHEST BALANCE DURING REPORTING PERIOD	Real Property _		Street address
<ul> <li>□ \$500 - \$1,000</li> <li>□ \$1,001 - \$10,000</li> </ul>	_		City
\$10,001 - \$100,000 OVER \$100,000	_		
_	Other		(Describe)

Comments: \_

CALIFORNIA FORM 700 STATEME	NT OF ECONOMIC INTEREST COVER PAGE	S Date Initial Filing Receiv Filing Official Use Only
	A Public Document	03/15/2024 16:29:30 Filing ID:
lease type or print in ink.		211001553
AME OF FILER (LAST)	(FIRST)	(MIDDLE)
Auller, John		
Office, Agency, or Court		
Agency Name (Do not use acronyms)		
SAN MATEO COUNTY		
Division, Board, Department, District, if applicable	Your Position	
Coastside County Water District	Director	
► If filing for multiple positions, list below or on an attachment. (Do	o not use acronyms)	
Agency:	Position:	
Jurisdiction of Office (Check at least one box)		
☐ State	Judge, Retired Judge, Pro Ter (Statewide Jurisdiction)	n Judge, or Court Commissioner
Multi-County	· · · · · · · · · · · · · · · · · · ·	
City of		
Type of Statement (Check at least one box)		
	Leaving Office: Data Laft	
Annual: The period covered is January 1, 2023 through December 31, 2023.	Leaving Office: Date Left (Ch	neck one circle)
The period covered is/, through December 31, 2023.	<ul> <li>The period covered is Jar of leaving office.</li> </ul>	nuary 1, 2023 through the date
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 sources	ught, if different than Part 1:	
Schedule Summary (required)	nber of pages including this cover p	age:3
Schedule A-1 - Investments – schedule attached	Schedule C Income Leans & Pl	usingga Regitiona gehadula attached
X         Schedule A-1 - Investments – schedule attached           X         Schedule A-2 - Investments – schedule attached	Schedule D - Income – Gifts – sch	siness Positions – schedule attached
Image: Schedule B - Real Property – schedule attached	Schedule E - Income – Gifts – Tra	
) <b>r-</b>		
□ <b>None -</b> No reportable interests on any schedule		
Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY STATE	ZIP CODE
	Half Moon Bay CA	94019
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS	
I have used all reasonable diligence in preparing this statement. I have used all reasonable diligence in preparing this statement. I have used in any attached schedules is true and complete. I acknowledge a		/ knowledge the information contained
I certify under penalty of perjury under the laws of the State of		rect.
<b>-</b>	at the Maller	
Date Signed03/15/2024 (month, day, year)	Signature <u>John Muller</u> (File the originally signed pa	per statement with your filing official.)

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

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700

R FOEITICAE FRACTICES CO

Name

Muller, John

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
DAYLIGHT FARMS LLC	
Name	Name
Half Moon Bay, CA 94019	
Address (Business Address Acceptable) Check one	Address (Business Address Acceptable) Check one
Trust, go to 2 I Business Entity, complete the box, then go to 2	Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FARMING OPERATION	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$0 - \$1,999 \$2,000 - \$10,000 \$2,000 - \$10,000	\$0 - \$1,999 \$2,000 - \$10,000// <b>23</b> / <b>23</b>
X         \$10,001 - \$100,000         ACQUIRED         DISPOSED	\$10,001 - \$100,000         ACQUIRED         DISPOSED
S100,001 - \$1,000,000	□ \$100,001 - \$1,000,000 □ Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Partnership Sole Proprietorship X	Partnership     Sole Proprietorship     Other
YOUR BUSINESS POSITION CO OWNER	YOUR BUSINESS POSITION
<ul> <li>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</li> </ul>	<ul> <li>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)</li> </ul>
∑ \$0 - \$499	□ \$0 - \$499 □ \$10,001 - \$100,000
S500 - \$1,000 OVER \$100,000	□ \$500 - \$1,000 □ OVER \$100,000 □ \$1,001 - \$10,000
LJ \$1,001 - \$10,000	
► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	<ul> <li>ILIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)</li> </ul>
X None or Names listed below	None or Names listed below
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY 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:	Check one box:
Name of Business Entity, if Investment, <u>or</u>	Name of Business Entity, if Investment, <u>or</u>
Assessor's Parcel Number or Street Address of Real Property	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	\$10,001 - \$100,000
S100,001 - \$1,000,000 ACQUIRED DISPOSED	S100,001 - \$1,000,000 ACQUIRED DISPOSED
NATURE OF INTEREST	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

SCHEDU Interests in Re (Including Ren	eal Property
ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
923 Miramontes Street	
CITY	CITY
Half Moon Bay	
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
X Ownership/Deed of Trust Easement	Ownership/Deed of Trust
Leasehold Other	Leasehold Description Conter
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	S10,001 - \$100,000 OVER \$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.

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 <b>\$1,001 - \$10,000</b>		
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000		
Guarantor, if applicable	Guarantor, if applicable		
[]			

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CALIFORNIA FORM 700 STATEMENT	OF ECONOMIC INTERESTS COVER PAGE	Date Initial Filing Receive Filing Official Use Only
	A Public Document	03/06/2024 14:57:26 Filing ID:
Nease type or print in ink.	(51007)	210842254
AME OF FILER (LAST)	(FIRST)	(MIDDLE)
Reynolds, Glenn E		
Office, Agency, or Court		
Agency Name (Do not use acronyms)		
San Mateo County		
Division, Board, Department, District, if applicable	Your Position	
Coastside County Water District	Member	
► If filing for multiple positions, list below or on an attachment. (Do not	t use acronyms)	
Agency:	Position:	
Jurisdiction of Office (Check at least one box)		
State	Judge, Retired Judge, Pro Tem Judge, or C (Statewide Jurisdiction)	ourt Commissioner
Multi-County		
□ City of		
Type of Statement (Check at least one box)		
Annual: The period covered is January 1, 2023 through December 31, 2023.	Leaving Office: Date Left/ (Check one circ	
-or- The period covered is/, through December 31, 2023.	<ul> <li>The period covered is January 1, 2023 of leaving office.</li> </ul>	3 through the date
Assuming Office: Date assumed//	<ul> <li>The period covered is/</li></ul>	, through the date
Candidate:Date of Election and office sough	t, if different than Part 1:	
Schedule Summary (required)	er of pages including this cover page: <u>4</u>	
Schedule A-1 - Investments – schedule attached	X Schedule C - Income, Loans, & Business Positi	ons – schedule attached
Schedule A-2 - Investments – schedule attached	Schedule D - Income – Gifts – schedule attache	
X Schedule B - Real Property – schedule attached	Schedule E - Income – Gifts – Travel Payments	s - schedule attached
pr-		
□ <b>None -</b> No reportable interests on any schedule		
Verification		
MAILING ADDRESS STREET CIT (Business or Agency Address Recommended - Public Document)	Y STATE	ZIP CODE
	If Moon Bay CA	94019
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS	
I have used all reasonable diligence in preparing this statement. I have herein and in any attached schedules is true and complete. I acknowled		the information contained
I certify under penalty of perjury under the laws of the State of Ca		
Date Signed	Signature E Reynolds	
(month, day, year)	(File the originally signed paper statement with	n your filing official.)

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

(Ownership Interest is 10% or Greater)

california form 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Reynolds, Glenn E

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Water Solutions Inc	
Name	Name
half moon bay, ca 940119	
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one Trust, go to 2 X Business Entity, complete the box, then go to 2	Check one Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Engineering firm	
FAIR MARKET VALUE     IF APPLICABLE, LIST DATE:       \$0 - \$1,999     \$0	FAIR MARKET VALUE     IF APPLICABLE, LIST DATE:       \$1,999     \$1,999
\$2,000 - \$10,000	\$2,000 - \$10,000
\$10,001 - \$100,000 ACQUIRED DISPOSED	S10,001 - \$100,000 ACQUIRED DISPOSED
\$100,001 - \$1,000,000     X Over \$1,000,000	S100,001 - \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Partnership Sole Proprietorship X part owner	Partnership Sole Proprietorship
Other YOUR BUSINESS POSITION principal	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>
□ \$500 - \$1,000	□ \$500 - \$1,000 □ OVER \$100,000
□ \$1,001 - \$10,000	\$1,001 - \$10,000
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)           X         None         or         Names listed below	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST	<ul> <li>4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST</li> </ul>
Check one box:	Check one box:
INVESTMENT REAL PROPERTY	
Name of Dusiness Entity if Investment or	Name of Business Entity, if Investment, <u>or</u>
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or	Description of Business Activity <u>or</u>
City or Other Precise Location of Real Property	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 \$10,001 - \$100,000 \$10,000 \$10,000 \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,0000 \$10,000 \$10,000 \$10,000 \$10,0000 \$1
\$10,001 - \$100,000      Z3      Z3         \$100,001 - \$1,000,000       ACQUIRED       DISPOSED	\$10,001 - \$100,000      Z3      Z3         \$100,001 - \$1,000,000       ACQUIRED       DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
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

Comments:\_

SCHEDU Interests in Re (Including Renta	al Property Name
► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
047032360	
CITY	CITY
HALF MOON BAY	
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
X Ownership/Deed of Trust	Ownership/Deed of Trust
Leasehold Description Conter	Leasehold [] Cther
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	S10,001 - \$100,000 OVER \$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.

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

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

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Reynolds, Glenn E

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Water Solutions incorporated	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
Half Moon Bay, ca 94019	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
engineering consultant	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
princpal	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position On
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
□ \$10,001 - \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
X 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	
(Real property, car, boat, etc.)	(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)

\* 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	
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LC	AN	sidence
HIGHEST BALANCE DURING REPORTING PERIOD	Real Property _		Street address
<ul> <li>□ \$500 - \$1,000</li> <li>□ \$1,001 - \$10,000</li> </ul>	_		City
\$10,001 - \$100,000 OVER \$100,000	_		
_	Other		(Describe)

Comments: \_\_\_

CALIFORNIA FORM 700 STATEMEN	T OF ECONOMIC INTERESTS COVER PAGE	Date Initial Filing Receive Filing Official Use Only
	A Public Document	03/18/2024 10:35:22 Filing ID:
Please type or print in ink.	(EIDST)	211015290
	(FIRST)	(MIDDLE)
Rogren, Mary Elizabeth		
I. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
SAN MATEO COUNTY	Your Position	
Division, Board, Department, District, if applicable		
Coastside County Water District	General Manager	
<ul> <li>If filing for multiple positions, list below or on an attachment. (Do r</li> </ul>	ot use acronyms)	
Agency:	Position:	
. Jurisdiction of Office (Check at least one box)		
State	Judge, Retired Judge, Pro Tem Judge, (Statewide Jurisdiction)	or Court Commissioner
Multi-County	· · · · · · · · · · · · · · · · · · ·	
☐ City of		
-		
. Type of Statement (Check at least one box)		
<ul> <li>Annual: The period covered is January 1, 2023 through December 31, 2023.</li> <li>-or-</li> </ul>	Leaving Office: Date Left/(Check one	
The period covered is/, through December 31, 2023.	<ul> <li>The period covered is January 1, 2 of leaving office.</li> </ul>	2023 through the date
Assuming Office: Date assumed///	<ul> <li>The period covered is/ of leaving office.</li> </ul>	/, through the date
Candidate:Date of Election and office soug	nt, if different than Part 1:	
. Schedule Summary (required) ► Total num Schedules attached	per of pages including this cover page:	2
Schedule A-1 - Investments – schedule attached	Schedule C - Income, Loans, & Business P	ositions – schedule attached
Schedule A-2 - Investments – schedule attached	Schedule D - Income - Gifts - schedule att	
X Schedule B - Real Property – schedule attached	Schedule E - Income – Gifts – Travel Paym	ents – schedule attached
or-		
□ <b>None -</b> No reportable interests on any schedule		
. Verification		
MAILING ADDRESS STREET C (Business or Agency Address Recommended - Public Document)	TY STATE	ZIP CODE
DAYTIME TELEPHONE NUMBER	Alf Moon Bay CA	94019
( )		
I have used all reasonable diligence in preparing this statement. I hav herein and in any attached schedules is true and complete. I acknow		ge the information contained
I certify under penalty of perjury under the laws of the State of C		
Date Signed 03/18/2024 (month, day, year)	Signature <u>Mary Elizabeth Rogren</u> (File the originally signed paper statemen	nt with your filing official.)

SCHEDU Interests in Re	
(Including Rent	
► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
250-260 Avenue Alhambra CITY	CITY
El Granada, CA         FAIR MARKET VALUE       IF APPLICABLE, LIST DATE:         \$2,000 - \$10,000       _//23         \$10,001 - \$100,000       _//23         \$100,001 - \$1,000,000       ACQUIRED         DISPOSED         X Over \$1,000,000	FAIR MARKET VALUE       IF APPLICABLE, LIST DATE:         \$2,000 - \$10,000       _/_/23         \$10,001 - \$100,000       _/_/23         \$100,001 - \$1,000,000       _/_/23         Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
X Ownership/Deed of Trust Easement	Ownership/Deed of Trust
Leasehold Dther	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
X \$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$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. None Name(s) redacted	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.

NAME OF LENDER*	NAME OF LENDER*		
TIAA Bank			
ADDRESS (Business Address Acceptable) Jacksonville, RL 32202	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)		
<u>3.25</u> % None <u>30 Years</u>	%  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 X OVER \$100,000	S10,001 - \$100,000 OVER \$100,000		
Guarantor, if applicable	Guarantor, if applicable		

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CALIFORNIA FORM 700

TAIR FOLITICAL FRACTICES COMMISS

# STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received

RECEIVED

COASTSIDE COUNTY WATER DISTRICT

P	lease type or print in ink.					WATER DISTRICT
N	AME OF FILER (LAST)	(FIRST)			(MIDDLE)	
	Schneider	Jeffrey			Man	
1.	. Office, Agency, or Court	/				ца.
	Agency Name (Do not use acronyms)	1 1 1	1			
	Coastside County W		rict			
	Division, Board, Department, District, if app	licable		Your Position		
				Assistant	- beneral	Manager
	► If filing for multiple positions, list below	or on an attachment.	(Do not use acro	nyms)		0
	Agency:			Position:		
2.	Jurisdiction of Office (Check at	least one box)				
	State		1	Judge Retired Judg	o Pro Tom Judgo	or Court Commissioner
			l	(Statewide Jurisdictio		or Court Commissioner
	Multi-County		[	County of		
	City of	×		Other Spec	ial Distri	id
3	Type of Statement (Check at leas	terrener and representation of the probability and the state of the second second second second second second s	(			
	Annual: The period covered is Janua		ſ	Looving Office: D	ate Left/	1
	December 31, 2022.	ry 1, 2022, anough	l		(Check one circle	
	-or- The period covered is		_, through		ered is January 1, 2	022, through the date of
	December 31, <b>2022</b> .	1 20 73		leaving office. -or-		
	Assuming Office: Date assumed			The period cove the date of leav		_/, through
	Candidate: Date of Election	and of	ffice sought, if diffe	erent than Part 1:		
4.	Schedule Summary (required)	► Total	I number of pa	ges including this	s cover page:	
	Schedules attached			-		
	Schedule A-1 - Investments - sche	dule attached	Sche	dule C - Income, Loan	ns, & Business Posit	ions – schedule attached
	Schedule A-2 - Investments - sche			dule D - Income – Gift		
	Schedule B - Real Property – sche	dule attached	Sche	dule E - Income – Gift	ts – Travel Payment	s – schedule attached
-(	or- 🗙 None - No reportable intere	sts on any sched	ule			
5.	Verification					
	MAILING ADDRESS STREET (Business of Agency Address Recommended - Public L	Doçument)	CITY		STATE	ZIP CODE
	766 Main Stree	t Half	Moun Br	W	CA	94019
	(650)726-4405			chneider C	Coastside	Vater, org
	I have used all reasonable diligence in prepa herein and in any attached schedules is tru	aring this statement. I e and complete. I ac	have reviewed thi knowledge this is	s statement and to the a public document.	best of my knowledg	e the information contained
	I certify under penalty of perjury under t	ne laws of the State	of California that	the foregoing is true	and correct.	
	Date Signed 12/14/23		Signatur	. Hoyte	h2_	
	(month, day, year)		-	(File the originally	y signed paper statement wit	h your filing official.)

CALIFORNIA FORM 700 STATEMENT		nitial Filing Receiv Filing Official Use Only E-Filed
	A Public Document	03/25/2024 15:13:11 Filing ID:
lease type or print in ink.	(2021)	211139580
AME OF FILER (LAST)	(FIRST) (MID	DDLE)
Ceter, James S		
Office, Agency, or Court		
Agency Name (Do not use acronyms)		
San Mateo County		
Division, Board, Department, District, if applicable	Your Position	
Coastside County Water District	District Engineer	
► If filing for multiple positions, list below or on an attachment. (Do no	t use acronyms)	
Agency:	Position:	
Jurisdiction of Office (Check at least one box)		
☐ State	Judge, Retired Judge, Pro Tem Judge, or Court Co (Statewide Jurisdiction)	ommissioner
Multi-County	· ,	
City of		
Type of Statement (Check at least one box)		
Annual: The period covered is January 1, 2023 through December 31, 2023.	Leaving Office: Date Left// (Check one circle)	
The period covered is/, through December 31, 2023.	<ul> <li>The period covered is January 1, 2023 throug of leaving office.</li> </ul>	h the date
Assuming Office: Date assumed//	<ul> <li>The period covered is/, of leaving office.</li> </ul>	through the date
Candidate:Date of Election and office sough	t, if different than Part 1:	
	er of pages including this cover page:3	
Schedules attached		
Schedule A-1 - Investments – schedule attached	X Schedule C - Income, Loans, & Business Positions – s	schedule attached
Schedule A-2 - Investments – schedule attached	Schedule D - Income – Gifts – schedule attached	
<b>Schedule B -</b> <i>Real Property</i> – schedule attached	Schedule E - Income – Gifts – Travel Payments – sche	edule attached
r-		
Verification		
MAILING ADDRESS STREET CIT	Y STATE ZIP COD	E
(Business or Agency Address Recommended - Public Document)		
Ha DAYTIME TELEPHONE NUMBER	If Moon Bay CA 94019	)
	E-MAIL ADDRESS	
I have used all reasonable diligence in preparing this statement. I have herein and in any attached schedules is true and complete. I acknowle		rmation contained
I certify under penalty of perjury under the laws of the State of Ca		
Date Signed03/25/2024	Signature James S Teter	
(month, day, year)	(File the originally signed paper statement with your filing	g official.)

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

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Teter, James S

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
James S. Teter Consulting Engineer	
Name	Name
San Rafael, CA 94901	
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one	Check one
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Consulting Engineering Services	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
□ \$0 - \$1,999 · · · · · · · · · · · · · · · · · ·	<b>\$0 - \$1,999</b>
\$2,000 - \$10,000    Z3    Z3       \$10,001 - \$100,000     ACQUIRED     DISPOSED	\$2,000 - \$10,000
\$100,001 - \$1,000,000	
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Other	Other
YOUR BUSINESS POSITION Sole Proprietor	YOUR BUSINESS POSITION
<ul> <li>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</li> </ul>	<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 X \$10,001 - \$100,000	\$10,001 - \$100,000
S500 - \$1,000 OVER \$100,000	S500 - \$1,000 OVER \$100,000
└┘ \$1,001 - \$10,000	
3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
None or X Names listed below	None or Names listed below
Coastside County Water District	
▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST	<ul> <li>4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST</li> </ul>
Check one box:	Check one box:
Name of Business Entity, if Investment, <u>or</u>	Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property	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   \$10,000
\$10,001 - \$100,0002323	\$10,001 - \$100,000 <b>2323</b>
S100,001 - \$1,000,000 ACQUIRED DISPOSED	\$1,000,001         \$1,000,000         ACQUIRED         DISPOSED           Over \$1,000,000         Over \$1,000,000
NATURE OF INTEREST	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 C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Teter, James S

1. INCOME RECEIVED	► 1. INCOME RECEIVED		
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME		
Coastside County Water District			
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
Half Moon Bay, CA 94019			
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Water Purveyor			
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION		
District Engineer			
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position On		
□ \$500 - \$1,000 □ \$1,001 - \$10,000	\$500 - \$1,000  \$1,001 - \$10,000		
X \$10,001 - \$100,000       OVER \$100,000	S10,001 - \$100,000 OVER \$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)		
X Other Professional Services	Other		
(Describe)	(Describe)		

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	
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LC	DAN	sidence
HIGHEST BALANCE DURING REPORTING PERIOD	Real Property _		Street address
□ \$500 - \$1,000 □ \$1,001 - \$10,000	-		City
\$10,001 - \$100,000 OVER \$100,000	Other		(Describe)
			· · · ·

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