

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Official Use Only

COVER PAGE

Filed Date: 03/28/2017 09:57 PM
SAN: 111400077-STH-0077

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Reynolds Glenn

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Association of California Water Agencies Joint Powers Insurance Authority
Division, Board, Department, District, if applicable Your Position
Coastside County Water District JPIA Director

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

State Judge or Court Commissioner (Statewide Jurisdiction)
 Multi-County _____ County of Multi-county _____
 City of _____ Other _____

3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2016, through December 31, 2016.
-or- The period covered is _____, through December 31, 2016.
 Assuming Office: Date assumed _____
 Candidate: Election year _____ and office sought, if different than Part 1: _____
 Leaving Office: Date Left _____ (Check one)
 The period covered is January 1, 2016, through the date of leaving office.
-or-
 The period covered is _____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 3

Schedules attached

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-

None - No reportable interests on any schedule

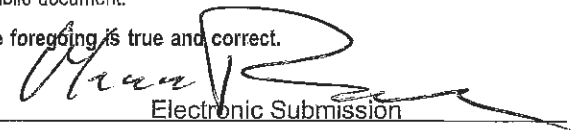
5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
766 Main Street Half Moon Bay CA 94019-1925
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(650) 726-4405

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 herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/28/2017 09:57 PM
(month, day, year)

Signature  Electronic Submission
(File the originally signed statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
FEB 14 2017
Original Use Only

COVER PAGE

COASTSIDE COUNTY
WATER DISTRICT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
FELDMAN ROBERT CHARLES

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

COASTSIDE COUNTY WATER DISTRICT
Division, Board, Department, District, if applicable Your Position
BOARD OF DIRECTORS DIRECTOR

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- State
- Multi-County _____
- City of _____
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of SAN MATEO
- Other SPECIAL DISTRICT

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2016, through December 31, 2016.
- or-
- The period covered is _____, through December 31, 2016.
- Assuming Office: Date assumed _____
- Candidate: Election year _____ and office sought, if different than Part 1: _____
- Leaving Office: Date Left _____ (Check one)
- The period covered is January 1, 2016, through the date of leaving office.
- or-
- The period covered is _____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 1

Schedules attached

- Schedule A-1 - Investments – schedule attached
- Schedule A-2 - Investments – schedule attached
- Schedule B - Real Property – schedule attached
- Schedule C - Income, Loans, & Business Positions – schedule attached
- Schedule D - Income – Gifts – schedule attached
- Schedule E - Income – Gifts – Travel Payments – schedule attached

-or-

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)
 764 MAIN STREET HALF MOON BAY CA 94019
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
 (650) 560 9433

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 herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 2/13/17 Signature Robert C. Feldman
(month, day, year) (File the originally signed statement with your filing official.)

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STATEMENT OF ECONOMIC INTERESTS

Date Filed: FEB 10 2017

COVER PAGE

COASTSIDE COUNTY WATER DISTRICT

Please type or print in ink.

NAME OF FILER (LAST) GLASSBERG (FIRST) ARNOLD (MIDDLE) C

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Coastside County Water District

Division, Board, Department, District, if applicable

Your Position

If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

- State, Multi-County, City of, Judge or Court Commissioner, County of, Other Special District

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2016, through December 31, 2016. Leaving Office: Date Left, The period covered is January 1, 2016, through the date of leaving office. Assuming Office: Date assumed, Candidate: Election year and office sought.

4. Schedule Summary (must complete) Total number of pages including this cover page:

Schedules attached

- Schedule A-1 - Investments, Schedule A-2 - Investments, Schedule B - Real Property, Schedule C - Income, Loans, & Business Positions, Schedule D - Income - Gifts, Schedule E - Income - Gifts - Travel Payments

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS: PO Box 2658, El Granada, CA 94018. DAYTIME TELEPHONE NUMBER: (650) 339-4366. E-MAIL ADDRESS: arnieglassberg@gmail.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 herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed: 02/08/17 Signature: Arnie Glassberg

**STATEMENT OF ECONOMIC INTERESTS
 COVER PAGE**

RECEIVED
 Date Initial Filing Received
 FEB 10 2017
 COASTSIDE COUNTY
 WATER DISTRICT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 COVERDELL KENNETH LEE

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
 COASTSIDE COUNTY WATER DISTRICT
 Division, Board, Department, District, if applicable Your Position
 BOARD OF DIRECTORS

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

State Judge or Court Commissioner (Statewide Jurisdiction)
 Multi-County _____ County of SAN MATEO
 City of _____ Other _____

3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2015, through December 31, 2015.
 -or- The period covered is ____/____/____, through December 31, 2015.
 Assuming Office: Date assumed ____/____/____
 Candidate: Election year _____ and office sought, if different than Part 1: _____
 Leaving Office: Date Left ____/____/____ (Check one)
 The period covered is January 1, 2015, through the date of leaving office.
 -or-
 The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 5

Schedules attached

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-

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)
 501 PURISIMA WAY HALF MOON BAY CA 94019
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
 (650) 726-5990 INFO@BLUESKYDESIGNSINC.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 herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed Feb 9, 2017
 (month, day, year)

Signature [Signature]
 (File the originally signed statement with your filing official.)

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Initial Filing Received
MAR 07 2017
Original Filing Date

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

COASTSIDE COUNTY
WATER DISTRICT

Please type or print in ink.

NAME OF FILER (LAST) Mickelsen (FIRST) Christian (MIDDLE) Ronald

1. Office, Agency, or Court

Agency Name (Do not use acronyms) Coastside County Water District
Division, Board, Department, District, if applicable _____ Your Position Director

► If filing for multiple positions, list below or on an attachment (Do not use acronyms)
Agency: SF Bay Area Conservation Agency Position: Director
SF Bay Area Regional Water System Financial Authority

2. Jurisdiction of Office (Check at least one box)

State Judge or Court Commissioner (Statewide Jurisdiction)
 Multi-County SF, Alameda, San Mateo County of _____
 City of _____ Other Mult. city

3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2016, through December 31, 2016.
-or-
The period covered is _____, through December 31, 2016.
 Assuming Office: Date assumed _____
 Leaving Office: Date Left _____ (Check one)
 The period covered is January 1, 2016, through the date of leaving office.
-or-
 The period covered is _____, through the date of leaving office.
 Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

Schedules attached

Schedule A-1 - Investments - schedule attached Schedule 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-
 None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
PO Box 3234 Half Moon Bay Ca 94019
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(650) 888 7684 cmickelsen@gmail.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 herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3-7-17 Signature _____
(month, day, year) (File the originally signed statement with your filing official.)