FAIR POLITICAL PRACTICES COMMISSION

A PUBLIC DOCUMENT

( ) I ( )

(month, day, year)

## STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Initial Filing Received			
Filing Official Use Only			

E-Filed 03/08/2021 14:04:56 Filing ID:

Please type or print in ink.			199168892	
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)	
Reynolds, Glenn E				
1. 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 atta	chment. (Do not use acronyms)			
Agency:	Position:			
2. Jurisdiction of Office (Check at least one be				
x State	Judge, Retired J (Statewide Juris		dge, or Court Commissioner	
Multi-County		,		
City of				
· · ·				
3. Type of Statement (Check at least one box)				
X Annual: The period covered is January 1, 2020	through Leaving Office	: Date Left		
December 31, 2020 -or-		,	one circle)	
The period covered is// December 31, 2020	, through O The period o leaving offic		/ 1, 2020 through the date of	
Assuming Office: Date assumed/	/ O The period of leaving of		/, through the date	
Candidate:Date of Election	and office sought, if different than Part 1:			
4. Schedule Summary (must complete)	Total number of pages including th	nis cover page	<u> </u>	
Schedules attached	······································			
<b>Schedule A-1 -</b> Investments – schedule attact	ied X Schedule C - Income	e. Loans. & Busine	ss Positions – schedule attached	
Schedule A-2 - Investments – schedule attact		Schedule D - Income – Gifts – schedule attached		
Schedule B - Real Property – schedule attach	ed Schedule E - Income	e – Gifts – Travel F	Payments – schedule attached	
-or-				
□ <b>None -</b> No reportable interests on any se	chedule			
5. Verification				
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE	
(Business or Agency Address Recommended - Public Document)				
DAYTIME TELEPHONE NUMBER	Half Moon Bay E-MAIL ADDRESS	CA	94019	
( )				
I have used all reasonable diligence in preparing this sta herein and in any attached schedules is true and comp			owledge the information contained	
I certify under penalty of perjury under the laws of	<b>.</b> .			
Date Signed(03/08/2021	Signature E Reg	ynolds		

(File the originally signed paper statement with your filing official.)

Comments:\_

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

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700

Name

Reynolds, Glenn E

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
water solutions Incorporated	
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
Water Engineering and Consulting	
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	\$1,999 \$2,000 - \$10,000 \$2,000 - \$10,000 \$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	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Partnership Sole Proprietorship X	Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION Principal	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 \$10,001 - \$100,000	\$0 - \$499 \$10,001 - \$100,000
X \$500 - \$1,000 OVER \$100,000	S500 - \$1,000 OVER \$100,000
LJ \$1,001 - \$10,000	<b>1</b> ,001 - \$10,000
<ul> <li>S. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)</li> <li>X None or Names listed below</li> </ul>	<ul> <li>► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)</li> <li>None or Names listed below</li> </ul>
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 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
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	\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000
S100,001 - \$1,000,000     ACQUIRED DISPOSED     Over \$1,000,000	\$100,001 - \$1,000,000         ACQUIRED         DISPOSED           Over \$1,000,000         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

011700170-NFH-0170

#### 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		
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION		
water solutions			
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Onl		
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000		
X \$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	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	Guarantor		
_	Other		(Describe)

FAIR POLITICAL PRACTICES COMMISSION

A PUBLIC DOCUMENT

## STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Initial Filing Received
Filing Official Use Only

E-Filed 02/12/2021 13:53:35 Filing ID:

Please type or p	rint in ink.			197624850
NAME OF FILER	(LAST)	(FIRST)		(MIDDLE)
Feldman, Rob	pert Charles			
1. Office, Age	ency, or Court			
Agency Name	(Do not use acronyms)			
SAN MATEO	COUNTY			
Division, Boar	d, Department, District, if applicable	Your Position		
Coastside	County Water District	Director		
► If filing for i	nultiple positions, list below or on an attachment.	(Do not use acronyms)		
Agency:		Position:		
2. Jurisdictio	on of Office (Check at least one box)			
State		Judge, Retire (Statewide J	ed Judge, Pro Tem Judg	ge, or Court Commissioner
 ☐ Multi-Cour			,	
			ial District	
3. Type of S	tatement (Check at least one box)			
C	he period covered is January 1, 2020 through December 31, 2020	Leaving Of	fice: Date Left/. (Check o	/ ne circle)
	The period covered is/, thropson the period covered is/, thropson the period cover the per	ough O The peri leaving c		1, 2020 through the date of
Assumin	g Office: Date assumed//	<ul> <li>The peri of leavin</li> </ul>		, through the date
Candidat	e:Date of Election and office	e sought, if different than Part 1:		
4. Schedule S	Summary (must complete)	number of pages including	this cover page:	1
Schedules			, the core page	
☐ Sche	dule A-1 - Investments - schedule attached	Schedule C - Inco	ome, Loans, & Busines	s Positions – schedule attached
	dule A-2 - Investments – schedule attached	_	ome – Gifts – schedule	
Sche	dule B - Real Property - schedule attached	Schedule E - Inco	ome – Gifts – Travel Pa	yments – schedule attached
-or-				
x None -	No reportable interests on any schedule	)		
5. Verificatio	· ·			
MAILING ADDRE		CITY	STATE	ZIP CODE
(Business or Age	ncy Address Recommended - Public Document)			
DAYTIME TELEP		Half Moon Bay E-MAIL ADDRESS	CA	94019
	I reasonable diligence in preparing this statement. any attached schedules is true and complete. I a			vledge the information contained
	r penalty of perjury under the laws of the Stat			
-				
Data Signad	02/12/2021	Signature Robert (	harles Feldman	

Date Signed 02/12/2021	Signature Robert Charles Feldman
(month, day, year)	(File the originally signed paper statement with your filing official.)

FAIR POLITICAL PRACTICES COMMISSION

A PUBLIC DOCUMENT

## STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Initial Filing Received
Filing Official Use Only

E-Filed 02/10/2021 08:21:19 Filing ID:

Please type or print in ink.				197399557
NAME OF FILER (LAST)		(FIRST)		(MIDDLE)
Coverdell, Kenneth Lee				
1. 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	acronyms)		
Agency:		_ Position:		
2. Jurisdiction of Office (Check at least one box)				
		Uudge, Retir (Statewide J	ed Judge, Pro Tem Jud	ge, or Court Commissioner
Multi-County		$\overline{\mathbf{X}}$ County of $\underline{\mathbf{S}}$	,	
□ City of		Other		
3. Type of Statement (Check at least one box)				
X Annual:The period covered is January 1, 2020 through December 31, 2020		Leaving Of	fice: Date Left (Check	// one circle)
-or- The period covered is/, throu	uah			1, 2020 through the date of
December 31, 2020	agn	leaving o	office.	
Assuming Office: Date assumed//		<ul> <li>The period</li> <li>of leaving</li> </ul>		/, through the date
Candidate:Date of Election and office	sought, if dif	fferent than Part 1:		
	number of	f pages including	this cover page:	4
Schedules attached				
Schedule A-1 - Investments – schedule attached		X Schedule C - Inco	ome, Loans, & Busines	s Positions - schedule attached
Schedule A-2 - Investments – schedule attached			ome – Gifts – schedule	
Schedule B - Real Property – schedule attached		Schedule E - Inco	ome – Gifts – Travel P	ayments - 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)				
DAYTIME TELEPHONE NUMBER	Half M	100n Bay E-MAIL ADDRESS	CA	94019
I have used all reasonable diligence in preparing this statement. herein and in any attached schedules is true and complete. I ad				wledge the information contained
I certify under penalty of perjury under the laws of the State	-			
Date Signed 02/10/2021 (month, day, year)	Si	ignature <u>Kenneth</u> (Fi	Lee Coverdell le the originally signed paper sta	tement with 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

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:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
	\$2,000 - \$1,999 \$2,000 - \$10,000 \$2,000 - \$10,000
\$10,001 - \$100,000 ACQUIRED DISPOSED	S10,001 - \$100,000 ACQUIRED DISPOSED
S100,001 - \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Partnership     Sole Proprietorship     X     Corporation     Other	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>	▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
□ \$0 - \$499 □ \$10,001 - \$100,000	\$0 - \$499 \$10,001 - \$100,000
S500 - \$1,000 X OVER \$100,000 X OVER \$100,000	S500 - \$1,000 OVER \$100,000
<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 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 REAL PROPERTY	INVESTMENT REAL PROPERTY
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 or	Description of Business Activity or
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	\$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
Property Ownership/Deed of Trust Stock Partnership 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 Rent	
ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
501 Purisima Way CITY	CITY
Half Moon Bay         FAIR MARKET VALUE       IF APPLICABLE, LIST DATE:         \$2,000 - \$10,000       ///20         \$10,001 - \$100,000       ///20         \$100,001 - \$1,000,000       ACQUIRED         DISPOSED       DISPOSED	FAIR MARKET VALUE       IF APPLICABLE, LIST DATE:         \$2,000 - \$10,000      //20         \$10,001 - \$100,000      //20         \$100,001 - \$1,000,000      //20         Over \$1,000,000
NATURE OF INTEREST         X       Ownership/Deed of Trust         Leasehold	NATURE OF INTEREST
Yrs. remaining         Other           IF RENTAL PROPERTY, GROSS INCOME RECEIVED         If \$1,001 - \$10,000           If \$10,001 - \$100,000         OVER \$100,000	Yrs. remaining         Other           IF RENTAL PROPERTY, GROSS INCOME RECEIVED           \$0 - \$499         \$500 - \$1,000         \$1,001 - \$10,000           \$10,001 - \$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

011700170-NFH-0170

#### 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 ON Income - Business Position On
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
□ \$10,001 - \$100,000	☐ \$10,001 - \$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	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 (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)

FAIR POLITICAL PRACTICES COMMISSION

A PUBLIC DOCUMENT

### STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Initial Filing Received
Filing Official Use Only

E-Filed 03/10/2021 09:08:58 Filing ID:

Please type or print in ink.				199347232
NAME OF FILER (LAS	T)	(FIRST)		(MIDDLE)
Mickelsen, Christian Ronald				
1. Office, Agency, or Court				
Agency Name (Do not use acronyms)				
SAN MATEO COUNTY				
Division, Board, Department, District, if appli	cable	Your Position		
Coastside County Water District	:	Director		
► If filing for multiple positions, list below or	on an attachment. (Do not us	e acronyms)		
Agency:		Position:		
2. Jurisdiction of Office (Check at le	east one box)			
State	,	Judge, Retired Judg (Statewide Jurisdicti		, or Court Commissioner
Multi-County		X County of San Ma	,	
City of		Other		
3. Type of Statement (Check at least	one box)			
X Annual: The period covered is Januar	ry 1, 2020 through	Leaving Office: D		
December 31, 2020 -or-			(Check on	,
The period covered is/ December 31, 2020	/, through	leaving office.	red is January 1,	2020 through the date of
Assuming Office: Date assumed	//	<ul> <li>The period cover of leaving office</li> </ul>		, through the date
Candidate:Date of Election	and office sought, if	different than Part 1:		
4. Schedule Summary (must comp	lete) ► Total number	of pages including this	cover page: _	3
Schedules attached			pager =	
Schedule A-1 - Investments – sche	edule attached	Schedule C - Income I o	ans & Rusiness	Positions – schedule attached
Schedule A-2 - Investments – sche		Schedule D - Income - 0	,	
Schedule B - Real Property – sche	edule attached			nents – schedule attached
-or-				
□ <b>None -</b> No reportable interests	on any schedule			
5. Verification				
MAILING ADDRESS STREET	CITY		STATE	ZIP CODE
(Business or Agency Address Recommended - Public D	ocument)			
DAYTIME TELEPHONE NUMBER	Half	Moon Bay E-MAIL ADDRESS	CA	94019
I have used all reasonable diligence in prepa	ring this statement. I have rev	ewed this statement and to the	best of my knowle	dae the information contained
herein and in any attached schedules is true			Soot of my knowld	
I certify under penalty of perjury under the	ne laws of the State of Califo	rnia that the foregoing is true	and correct.	
Date Signed 03/10/2021		Signature <u>Christian Ron</u>	ald Mickelse	n

SCHEDU Interests in Re (Including Rent	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      20202020         \$10,001 - \$100,000      202020         \$100,001 - \$1,000,000	<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

SCHEDU Interests in Re (Including Rent	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</li> <li><u>155 Broadway</u> CITY</li> <li><u>Half Moon Bay</u> FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000</li> <li><u>\$100,001 - \$1,000,000</u></li> <li>MATURE OF INTEREST</li> <li><u>``Ownership/Deed of Trust</u></li> <li><u>Leasehold</u></li> <li><u>``Yrs. remaining</u></li> <li><u>``Other</u></li> <li>IF RENTAL PROPERTY, GROSS INCOME RECEIVED</li> <li><u>\$0 - \$499</u></li> <li>\$500 - \$1,000</li> <li>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.</li> <li><u>``None</u></li> <li>Name (s) redacted</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

FAIR POLITICAL PRACTICES COMMISSION

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE A PUBLIC DOCUMENT

Date Initial Filing Received Filing Official Use Only

Please type or print in ink.		A PUBL	LIC DOCUM	IEN I	
NAME OF FILER (LAST) MULLER	(FIRST)			(MIDDLE)	
. Office, Agency, or Court	JOHN			Н.	
Agency Name (Do not use acron					
COASTSIDE COUNTY W					
Division, Board, Department, Distri	ict, if applicable		Your Position	n	
ZONE 4			DIRECT	OR	
If filing for multiple positions, lis	st below or on an attachme	ent. (Do not use			
Agency:			Position:		
Jurisdiction of Office (ch					
	leck at least one box)				
			UJudge, Ret (Statewide)	ired Judge, Pro Tem J Jurisdiction)	ludge, or Court Commissioner
Multi-County					
City of				ECIAL DISTRIC	
. Type of Statement (Check					•
Annual: The period covered i December 31, 2020.	is January 1, 2020, through	1	Leaving C	Office: Date Left (Check on	
-or- The period covered i December 31, 2020.	s//	, through	leaving	riod covered is Janua	ry 1, 2020, through the date of
Assuming Office: Date assur	med <u>12 / 08 / 202</u>	0	-or- O The pe		J, through
Candidate: Date of Election _	and	office sought, if			
Schedule Summary (mus Schedules attached				ing this cover pa	
Schedule A-1 - Investments	- schedule attached	□ s	chedule C - Incon	ne Loans & Rusiness	s Positions - schedule attached
Schedule A-2 - Investments	- schedule attached		chedule D - Incon	ne - Gifts - schedule	attached
Schedule B - Real Property	- schedule attached				yments - schedule attached
Dr= None - No montal	interest				
or-  No reportable Verification	interests on any sche	aule			
MAILING ADDRESS STREET		0.00			
(Business or Agency Address Recommended -	- Public Document)	CITY		STATE	ZIP CODE
PO BOX 218 DAYTIME TELEPHONE NUMBER		HALF MO		CA	94019
(650) 464-8226		E	AIL ADDRESS		
I have used all reasonable diligence i	n preparing this statement.	hour routioned	Alata adata da da	ler@gmail.com	wledge the information contains
Communication and April 2019 (2019) 2019 (2019)	and dire dire complete. I t	acknowledge tills	is a public docume	ent.	
I certify under penalty of perjury u	inder the laws of the Stat	te of California t	hat the foregoing	is true and correct.	. 00
			11 0		
Date Signed 01/19/2021		Signa	KO	A 11	A. X.

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

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700

Name

MULLER, JOHN h.

D AND I SHIT I SHIT	
DAYLIGHT FARMS, LLC	► 1. BUSINESS ENTITY OR TRUST
Name PO BOX 218, HALF MOON BAY, CA 94019	Name
Address (Business Address Acceptable)	Address (Pusinger Address
Check one	Address (Business Address Acceptable) Check one
□ Trust, go to 2 □ 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
FAIR MARKET VALUE       IF APPLICABLE, LIST DATE:         \$0 - \$1,999       \$2,000 - \$10,000         \$10,001 - \$100,000      //20         \$\$10,001 - \$1,000,000       ACQUIRED         \$\$100,001 - \$1,000,000       Over \$1,000,000	FAIR MARKET VALUE       IF APPLICABLE, LIST DATE:         \$0 - \$1,999       //20         \$2,000 - \$10,000       //20         \$10,001 - \$100,000       ACQUIRED         \$100,001 - \$1,000,000       Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
YOUR BUSINESS POSITION PARTNER	- YOUR BUSINESS POSITION
<ul> <li>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</li> </ul>	ATA ► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
\$0 - \$499     \$10,001 - \$100,000     \$500 - \$1,000     ✓ OVER \$100,000     \$1,001 - \$10,000     \$1,001 - \$10,000	\$0 - \$499 \$10,001 - \$100,000 \$500 - \$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.)     None or Names listed below	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.)	3. LIST THE NAME OF FACH REPORTABLE SINCLE SOURCE OF
A. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST	<ul> <li>3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)</li> <li>None or Names listed below</li> <li>4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST</li> </ul>
A. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST	<ul> <li>3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)</li> <li>None or Names listed below</li> <li>4. INVESTMENTS AND INTERESTS IN REAL PROPERTY LIFT DOC</li> </ul>
A. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY	<ul> <li>3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)</li> <li>None or Names listed below</li> <li>4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:</li> </ul>
A. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY Vame of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property Description of Business Activity or	3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)   None None   • 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST   Check one box:   INVESTMENT   REAL PROPERTY   Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property   Description of Business Activity or
A. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY lame of Business Entity, if Investment, or sseessor's Parcel Number or Street Address of Real Property Rescription of Business Activity or ity or Other Precise Location of Real Property	> 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)         □ None or □ Names listed below         > 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST         Check one box: □ INVESTMENT □ REAL PROPERTY         ■ INVESTMENT □ REAL PROPERTY         Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property         Description of Business Activity or City or Other Precise Location of Real Property         FAIR MARKET VALUE       IF APPLICABLE, LIST DATE: \$2,000 - \$10,000         □ \$10,001 - \$1,000,000       _/
A. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR         LEASED BY THE BUSINESS ENTITY OR TRUST         Check one box:         INVESTMENT         REAL PROPERTY         INVESTMENT         REAL PROPERTY         INVESTMENT         REAL PROPERTY         Investment, or         INVESTMENT         INVESTMENT         REAL PROPERTY         Iame of Business Entity, if Investment, or         Issessor's Parcel Number or Street Address of Real Property         IR MARKET VALUE       IF APPLICABLE, LIST DATE:         \$2,000 - \$10,000       _/	> 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)         □ None or □ Names listed below         > 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST         Check one box: □ INVESTMENT □ REAL PROPERTY         □ INVESTMENT □ REAL PROPERTY         Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property         Description of Business Activity or City or Other Precise Location of Real Property         FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$100,001 - \$1,000,000       Image: Activity of Image: Activities of Accoursed of Accourse of Accoursed of Accoursed of Stoppion         NATURE OF INTEREST       □         Prometry (Description of Neterest)       □         ACQUIRED       □         Stoppion       □         NATURE OF INTEREST       □
A. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST         Check one box:         INVESTMENT         REAL PROPERTY         Nume of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property         Description of Business Activity or Vity or Other Precise Location of Real Property         AIR MARKET VALUE       IF APPLICABLE, LIST DATE:         \$2,000 - \$100,000       _/	> 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)         □ None or □ Names listed below         > 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST         Check one box: □ INVESTMENT □ REAL PROPERTY         Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property         Description of Business Activity or City or Other Precise Location of Real Property         FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$1,000,000       IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$100,001 - \$1,000,000

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

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

Name

MULLER, JOHN H.

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 923 MIRAMONTES ST.	<ul> <li>ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 925 MIRAMONTES ST.</li> </ul>			
CITY HALF MOON BAY	CITY HALF MOON AY			
FAIR MARKET VALUE       IF APPLICABLE, LIST DATE:         \$2,000 - \$10,000       IF APPLICABLE, LIST DATE:         \$10,001 - \$100,000      //20         \$100,001 - \$1,000,000       ACQUIRED         J Over \$1,000,000       Over \$1,000,000	FAIR MARKET VALUE       IF APPLICABLE, LIST DATE:         \$2,000 - \$10,000       ///20         \$10,001 - \$100,000       ///20         \$100,001 - \$1,000,000       ACQUIRED         DISPOSED			
NATURE OF INTEREST				
✓ Ownership/Deed of Trust  Easement	NATURE OF INTEREST			
-	✓ Ownership/Deed of Trust Easement			
Leasehold Other	Leasehold			
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	Yrs. remaining Other			
	IF RENTAL PROPERTY, GROSS INCOME RECEIVED			
	\$1,001 - \$499			
S10,001 - \$100,000	S10,001 - \$100,000			
SOURCES OF RENTAL INCOME: If you own a 10% or greater	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of			
	Income of \$10,000 or more.			
You are not required to report loans from a commercie	Income of \$10,000 or more.			
You are not required to report loans from a commercia business on terms available to members of the public loans received not in a lender's regular course of busin NAME OF LENDER*	Al lending institution made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows:			
You are not required to report loans from a commercia business on terms available to members of the public loans received not in a lender's regular course of busin	Al lending institution made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows:			
You are not required to report loans from a commercia business on terms available to members of the public loans received not in a lender's regular course of busin NAME OF LENDER*	Al lending institution made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows:			
You are not required to report loans from a commercia business on terms available to members of the public loans received not in a lender's regular course of busin	Al lending institution made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER			
You are not required to report loans from a commercia business on terms available to members of the public loans received not in a lender's regular course of busin NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	Al lending institution made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)			
You are not required to report loans from a commercial business on terms available to members of the public loans received not in a lender's regular course of busin         NAME OF LENDER*         ADDRESS (Business Address Acceptable)         BUSINESS ACTIVITY, IF ANY, OF LENDER         NTEREST RATE       TERM (Months/Years)        %       None	Al lending institution made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) %None			
You are not required to report loans from a commercial business on terms available to members of the public loans received not in a lender's regular course of busin         NAME OF LENDER*         ADDRESS (Business Address Acceptable)         BUSINESS ACTIVITY, IF ANY, OF LENDER         NTEREST RATE       TERM (Months/Years)        %       None         HIGHEST BALANCE DURING REPORTING PERIOD	Al lending institution made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) %  [] None HIGHEST BALANCE DURING REPORTING PERIOD			
You are not required to report loans from a commercial business on terms available to members of the public loans received not in a lender's regular course of busin         NAME OF LENDER*         ADDRESS (Business Address Acceptable)         BUSINESS ACTIVITY, IF ANY, OF LENDER         NTEREST RATE       TERM (Months/Years)        %       None         HIGHEST BALANCE DURING REPORTING PERIOD         \$500 - \$1,000       \$1,001 - \$10,000	Al lending institution made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) % [] None HIGHEST BALANCE DURING REPORTING PERIOD [] \$500 - \$1,000 ] \$1,001 - \$10,000			
You are not required to report loans from a commercial business on terms available to members of the public loans received not in a lender's regular course of busin         NAME OF LENDER*         ADDRESS (Business Address Acceptable)         BUSINESS ACTIVITY, IF ANY, OF LENDER         NTEREST RATE       TERM (Months/Years)        %       None         HIGHEST BALANCE DURING REPORTING PERIOD	ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE INTEREST RATE HIGHEST BALANCE DURING REPORTING PERIOD			

Comments: OUR RESIDENCE AND FARM

OUR FARM

FAIR POLITICAL PRACTICES COMMISSION

A PUBLIC DOCUMENT

## STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Initial Filing Received
Filing Official Use Only
E-Filed

E-Filed 03/09/2021 10:08:43 Filing ID:

Please type or print in ink.					199244488
NAME OF FILER	(LAST)		(FIRST)		(MIDDLE)
Rogren, Mary Elizabe	th				
1. Office, Agency, or	Court				
Agency Name (Do not us	e acronyms)				
SAN MATEO COUNTY					
Division, Board, Departme	nt, District, if applicable		Your Position		
Coastside County W	ater District		General Ma	anager	
► If filing for multiple position	tions, list below or on an attachmen	nt. (Do not us	e acronyms)		
Agency:			Position:		
2. Jurisdiction of Off	ice (Check at least one box)				
State	,		Judge, Retir (Statewide		ge, or Court Commissioner
Multi-County				San Mateo	
-					
-					
3. Type of Statement	(Check at least one box)				
December 3	covered is January 1, 2020 throug 1, 2020	gh	Leaving Of	ffice: Date Left/	/ ne circle)
-or- The period of	covered is/, th	nrough			1, 2020 through the date of
December	31, 2020	-	leaving		
Assuming Office: D	ate assumed///	_		iod covered is/_ ng office.	, through the date
Candidate:Date of Ele	ection and off	fice sought, if a	lifferent than Part 1:		
4. Schedule Summary		I number o	of pages including	g this cover page:	2
Schedules attached	1				
	nvestments – schedule attached		_	, ,	s Positions - schedule attached
	nvestments – schedule attached			ome – Gifts – schedule	
—	al Property – schedule attached		Schedule E - Inc	ome – Gifts – Travel Pa	yments – schedule attached
-or-					
□ None - No report	table interests on any schedu	ıle			
5. Verification					
MAILING ADDRESS	STREET	CITY		STATE	ZIP CODE
(Business or Agency Address Re	commended - Public Document)	1.6			
DAYTIME TELEPHONE NUMBER	۲	Halt	Moon Bay E-MAIL ADDRESS	CA	94019
( )					
	diligence in preparing this statemend schedules is true and complete.				vledge the information contained
	f perjury under the laws of the St	•			
	01				
Date Signed03/09/20	(month, day, year)		Signature <u>Mary El:</u>	izabeth Rogren ile the originally signed paper state	ement with your filing official.)

SCHEDU Interests in Re (Including Rent	eal Property
► 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       ///20         \$10,001 - \$100,000       ///20         \$100,001 - \$1,000,000       ACQUIRED         DISPOSED	FAIR MARKET VALUE       IF APPLICABLE, LIST DATE:         \$2,000 - \$10,000       ///20         \$10,001 - \$100,000       ///20         \$100,001 - \$1,000,000       ACQUIRED         Over \$1,000,000       DISPOSED
NATURE OF INTEREST	NATURE OF INTEREST
X Ownership/Deed of Trust	Ownership/Deed of Trust
Leasehold Other	Leasehold Dther
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*		
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		