

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
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NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Muller, John			

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

SAN MATEO COUNTY

Division, Board, Department, District, if applicable

Coastside County Water District

Your Position

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, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)☒ County of San Mateo☒ Other Special District - Coastside County Water District**3. Type of Statement (Check at least one box)**☒ **Annual:** The period covered is January 1, 2022 through
December 31, 2022.

-or-

The period covered is 01 / 01 / 2022, through
December 31, 2022.☐ **Assuming Office:** Date assumed ____/____/____☐ **Leaving Office:** Date Left ____/____/____
(Check one circle)☐ The period covered is January 1, 2022 through the date
of leaving office.☐ The period covered is ____/____/____, through the date
of leaving office.☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____**4. Schedule Summary (required)**► Total number of pages including this cover page: 3**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)				
		Half Moon Bay	CA	94019
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS		
()				

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 02/13/2023
 (month, day, year)

 Signature John Muller
 (File the originally signed paper 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
FAIR POLITICAL PRACTICES COMMISSION	
Name	
Muller, John	

▶ 1. BUSINESS ENTITY OR TRUST

Daylight Farms, LLC

Name

Half Moon Bay, CA 94019

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS

Farm

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$0 - \$1,999☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☒ \$100,001 - \$1,000,000☐ Over \$1,000,000
 ____/____/22
 ACQUIRED

 ____/____/22
 DISPOSED

NATURE OF INVESTMENT

☐ Partnership☐ Sole Proprietorship☒ LLC

Other

YOUR BUSINESS POSITION CO OWNER**▶ 1. BUSINESS ENTITY OR TRUST**

DAYLIGHT FARMS LLC

Name

Half Moon Bay, CA 94019

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS

FARMING OPERATION

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$0 - \$1,999☐ \$2,000 - \$10,000☒ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☐ Over \$1,000,000
 ____/____/22
 ACQUIRED

 ____/____/22
 DISPOSED

NATURE OF INVESTMENT

☐ Partnership☐ Sole Proprietorship☒ LLC

Other

YOUR BUSINESS POSITION CO OWNER**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA 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**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA 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**▶ 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.)☒ 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

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☐ Over \$1,000,000
 ____/____/22
 ACQUIRED

 ____/____/22
 DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust☐ Stock☐ Partnership
☐ Leasehold _____
 Yrs. remaining
☐ Other _____
☐ Check box if additional schedules reporting investments or real property
 are attached
▶ 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

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☐ Over \$1,000,000
 ____/____/22
 ACQUIRED

 ____/____/22
 DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust☐ Stock☐ Partnership
☐ Leasehold _____
 Yrs. remaining
☐ Other _____
☐ Check box if additional schedules reporting investments or real property
 are attached

Comments: _____

SCHEDULE B

Interests in Real Property

(Including Rental Income)

Name

Muller, John

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

923 Miramontes Street

CITY

Half Moon Bay

FAIR MARKET VALUE

☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☒ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/22	____/____/22
ACQUIRED	DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust☐ Easement☐ Leasehold

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.

☐ None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE

☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/22	____/____/22
ACQUIRED	DISPOSED

NATURE OF INTEREST

☐ Ownership/Deed of Trust☐ Easement☐ Leasehold

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.

☐ None

* You are not required to report loans from a commercial lending institution 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*

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☐ \$10,001 - \$100,000☐ OVER \$100,000☐ Guarantor, if applicable

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☐ \$10,001 - \$100,000☐ OVER \$100,000☐ Guarantor, if applicable

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
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 Date Initial Filing Received
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 03/06/2023
 13:15:31

 Filing ID:
 206802419

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)

SAN MATEO COUNTY

Division, Board, Department, District, if applicable

Coastside County Water District

Your Position

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, Retired Judge, Pro Tem 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, 2022 through
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-or-

The period covered is ____/____/____, through
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(Check one circle)☐ The period covered is January 1, 2022 through the date
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of leaving office.☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____**4. Schedule Summary (required)**► 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)

Half Moon Bay

CA

94019

DAYTIME TELEPHONE NUMBER

()

E-MAIL ADDRESS

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 03/06/2023
(month, day, year)Signature Robert Charles Feldman
(File the originally signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS
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 Date Initial Filing Received
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 03/16/2023
 09:39:30

 Filing ID:
 207098086

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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

Coastside County Water District

Your Position

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, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)☒ County of San Mateo☐ Other _____**3. Type of Statement (Check at least one box)**☒ **Annual:** The period covered is January 1, 2022 through December 31, 2022.

-or-

The period covered is ____/____/____, through December 31, 2022.

☐ **Assuming Office:** Date assumed ____/____/____☐ **Leaving Office:** Date Left ____/____/____ (Check one circle)☐ The period covered is January 1, 2022 through the date of leaving office.☐ The period covered is ____/____/____, through the date of leaving office.☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____**4. Schedule Summary (required)**► Total number of pages including this cover page: 4**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)				

Half Moon Bay

CA

94019

DAYTIME TELEPHONE NUMBER

()

E-MAIL ADDRESS

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 03/16/2023
 (month, day, year)

 Signature Kenneth Lee Coverdell
 (File the originally signed paper 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
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <div style="border-bottom: 1px solid black; margin-top: 5px;">Coverdell, Kenneth Lee</div>

▶ 1. BUSINESS ENTITY OR TRUST

Blue Sky Designs, Inc.

Name

Half Moon Bay, Ca 94019

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS

Landscape Contractor

FAIR MARKET VALUE☐ \$0 - \$1,999☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☒ Over \$1,000,000**IF APPLICABLE, LIST DATE:**

____/____/22

ACQUIRED

____/____/22

DISPOSED

NATURE OF INVESTMENT☐ Partnership☐ Sole Proprietorship☒ Corporation

Other

YOUR BUSINESS POSITION President**▶ 1. BUSINESS ENTITY OR TRUST**

Name

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS**FAIR MARKET VALUE**☐ \$0 - \$1,999☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☐ Over \$1,000,000**IF APPLICABLE, LIST DATE:**

____/____/22

ACQUIRED

____/____/22

DISPOSED

NATURE OF INVESTMENT☐ Partnership☐ Sole Proprietorship☐

Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA 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**▶ 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 - \$100,000☐ \$100,001 - \$1,000,000☐ Over \$1,000,000**IF APPLICABLE, LIST DATE:**

____/____/22

ACQUIRED

____/____/22

DISPOSED

NATURE OF INTEREST☐ Property Ownership/Deed of Trust☐ Stock☐ Partnership☐ Leasehold _____
Yrs. remaining☐ Other _____☐ Check box if additional schedules reporting investments or real property are attached**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA 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**▶ 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 - \$100,000☐ \$100,001 - \$1,000,000☐ Over \$1,000,000**IF APPLICABLE, LIST DATE:**

____/____/22

ACQUIRED

____/____/22

DISPOSED

NATURE OF INTEREST☐ Property Ownership/Deed of Trust☐ Stock☐ Partnership☐ Leasehold _____
Yrs. remaining☐ Other _____☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE B

Interests in Real Property

(Including Rental Income)

Name

Coverdell, Kenneth Lee

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

501 Purisima Way

CITY

Half Moon Bay

FAIR MARKET VALUE

☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☒ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/22	____/____/22
ACQUIRED	DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust☐ Easement☐ Leasehold

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.

☒ None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE

☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/22	____/____/22
ACQUIRED	DISPOSED

NATURE OF INTEREST

☐ Ownership/Deed of Trust☐ Easement☐ Leasehold

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.

☐ None

* You are not required to report loans from a commercial lending institution 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*

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☐ \$10,001 - \$100,000☐ OVER \$100,000☐ Guarantor, if applicable

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☐ \$10,001 - \$100,000☐ OVER \$100,000☐ 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

NAME OF SOURCE OF INCOME

Blue Sky Designs, Inc.

ADDRESS (Business Address Acceptable)

Half Moon Bay, Ca 94019

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Landscape Contractor

YOUR BUSINESS POSITION

President

GROSS INCOME RECEIVED ☐ No Income - Business Position Only

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☒ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☒ 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.)

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

(Describe)

☐ Other _____
(Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED ☐ No Income - Business Position Only

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ 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.)

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

(Describe)

☐ Other _____
(Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* 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*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

SECURITY FOR LOAN

☐ None

☐ Personal residence

☐ Real Property _____

Street address

City

☐ Guarantor _____

☐ Other _____

(Describe)

Comments: _____

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 207234592

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

San Mateo County

Division, Board, Department, District, if applicable

San Mateo Local Agency Formation Commission

Your Position

Alternate Member

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

Agency: *SEE ATTACHED FOR ADDITIONAL POSITIONS

Position: _____

2. Jurisdiction of Office (Check at least one box)☐ State☐ Multi-County _____☐ City of _____☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)☒ County of San Mateo☐ Other _____**3. Type of Statement (Check at least one box)**☒ **Annual:** The period covered is January 1, 2022 through
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-or-

The period covered is ____/____/____, through
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(Check one circle)☐ The period covered is January 1, 2022 through the date
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of leaving office.☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____**4. Schedule Summary (required)**► Total number of pages including this cover page: 4**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)				
		Half Moon Bay	CA	94019
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS		
()				

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 03/22/2023
 (month, day, year)

 Signature Christian Ronald Mickelsen
 (File the originally signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
Expanded Statement Attachment

CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name Christian Ronald Mickelsen

* 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	Assuming Office 3/15/2023	011700170-NFH-0170
SAN MATEO COUNTY	Coastside County Water	Director	Annual 1/1/2022 - 12/31/2022	011700170-NFH-0170

SCHEDULE B

Interests in Real Property

(Including Rental Income)

Name

Mickelsen, Christian Ronald

▶ 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☐ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☒ Over \$1,000,000____/____/22
ACQUIRED____/____/22
DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust☐ Easement☐ Leasehold

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.

☐ None

Name(s) redacted

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

1927 Hayes Street #2

CITY

San Francisco

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☒ Over \$1,000,000____/____/22
ACQUIRED____/____/22
DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust☐ Easement☐ Leasehold

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.

☐ None

Name(s) redacted

* You are not required to report loans from a commercial lending institution 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*

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☐ \$10,001 - \$100,000☐ OVER \$100,000☐ Guarantor, if applicable

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☐ \$10,001 - \$100,000☐ OVER \$100,000☐ Guarantor, if applicable

Comments: _____

SCHEDULE B

Interests in Real Property

(Including Rental Income)

Name

Mickelsen, Christian Ronald

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

107 Broadway

CITY

Half Moon Bay

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☒ Over \$1,000,000
 _____/_____/22 _____/_____/22
 ACQUIRED DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust☐ Easement☐ Leasehold

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.

☐ None

Name(s) redacted

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

155 Broadway

CITY

Half Moon Bay

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☒ Over \$1,000,000
 _____/_____/22 _____/_____/22
 ACQUIRED DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust☐ Easement☐ Leasehold

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.

☐ None

Name(s) redacted

* You are not required to report loans from a commercial lending institution 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*

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☐ \$10,001 - \$100,000☐ OVER \$100,000☐ Guarantor, if applicable

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☐ \$10,001 - \$100,000☐ OVER \$100,000☐ Guarantor, if applicable

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
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NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Mickelsen, Christian Ronald			

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

San Mateo County

Division, Board, Department, District, if applicable

San Mateo Local Agency Formation Commission

Your Position

Alternate Member

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

Agency: *SEE ATTACHED FOR ADDITIONAL POSITIONS

Position: _____

2. Jurisdiction of Office (Check at least one box)☐ State☐ Multi-County _____☐ City of _____☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)☒ County of San Mateo☐ Other _____**3. Type of Statement (Check at least one box)**☒ **Annual:** The period covered is January 1, 2022 through
December 31, 2022.

-or-

The period covered is ____/____/____, through
December 31, 2022.☒ **Assuming Office:** Date assumed 03 / 15 / 2023
See attached☐ **Leaving Office:** Date Left ____/____/____
(Check one circle)☐ The period covered is January 1, 2022 through the date
of leaving office.☐ The period covered is ____/____/____, through the date
of leaving office.☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____**4. Schedule Summary (required)**► Total number of pages including this cover page: 4**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)

Half Moon Bay

CA

94019

DAYTIME TELEPHONE NUMBER

()

E-MAIL ADDRESS

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 03/22/2023
(month, day, year)Signature Christian Ronald Mickelsen
(File the originally signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
Expanded Statement Attachment

CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name Christian Ronald Mickelsen

* 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	Assuming Office 3/15/2023	011700170-NFH-0170
SAN MATEO COUNTY	Coastside County Water	Director	Annual 1/1/2022 - 12/31/2022	011700170-NFH-0170

SCHEDULE B

Interests in Real Property

(Including Rental Income)

Name

Mickelsen, Christian Ronald

▶ 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☐ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☒ Over \$1,000,000
 ____/____/22 ____/____/22
 ACQUIRED DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust☐ Easement☐ Leasehold

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.

☐ None

Name(s) redacted

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

1927 Hayes Street #2

CITY

San Francisco

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☒ Over \$1,000,000
 ____/____/22 ____/____/22
 ACQUIRED DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust☐ Easement☐ Leasehold

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.

☐ None

Name(s) redacted

* You are not required to report loans from a commercial lending institution 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*

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☐ \$10,001 - \$100,000☐ OVER \$100,000☐ Guarantor, if applicable

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☐ \$10,001 - \$100,000☐ OVER \$100,000☐ Guarantor, if applicable

Comments: _____

SCHEDULE B

Interests in Real Property

(Including Rental Income)

Name

Mickelsen, Christian Ronald

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

107 Broadway

CITY

Half Moon Bay

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☒ Over \$1,000,000
 _____/_____/22 _____/_____/22
 ACQUIRED DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust☐ Easement☐ Leasehold

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.

☐ None

Name(s) redacted

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

155 Broadway

CITY

Half Moon Bay

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☒ Over \$1,000,000
 _____/_____/22 _____/_____/22
 ACQUIRED DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust☐ Easement☐ Leasehold

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.

☐ None

Name(s) redacted

* You are not required to report loans from a commercial lending institution 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*

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☐ \$10,001 - \$100,000☐ OVER \$100,000☐ Guarantor, if applicable

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☐ \$10,001 - \$100,000☐ OVER \$100,000☐ Guarantor, if applicable

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
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 Filing ID:
 207144508

Please type or print in ink.

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

Coastside County Water District

Your Position

Member

► 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, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)☒ County of San Mateo☐ Other _____**3. Type of Statement (Check at least one box)**☒ **Annual:** The period covered is January 1, 2022 through
December 31, 2022.

-or-

The period covered is ____/____/____, through
December 31, 2022.☐ **Assuming Office:** Date assumed ____/____/____☐ **Leaving Office:** Date Left ____/____/____
(Check one circle)☐ The period covered is January 1, 2022 through the date
of leaving office.☐ The period covered is ____/____/____, through the date
of leaving office.☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____**4. Schedule Summary (required)**► Total number of pages including this cover page: 3**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)				

Half Moon Bay

CA

94019

DAYTIME TELEPHONE NUMBER

()

E-MAIL ADDRESS

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 03/17/2023
(month, day, year)Signature Glenn E Reynolds
(File the originally signed paper 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
<small>FAIR POLITICAL PRACTICES COMMISSION</small>	
Name	
Reynolds, Glenn E	

▶ 1. BUSINESS ENTITY OR TRUST

water solutions Incorporated

Name

Half moon bay, ca 94019

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS

Water Engineering and Consulting

FAIR MARKET VALUE

- ☐ \$0 - \$1,999
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☒ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/22 ____/____/22
 ACQUIRED DISPOSED

NATURE OF INVESTMENT

- ☐ Partnership ☐ Sole Proprietorship ☒ stockholder and officer
 Other

YOUR BUSINESS POSITION Principal**▶ 1. BUSINESS ENTITY OR TRUST**

Name

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS**FAIR MARKET VALUE**

- ☐ \$0 - \$1,999
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/22 ____/____/22
 ACQUIRED DISPOSED

NATURE OF INVESTMENT

- ☐ Partnership ☐ Sole Proprietorship ☐ Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA 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

▶ 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 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/22 ____/____/22
 ACQUIRED DISPOSED

NATURE OF INTEREST

- ☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____
 Yrs. remaining

☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA 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

▶ 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 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/22 ____/____/22
 ACQUIRED DISPOSED

NATURE OF INTEREST

- ☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____
 Yrs. remaining

☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

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
NAME OF SOURCE OF INCOME
Water Solutions incorporated
ADDRESS (Business Address Acceptable)
Half Moon Bay, ca 94019
BUSINESS ACTIVITY, IF ANY, OF SOURCE
engineering consultant
YOUR BUSINESS POSITION
principal
GROSS INCOME RECEIVED ☐ No Income - Business Position Only

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☒ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☒ 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.)

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

(Describe)

☐ Other _____
(Describe)

▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION
GROSS INCOME RECEIVED ☐ No Income - Business Position Only

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☐ 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.)

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

(Describe)

☐ Other _____
(Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* 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*
ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER
HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

INTEREST RATE

 _____% ☐ None

TERM (Months/Years)
SECURITY FOR LOAN
☐ None

☐ Personal residence

☐ Real Property _____

Street address

City

☐ Guarantor _____

☐ Other _____

(Describe)

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
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 Date Initial Filing Received
 Filing Official Use Only

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 14:29:07

 Filing ID:
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Please type or print in ink.

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

Rogren, Mary Elizabeth

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

SAN MATEO COUNTY

Division, Board, Department, District, if applicable

Coastside County Water District

Your Position

General Manager

► 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, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)☒ County of San Mateo☐ Other _____**3. Type of Statement (Check at least one box)**☒ **Annual:** The period covered is January 1, 2022 through
December 31, 2022.

-or-

The period covered is ____/____/____, through
December 31, 2022.☐ **Assuming Office:** Date assumed ____/____/____☐ **Leaving Office:** Date Left ____/____/____
(Check one circle)☐ The period covered is January 1, 2022 through the date
of leaving office.☐ The period covered is ____/____/____, through the date
of leaving office.☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____**4. Schedule Summary (required)**► Total number of pages including this cover page: 2**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)

Half Moon Bay

CA

94019

DAYTIME TELEPHONE NUMBER

()

E-MAIL ADDRESS

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 02/13/2023
(month, day, year)Signature Mary Elizabeth Rogren
(File the originally signed paper statement with your filing official.)

SCHEDULE B

Interests in Real Property

(Including Rental Income)

Name

Rogren, Mary Elizabeth

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

250-260 Avenue Alhambra

CITY

El Granada, CA

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☒ Over \$1,000,000
 ____/____/22 ____/____/22
 ACQUIRED DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust☐ Easement☐ Leasehold

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.

☐ None

Name(s) redacted

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☐ Over \$1,000,000
 ____/____/22 ____/____/22
 ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Ownership/Deed of Trust☐ Easement☐ Leasehold

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.

☐ None

* You are not required to report loans from a commercial lending institution 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*

TIAA Bank

 ADDRESS (Business Address Acceptable)
 Jacksonville, FL 32202

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

3.25 %

☐ None

30 Years

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000☐ \$1,001 - \$10,000☐ \$10,001 - \$100,000☒ OVER \$100,000☐ Guarantor, if applicable

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☐ \$10,001 - \$100,000☐ OVER \$100,000☐ Guarantor, if applicable

Comments:

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A Public Document

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 02/23/2023
 14:20:28

 Filing ID:
 206596687

Please type or print in ink.

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

Miyaki, Patrick T

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

San Mateo County

Division, Board, Department, District, if applicable

Coastside County Water District

Your Position

Attorney

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

Agency: *SEE ATTACHED FOR ADDITIONAL POSITIONS

Position: _____

2. Jurisdiction of Office (Check at least one box)☐ State☐ Multi-County _____☐ City of _____☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)☒ County of San Mateo☐ Other _____**3. Type of Statement (Check at least one box)**☒ **Annual:** The period covered is January 1, 2022 through
December 31, 2022.

-or-

The period covered is ____/____/____, through
December 31, 2022.☐ **Assuming Office:** Date assumed ____/____/____☐ **Leaving Office:** Date Left ____/____/____
(Check one circle)☐ The period covered is January 1, 2022 through the date
of leaving office.☐ The period covered is ____/____/____, through the date
of leaving office.☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____**4. Schedule Summary (required)**► Total number of pages including this cover page: 6**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)

San Francisco

CA

94105

DAYTIME TELEPHONE NUMBER

()

E-MAIL ADDRESS

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 02/23/2023

(month, day, year)

Signature Patrick T Miyaki

(File the originally signed paper 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 1/1/2022 - 12/31/2022	011700170-NFH-0170
San Mateo County	Coastside County Water	Attorney	Annual 1/1/2022 - 12/31/2022	011700170-NFH-0170

SCHEDULE A-1**Investments****Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

*Investments must be itemized.**Do not attach brokerage or financial statements.***CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Miyaki, Patrick T

▶ NAME OF BUSINESS ENTITY

Hanson Bridgett LLP

GENERAL DESCRIPTION OF THIS BUSINESS

Law Firm

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock ☐ Other _____ (Describe)
☒ Partnership ☐ Income Received of \$0 - \$499
 ☒ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

 / /22 / /22
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

 / /22 / /22
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

 / /22 / /22
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

 / /22 / /22
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

 / /22 / /22
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

 / /22 / /22
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM	700
<small>FAIR POLITICAL PRACTICES COMMISSION</small>	
Name	
Miyaki, Patrick T	

▶ 1. BUSINESS ENTITY OR TRUST

Patrick and Edith Miyaki Trust

Name

San Francisco, CA 94105

Address (Business Address Acceptable)

Check one

☒ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2**GENERAL DESCRIPTION OF THIS BUSINESS**

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$0 - \$1,999☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☐ Over \$1,000,000____/____/22
ACQUIRED____/____/22
DISPOSED

NATURE OF INVESTMENT

☐ Partnership☐ Sole Proprietorship☐ _____

Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA 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**▶ 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

Half Moon Bay, CA 94019

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 - \$100,000☒ \$100,001 - \$1,000,000☐ Over \$1,000,000____/____/22
ACQUIRED____/____/22
DISPOSED

NATURE OF INTEREST

☒ Property Ownership/Deed of Trust☐ Stock☐ Partnership☐ Leasehold

____ Yrs. remaining

☐ Other☐ Check box if additional schedules reporting investments or real property are attached**▶ 1. BUSINESS ENTITY OR TRUST**

Name

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2**GENERAL DESCRIPTION OF THIS BUSINESS**

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$0 - \$1,999☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☐ Over \$1,000,000____/____/22
ACQUIRED____/____/22
DISPOSED

NATURE OF INVESTMENT

☐ Partnership☐ Sole Proprietorship☐ _____

Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA 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**▶ 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

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☐ Over \$1,000,000____/____/22
ACQUIRED____/____/22
DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust☐ Stock☐ Partnership☐ Leasehold

____ Yrs. remaining

☐ Other☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE B

Interests in Real Property

(Including Rental Income)

Name

Miyaki, Patrick T

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

340 Bridgeport Drive

CITY

Half Moon Bay

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☒ \$100,001 - \$1,000,000☐ Over \$1,000,000
 _____/_____/22 _____/_____/22
 ACQUIRED DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust☐ Easement☐ Leasehold

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.

☐ None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☐ Over \$1,000,000
 _____/_____/22 _____/_____/22
 ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Ownership/Deed of Trust☐ Easement☐ Leasehold

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.

☐ None

* You are not required to report loans from a commercial lending institution 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*

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☐ \$10,001 - \$100,000☐ OVER \$100,000☐ Guarantor, if applicable

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☐ \$10,001 - \$100,000☐ OVER \$100,000☐ 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
NAME OF SOURCE OF INCOME
Hanson Bridgett LLP
ADDRESS (Business Address Acceptable)
San Francisco, CA 94105
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legal Services
YOUR BUSINESS POSITION
Partner
GROSS INCOME RECEIVED ☐ No Income - Business Position Only

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☒ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☐ 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.)

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

(Describe)

☒ Other Profit Distribution

(Describe)

▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION
GROSS INCOME RECEIVED ☐ No Income - Business Position Only

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☐ 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.)

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

(Describe)

☐ Other _____
(Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* 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*
ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER
HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

INTEREST RATE

 _____% ☐ None

TERM (Months/Years)
SECURITY FOR LOAN
☐ None

☐ Personal residence

☐ Real Property

Street address

City

☐ Guarantor

☐ Other _____
(Describe)

Comments:

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
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 Filing ID:
 207211896

Please type or print in ink.

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

Teter, James S

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

San Mateo County

Division, Board, Department, District, if applicable

Coastside County Water District

Your Position

District Engineer

► 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, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)☒ County of San Mateo☐ Other _____**3. Type of Statement (Check at least one box)**☒ **Annual:** The period covered is January 1, 2022 through
December 31, 2022.

-or-

The period covered is ____/____/____, through
December 31, 2022.☐ **Assuming Office:** Date assumed ____/____/____☐ **Leaving Office:** Date Left ____/____/____
(Check one circle)☐ The period covered is January 1, 2022 through the date
of leaving office.☐ The period covered is ____/____/____, through the date
of leaving office.☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____**4. Schedule Summary (required)**► Total number of pages including this cover page: 3**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)

Half Moon Bay

CA

94019

DAYTIME TELEPHONE NUMBER

()

E-MAIL ADDRESS

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 03/21/2023
(month, day, year)Signature James S Teter
(File the originally signed paper statement with your filing official.)

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
NAME OF SOURCE OF INCOME
Coastside County Water District
ADDRESS (Business Address Acceptable)
Half Moon Bay, CA 94019
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Water Purveyor
YOUR BUSINESS POSITION
District Engineer
GROSS INCOME RECEIVED ☐ No Income - Business Position Only

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☒ \$10,001 - \$100,000

☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☐ 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.)

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

(Describe)

☒ Other Professional Services

(Describe)

▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION
GROSS INCOME RECEIVED ☐ No Income - Business Position Only

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☐ 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.)

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

(Describe)

☐ Other _____
(Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* 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*
ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER
HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

INTEREST RATE

_____% ☐ None

TERM (Months/Years)
SECURITY FOR LOAN
☐ None

☐ Personal residence

☐ Real Property

Street address

City

☐ Guarantor

☐ Other

(Describe)

Comments:

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A Public Document

 Date Initial Filing Received
 Filing Official Use Only

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 03/06/2023
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 Filing ID:
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NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Derbin, James			

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

SAN MATEO COUNTY

Division, Board, Department, District, if applicable

Coastside County Water District

Your Position

Superintendent of Operations

► 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, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)☒ County of San Mateo☐ Other _____**3. Type of Statement (Check at least one box)**☒ **Annual:** The period covered is January 1, 2022 through
December 31, 2022.

-or-

The period covered is 01 / 01 / 2022, through
December 31, 2022.☐ **Assuming Office:** Date assumed ____/____/____☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____☐ **Leaving Office:** Date Left ____/____/____
(Check one circle)☐ The period covered is January 1, 2022 through the date
of leaving office.☐ The period covered is ____/____/____, through the date
of leaving office.**4. Schedule Summary (required)**► 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)				
		Half Moon Bay	CA	94019
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS		
()				

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 03/06/2023
 (month, day, year)

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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A Public Document

 Date Initial Filing Received
 Filing Official Use Only

 E-Filed
 03/27/2023
 15:18:24

 Filing ID:
 207359653

Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Brennan, Cathleen			

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Coastside County Water District

Division, Board, Department, District, if applicable

Water Resources

Your Position

Water Resource Analyst

► 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, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)☐ County of _____☒ Other Coastside County Water District**3. Type of Statement (Check at least one box)**☒ **Annual:** The period covered is January 1, 2022 through
December 31, 2022.

-or-

The period covered is ____/____/____, through
December 31, 2022.☐ **Assuming Office:** Date assumed ____/____/____☐ **Leaving Office:** Date Left ____/____/____
(Check one circle)☐ The period covered is January 1, 2022 through the date
of leaving office.☐ The period covered is ____/____/____, through the date
of leaving office.☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____**4. Schedule Summary (required)**► Total number of pages including this cover page: 3**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)				

Half Moon Bay

CA

94019

DAYTIME TELEPHONE NUMBER

()

E-MAIL ADDRESS

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 03/27/2023
 (month, day, year)

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

SCHEDULE A-1**Investments****Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

*Investments must be itemized.**Do not attach brokerage or financial statements.***CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Brennan, Cathleen

▶ NAME OF BUSINESS ENTITY

Applied Materials

GENERAL DESCRIPTION OF THIS BUSINESS

Semiconductor Equipment Manufacturing

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☒ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

 / / **22** / / **22**
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

AT&T

GENERAL DESCRIPTION OF THIS BUSINESS

Communications

FAIR MARKET VALUE

☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

 / / **22** / / **22**
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Pfizer

GENERAL DESCRIPTION OF THIS BUSINESS

Pharmaceutical

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

 / / **22** / / **22**
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Viatis Inc.

GENERAL DESCRIPTION OF THIS BUSINESS

Pharmaceutical

FAIR MARKET VALUE

☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

 / / **22** / / **22**
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Lam Research

GENERAL DESCRIPTION OF THIS BUSINESS

Semiconductor Equipment Manufacturer

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

 / / **22** / / **22**
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Southwest Airlines

GENERAL DESCRIPTION OF THIS BUSINESS

Transportation

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

 / / **22** / / **22**
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-1**Investments****Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

*Investments must be itemized.**Do not attach brokerage or financial statements.***CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Brennan, Cathleen

▶ NAME OF BUSINESS ENTITY

Ross Stores

GENERAL DESCRIPTION OF THIS BUSINESS

Retail

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

 / /22 / /22
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

 / /22 / /22
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
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IF APPLICABLE, LIST DATE:

 / /22 / /22
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

 / /22 / /22
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
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IF APPLICABLE, LIST DATE:

 / /22 / /22
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

 / /22 / /22
 ACQUIRED DISPOSED

Comments: _____