

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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Date Initial Filing Received
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E-Filed 02/13/2023 13:49:02

NAME OF FILER	(LAST)	(FIRS	Т)	(MIDDLE)
Muller, J	ohn			
1. Office, A	Agency, or Court			_
Agency Na	ame (Do not use acronyms)			
	PEO COUNTY			
Division, B	Board, Department, District, if applicable	Your	Position	
Coastsi	de County Water District	Dir	ector	
► If filing	for multiple positions, list below or on an attachme	nt. (Do not use acronyms)		
Agency: _		Posi	tion:	
2. Jurisdi	ction of Office (Check at least one box)	1	dae Detined Index Dre Terr In	idaa ay Cauri Carreniasianaa
State		□ (Si	dge, Retired Judge, Pro Tem Ju tatewide Jurisdiction)	lage, or Court Commissioner
☐ Multi-C	County	X Co	ounty of San Mateo	
☐ City of	:	X Otl	her Special District -	Coastside County Water Distr
3. Type o	f Statement (Check at least one box)			
	al: The period covered is January 1, 2022 throu December 31, 2022.	ıgh 🗌 Le	eaving Office: Date Left(Check	_// cone circle)
-0	The period covered is 01 / 01 / 2022, December 31, 2022.	through	The period covered is Januar of leaving office.	y 1, 2022 through the date
Assu	ming Office: Date assumed/	_ 0	The period covered is of leaving office.	/, through the date
☐ Candi	idate:Date of Election and o	ffice sought, if different than F	Part 1:	
4. Schedul	le Summary (required) ► Tot	al number of pages in	icluding this cover page	3
	les attached	ar number of pages in	ioldanig tino cover page	··
□ s	chedule A-1 - Investments – schedule attached	☐ Schedul	e C - Income, Loans, & Busine	ess Positions – schedule attached
X S	chedule A-2 - Investments - schedule attached	☐ Schedul	e D - Income - Gifts - schedu	le attached
X S	chedule B - Real Property - schedule attached	☐ Schedul	e E - Income – Gifts – Travel I	Payments – schedule attached
-or-				
☐ Non	e - No reportable interests on any sched	ule		
5. Verifica	tion			_
MAILING AD (Business or	DRESS STREET Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
DAVTIME TO	ELEPHONE NUMBER	Half Moon Bay	CA	94019
()	E-MAIL ADDRE	500	
	ed all reasonable diligence in preparing this statemed in any attached schedules is true and complete.			owledge the information contained
I certify u	nder penalty of perjury under the laws of the S	State of California that the	foregoing is true and correct	
Date Sign	ed _02/13/2023	Signature [_]	ohn Muller	
•	(month, day, year)	•	(File the originally signed paper s	tatement 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 FAIR POLITICAL PRACTICES COMMISSION				
Name				
Muller, John				

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

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name Muller, John

IF APPLICABLE, LIST DATE: 00/_/22/_/22
0,000 ACQUIRED DISPOSED
EST
of Trust Easement
rs. remaining Other
TY, GROSS INCOME RECEIVED
\$500 - \$1,000 \$1,001 - \$10,000
00 OVER \$100,000
TAL INCOME: If you own a 10% or greater me of each tenant that is a single source of or more.
nade in the lender's regular course of r official status. Personal loans and ed as follows:
r official status. Personal loans and
r official status. Personal loans and ed as follows:
r official status. Personal loans and ed as follows:
r official status. Personal loans and ed as follows: Address Acceptable)
r official status. Personal loans and ed as follows: Address Acceptable) /, IF ANY, OF LENDER
r official status. Personal loans and ed as follows: Address Acceptable) (, IF ANY, OF LENDER TERM (Months/Years)
r official status. Personal loans and ed as follows: Address Acceptable) (, IF ANY, OF LENDER TERM (Months/Years) None
r official status. Personal loans and ed as follows: Address Acceptable) (, IF ANY, OF LENDER TERM (Months/Years) DURING REPORTING PERIOD



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A Public Document

Date Initial Filing Received
Filing Official Use Only

E-Filed 03/06/2023 13:15:31

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Feldman, Robert Charles			
I. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
SAN MATEO COUNTY			
Division, Board, Department, District, if applicable	Your Position		
Coastside County Water District	Director		
► If filing for multiple positions, list below or on an attachment.	(Do not use acronyms)		
Agency:	Position:		
2. Jurisdiction of Office (Check at least one box)		5	
State	Judge, Retir (Statewide		dge, or Court Commissioner
Multi-County	,	San Mateo	
City of	X Other Spec	cial District	
3. Type of Statement (Check at least one box)			
X Annual: The period covered is January 1, 2022 through December 31, 2022.	Leaving Of	fice: Date Left (Check	one circle)
The period covered is/, through December 31, 2022.	ugh O The per of leavir		, 1, 2022 through the date
Assuming Office: Date assumed	•	iod covered is	/, through the date
Candidate:Date of Election and office	sought, if different than Part 1:		
4. Schedule Summary (required) ► Total r	number of pages including	this cover page	. 1
Schedules attached	iumber of pages including	illis cover page	·
Schedule A-1 - Investments – schedule attached	Schedule C - Inc	ome. Loans. & Busine	ess Positions – schedule attached
☐ Schedule A-2 - Investments – schedule attached	_	ome – Gifts – schedul	
Schedule B - Real Property – schedule attached	Schedule E - Inc	ome – Gifts – Travel F	Payments – schedule attached
-or-			
■ None - No reportable interests on any schedule			
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
DANGING TELEBURALE AUMEDED	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 on	d to the hest of my know	nuladae the information contained
herein and in any attached schedules is true and complete. I a			owieuge the information contained
I certify under penalty of perjury under the laws of the State	of California that the foregoing	g is true and correct.	
Date Signed _03/06/2023	Signature Robert	Charles Feldman	
(month, day, year)	C (Fi	ile the originally signed paper st	atement with your filing official.)



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A Public Document

Date Initial Filing Received
Filing Official Use Only

E-Filed 03/16/2023 09:39:30

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Coverdell, Kenneth Lee			
I. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
SAN MATEO COUNTY			
Division, Board, Department, District, if applicable	Your Position		
Coastside County Water District	Director		
▶ If filing for multiple positions, list below or on an attachment.	(Do not use acronyms)		
Agency:	Position:		
2. Jurisdiction of Office (Check at least one box)		5 -	
☐ State	Judge, Retire (Statewide Ju		dge, or Court Commissioner
Multi-County	X County of S	an Mateo	
City of	Other		
3. Type of Statement (Check at least one box)			
X Annual: The period covered is January 1, 2022 through December 31, 2022.	Leaving Off	ice: Date Left (Check	one circle)
The period covered is/, through December 31, 2022.	ugh O The period of leaving		, 1, 2022 through the date
Assuming Office: Date assumed	The period of leaving		/, through the date
Candidate:Date of Election and office	sought, if different than Part 1:		
4. Schedule Summary (required) ► Total I	number of pages including	this cover page	. 4
Schedules attached	number of pages including	tilis cover page	·
Schedule A-1 - Investments – schedule attached	X Schedule C - Inco	nme. Loans. & Busine	ess Positions – schedule attached
X Schedule A-2 - Investments – schedule attached	_	me – Gifts – schedul	
X Schedule B - Real Property - schedule attached	Schedule E - Inco	me – Gifts – Travel I	Payments – schedule attached
-or-			
☐ None - No reportable interests on any schedule			
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
DANGING TELEDIONE AUMOED	Half Moon Bay	CA	94019
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS		
hove used all reasonable diligence in preparing this statement	I have reviewed this statement and	to the heat of my line	oulodge the information contained
I have used all reasonable diligence in preparing this statement. herein and in any attached schedules is true and complete. I a			owieuge the information contained
I certify under penalty of perjury under the laws of the State	e of California that the foregoing	is true and correct.	
Date Signed _03/16/2023	Signature Kenneth	Lee Coverdell	
(month, day, year)	(File	e the originally signed paper st	atement 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
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 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 - \$10,000/
\$10,001 - \$100,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000	\$10,001 - \$100,000 ACQUIRED DISPOSED \$100,001 - \$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
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)	► 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	\$0 - \$499 \$10,001 - \$100,000
\$500 - \$1,000 \(\overline{x} \) OVER \$100,000	\$500 - \$1,000 OVER \$100,000
☐ \$1,001 - \$10,000	\$1,001 - \$10,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
X None or Names listed below	☐ None or ☐ Names listed below
▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:	LEASED BY THE BUSINESS ENTITY OR TRUST
INVESTMENT REAL PROPERTY	Check one box: INVESTMENT REAL PROPERTY
	I NO LO TIMENT
Name of Business Entity, if Investment, or	Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property	Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity 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:
\$\begin{align*} \\$2,000 - \$10,000 \\ \\$10,001 - \$100,000 \\ \end{align*} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
'	•

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name Coverdell, Kenneth Lee

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 1,001 - \$100,000 22 22	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
X Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold	Leasehold
Yrs. remaining Other	Yrs. remaining Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
X \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
X None	None
You are not required to report loans from a commercial	ial lending institution made in the lender's regular course of
You are not required to report loans from a commercial	ial lending institution made in the lender's regular course of c without regard to your official status. Personal loans and
You are not required to report loans from a commerce business on terms available to members of the public	ial lending institution made in the lender's regular course of c without regard to your official status. Personal loans and
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business.	ial lending institution made in the lender's regular course of without regard to your official status. Personal loans and siness must be disclosed as follows:
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business of LENDER*	ial lending institution made in the lender's regular course of without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER*
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business of LENDER*	ial lending institution made in the lender's regular course of without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER*
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business (Business Address Acceptable)	ial lending institution made in the lender's regular course of c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	ial lending institution made in the lender's regular course of c without regard to your official status. Personal loans and siness must be disclosed as follows:
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business (Business Address Acceptable) BUSINESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	ial lending institution made in the lender's regular course of a without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business (Business Address Acceptable) BUSINESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) None	ial lending institution made in the lender's regular course of a without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business (Business Address Acceptable) BUSINESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) HIGHEST BALANCE DURING REPORTING PERIOD	ial lending institution made in the lender's regular course of c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER*
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business (Business Address Acceptable) BUSINESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE Whone HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	ial lending institution made in the lender's regular course of c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER*

SCHEDULE C Income, Loans, & Business **Positions**(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION				
Name				
Coverdell, Kenneth Lee				

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Blue Sky Designs, Inc.	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
Half Moon Bay, Ca 94019	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Landscape Contractor	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
President	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Or
	\$500 - \$1,000 \qquad \qqquad \qqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqq
☐ \$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	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	(For self-employed use Schedule A-2.) Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.)	Schedule A-2.)
Sale of(Real property, car, boat, etc.)	Sale of(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)
 2. Loans received or outstanding during the reporting per 	RIOD
	Il lending institution, or any indebtedness created as part of
	the lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's
regular course of business must be disclosed as follow	
regular course of business must be disclosed as follow	
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	% None
ADDRESS (Business Address Acceptable)	_
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	City
\$1,001 - \$10,000	
\$10,001 - \$100,000	Guarantor
	Other(Describe)
S10,001 - \$100,000 OVER \$100,000	Other



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A Public Document

Date Initial Filing Received
Filing Official Use Only

E-Filed 03/22/2023 07:41:23

NAME OF FILER (LAST)		(FIRST)		(MIDDLE)
Mickelsen, Christian Ronald				
I. Office, Agency, or Court				
Agency Name (Do not use acronyms)				
San Mateo County				
Division, Board, Department, District, if applic	able	Your Position		
San Mateo Local Agency Formation	Commission	Alternate	Member	
► If filing for multiple positions, list below or o	on an attachment. (Do not us	e acronyms)		
Agency: *SEE ATTACHED FOR ADDITION	NAL POSITIONS	Position:		
2. Jurisdiction of Office (Check at lea	st one box)	ludas Dati	and lades. Des Tous las	de la Comptionida
☐ State		(Statewide	rea Juage, Pro Tem Jua Jurisdiction)	dge, or Court Commissioner
Multi-County		X County of _	San Mateo	
City of		Other		
3. Type of Statement (Check at least of	ne box)			
X Annual: The period covered is January December 31, 2022.	1, 2022 through	Leaving Of	ffice: Date Left (Check	J one circle)
The period covered is/_ December 31, 2022.	, through		iod covered is January ng office.	1, 2022 through the date
X Assuming Office: Date assumed	8 <u>/ 15 / 2023</u> ee attached	·	riod covered is/	, through the date
Candidate:Date of Election	and office sought, if	different than Part 1:		
4. Schedule Summary (required)	► Total number	of pages including	this cover nage	4
Schedules attached	r Total Hamber	or pages meraani	y tino cover page	
Schedule A-1 - Investments - sched	dule attached	Schedule C - Inc	come, Loans, & Busine	ss Positions – schedule attached
Schedule A-2 - Investments - sched	dule attached	Schedule D - Inc	ome – Gifts – schedul	e attached
X Schedule B - Real Property - sched	dule attached	Schedule E - Inc	ome – Gifts – Travel F	Payments - schedule attached
-or-				
■ None - No reportable interests o	n any schedule			
5. Verification				
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Doc	CITY cument)		STATE	ZIP CODE
DAYTIME TELEPHONE NUMBER	Half	Moon Bay	CA	94019
()		E-MAIL ADDIVESS		
I have used all reasonable diligence in prepari herein and in any attached schedules is true				wledge the information contained
I certify under penalty of perjury under the	_	•		
Date Signed _03/22/2023 (month, day, year)		Signature <u>Christia</u>	an Ronald Mickel ile the originally signed paper sta	sen stement with your filing official \
(, 44)		(1)	gan, orginou pupor ott	, , , , ,

STATEMENT OF ECONOMIC INTERESTS COVER PAGE Expanded Statement Attachment

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

NameChristian Ronald

Mickelsen

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

mile duble libes dil posicione incidding one primary posicion libed in the critice, injener, or court become or one cover rage.				
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

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name Mickelsen, Christian Ronald

1927 Hayes Street #2 CITY San Francisco FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
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
NATURE OF INTEREST
X Ownership/Deed of Trust Easement
Leasehold
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
lending institution made in the lender's regular course of vithout regard to your official status. Personal loans and
vithout regard to your official status. Personal loans and ess must be disclosed as follows:
rithout regard to your official status. Personal loans and
vithout regard to your official status. Personal loans and ess must be disclosed as follows: NAME OF LENDER*
vithout regard to your official status. Personal loans and ess must be disclosed as follows:
vithout regard to your official status. Personal loans and ess must be disclosed as follows: NAME OF LENDER*
vithout regard to your official status. Personal loans and ess must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
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ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE None None
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE When the properties of the p

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name Mickelsen, Christian Ronald

	I I
107 Broadway	155 Broadway
CITY	CITY
Half Moon Bay	Half Moon Bay
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 X Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 X Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
X Ownership/Deed of Trust Easement	X Ownership/Deed of Trust Easement
Leasehold	Leasehold U
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$\begin{array}{cccccccccccccccccccccccccccccccccccc	☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000	X \$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(s) redacted	Name(s) redacted
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business.	
You are not required to report loans from a commerce business on terms available to members of the public	without regard to your official status. Personal loans and
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business.	c without regard to your official status. Personal loans and siness must be disclosed as follows:
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business of LENDER*	c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER*
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business of Lender* ADDRESS (Business Address Acceptable)	c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
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You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business (Business Address Acceptable) BUSINESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) None	ac without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER*
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business Address Acceptable) BUSINESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) HIGHEST BALANCE DURING REPORTING PERIOD	C without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) ———————————————————————————————————



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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Date Initial Filing Received
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NAME OF FILER (LAST)		(FIRST)		(MIDDLE)
Mickelsen, Christian Ronald				
I. Office, Agency, or Court				
Agency Name (Do not use acronyms)				
San Mateo County				
Division, Board, Department, District, if applic	able	Your Position		
San Mateo Local Agency Formation	Alternate Member			
► If filing for multiple positions, list below or o	on an attachment. (Do not us	e acronyms)		
Agency: *SEE ATTACHED FOR ADDITION	NAL POSITIONS	Position:		
2. Jurisdiction of Office (Check at lea	st one box)	ludas Dati	and lades. Des Tous las	de la Comptionida
☐ State		(Statewide	rea Juage, Pro Tem Jua Jurisdiction)	dge, or Court Commissioner
Multi-County		X County of _	San Mateo	
City of		Other		
3. Type of Statement (Check at least of	ne box)			
X Annual: The period covered is January December 31, 2022.	1, 2022 through	Leaving Of	ffice: Date Left (Check	J one circle)
The period covered is/_ December 31, 2022.	, through		iod covered is January ng office.	1, 2022 through the date
X Assuming Office: Date assumed	8 <u>/ 15 / 2023</u> ee attached	·	riod covered is/	, through the date
Candidate:Date of Election	and office sought, if	different than Part 1:		
4. Schedule Summary (required)	► Total number	of pages including	this cover nage	4
Schedules attached	r Total Hamber	or pages meraani	y tino cover page	
Schedule A-1 - Investments - sched	dule attached	Schedule C - Inc	come, Loans, & Busine	ss Positions – schedule attached
Schedule A-2 - Investments - sched	dule attached	Schedule D - Inc	ome – Gifts – schedul	e attached
X Schedule B - Real Property - sched	dule attached	Schedule E - Inc	ome – Gifts – Travel F	Payments - schedule attached
-or-				
■ None - No reportable interests o	n any schedule			
5. Verification				
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Doc	CITY cument)		STATE	ZIP CODE
DAYTIME TELEPHONE NUMBER	Half	Moon Bay	CA	94019
()		E-MAIL ADDIVESS		
I have used all reasonable diligence in prepari herein and in any attached schedules is true				wledge the information contained
I certify under penalty of perjury under the	_	•		
Date Signed _03/22/2023 (month, day, year)		Signature <u>Christia</u>	an Ronald Mickel ile the originally signed paper sta	sen stement with your filing official \
(, 44)		(1)	gan, orginou pupor ott	, , , , ,

STATEMENT OF ECONOMIC INTERESTS COVER PAGE Expanded Statement Attachment

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

NameChristian Ronald

Mickelsen

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

into capie liber all population including the plantal population liberal in the cities, injune, or could be core it age.				
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

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name Mickelsen, Christian Ronald

1927 Hayes Street #2 CITY San Francisco FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
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
NATURE OF INTEREST
X Ownership/Deed of Trust Easement
Leasehold
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
lending institution made in the lender's regular course of vithout regard to your official status. Personal loans and
vithout regard to your official status. Personal loans and ess must be disclosed as follows:
rithout regard to your official status. Personal loans and
vithout regard to your official status. Personal loans and ess must be disclosed as follows: NAME OF LENDER*
vithout regard to your official status. Personal loans and ess must be disclosed as follows:
vithout regard to your official status. Personal loans and ess must be disclosed as follows: NAME OF LENDER*
vithout regard to your official status. Personal loans and ess must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
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ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE None None
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE When the properties of the p

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name Mickelsen, Christian Ronald

	I I
107 Broadway	155 Broadway
CITY	CITY
Half Moon Bay	Half Moon Bay
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 X Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 X Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
X Ownership/Deed of Trust Easement	X Ownership/Deed of Trust Easement
Leasehold	Leasehold U
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$\begin{array}{cccccccccccccccccccccccccccccccccccc	☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000	X \$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(s) redacted	Name(s) redacted
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business.	
You are not required to report loans from a commerce business on terms available to members of the public	without regard to your official status. Personal loans and
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business.	c without regard to your official status. Personal loans and siness must be disclosed as follows:
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business of LENDER*	c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER*
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business of Lender* ADDRESS (Business Address Acceptable)	c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	c without regard to your official status. Personal loans and siness 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 commerce business on terms available to members of the public loans received not in a lender's regular course of business (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	c without regard to your official status. Personal loans and siness 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 commerce business on terms available to members of the public loans received not in a lender's regular course of business (Business Address Acceptable) BUSINESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) None	ac without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER*
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business Address Acceptable) BUSINESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) HIGHEST BALANCE DURING REPORTING PERIOD	C without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) ———————————————————————————————————



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A Public Document

Date Initial Filing Received
Filing Official Use Only

E-Filed 03/17/2023 14:19:27

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 attachment.	(Do not use acronyms)		
Agency:	Position:		
2. Jurisdiction of Office (Check at least one box)	ludes Defe	ad badas Des Tarre la	day on Occupt Occupation in an
☐ State	Udge, Retird (Statewide J		dge, or Court Commissioner
Multi-County	X County of S	an Mateo	
City of	Other		
3. Type of Statement (Check at least one box)			
X Annual: The period covered is January 1, 2022 through December 31, 2022.	Leaving Off	fice: Date Left (Check	one circle)
The period covered is/, throu December 31, 2022.	gh O The period of leaving		, 1, 2022 through the date
Assuming Office: Date assumed	The peri of leavin		/, through the date
Candidate:Date of Election and office	sought, if different than Part 1:		
4. Schedule Summary (required) ► Total n	umber of pages including	this cover nage	• 3
Schedules attached	uniber of pages molaumg	tino dover page	
Schedule A-1 - Investments – schedule attached	X Schedule C - Inco	ome, Loans, & Busine	ess Positions – schedule attached
X Schedule A-2 - Investments - schedule attached		ome – Gifts – schedul	
Schedule B - Real Property – schedule attached	Schedule E - Inco	ome – Gifts – Travel F	Payments – schedule attached
-or-			
☐ None - No reportable interests on any schedule			
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
DAYTIME TELEPHONE NUMBER	Half Moon Bay	CA	94019
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS		
I have used all reasonable diligence in preparing this statement. I herein and in any attached schedules is true and complete. I ac			owledge the information contained
I certify under penalty of perjury under the laws of the State	-		
Date Signed _03/17/2023 (month, day, year)	Signature Glenn E (Fil	Reynolds e the originally signed paper st	atement with your filing official.)
	(, ,,	5 , 5 5, 60	

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

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Reynolds, Glenn E

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
water solutions Incorporated	
Name	Name
Half moon bay, ca 94019	
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one Trust, go to 2 Business Entity, complete the box, then go to 2	Check one Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Water Engineering and Consulting	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 \$\overline{X}\$ Over \$1,000,000	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
NATURE OF INVESTMENT Partnership Sole Proprietorship T	NATURE OF INVESTMENT Partnership Sole Proprietorship
YOUR BUSINESS POSITION Principal	YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 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	\$0 - \$499
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) X None or Names listed below	➤ 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	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST
Check one box:	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	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	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$10,000 \$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Yrs. remaining Check box if additional schedules reporting investments or real property are attached	Yrs. remaining 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	► 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	<u> </u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
engineering consultant	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
princpal	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Of
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \qquad \qqquad \qqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqq
\$10,001 - \$100,000 X OVER \$100,000	☐ \$10,001 - \$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.)	Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use	Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.)	Schedule A-2.)
Sale of(Real property, car, boat, etc.)	Sale of(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
Commission of Tremai income, list each source of \$10,000 of more	
(Describe)	(Describe)
(Describe)	(Describe)
	(Describe)
(Describe) Other (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER * You are not required to report loans from a commercia a retail installment or credit card transaction, made in to members of the public without regard to your official startegular course of business must be disclosed as follows.	(Describe) Other
(Describe) Other	(Describe) Other (Describe) I lending institution, or any indebtedness created as part of the lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's
(Describe) Other (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER You are not required to report loans from a commercia a retail installment or credit card transaction, made in to members of the public without regard to your official startegular course of business must be disclosed as follow NAME OF LENDER*	(Describe) Other
(Describe) Other (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER You are not required to report loans from a commercia a retail installment or credit card transaction, made in to members of the public without regard to your official startegular course of business must be disclosed as follow NAME OF LENDER*	(Describe) Other
(Describe) Other (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER You are not required to report loans from a commercia a retail installment or credit card transaction, made in to members of the public without regard to your official start regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable)	(Describe) Other
(Describe) Other (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER You are not required to report loans from a commercia a retail installment or credit card transaction, made in to members of the public without regard to your official start regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable)	(Describe) Other
(Describe) Other (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER You are not required to report loans from a commercia a retail installment or credit card transaction, made in to members of the public without regard to your official start regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable)	(Describe) Other
(Describe) Other (Describe) * 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER * You are not required to report loans from a commercia a retail installment or credit card transaction, made in to members of the public without regard to your official started regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD	CDescribe CDescribe
(Describe) Other (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER You are not required to report loans from a commercia a retail installment or credit card transaction, made in to members of the public without regard to your official staregular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	(Describe) Other
(Describe) Other (Describe) * 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER * You are not required to report loans from a commercia a retail installment or credit card transaction, made in to members of the public without regard to your official started regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD	(Describe) Other
(Describe) Other (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER * You are not required to report loans from a commercia a retail installment or credit card transaction, made in to members of the public without regard to your official startegular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	(Describe) (Describe) (Indicate the lender of the lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's result. (Indicate the lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's result. (Interest Rate
Other	(Describe) Other



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Rogren, Mary Elizabeth			
I. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
SAN MATEO COUNTY			
Division, Board, Department, District, if applicable	Your Position		
Coastside County Water District	General Ma	nager	
► 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)		5 7 .	
☐ State	Judge, Retire (Statewide J		dge, or Court Commissioner
Multi-County	X County of S	an Mateo	
City of	Other		
3. Type of Statement (Check at least one box)			
X Annual: The period covered is January 1, 2022 through December 31, 2022.	Leaving Off	fice: Date Left (Check	one circle)
The period covered is/, throuper 31, 2022.	ugh O The perion of leaving		, 1, 2022 through the date
Assuming Office: Date assumed/	The peri of leavin		/, through the date
Candidate:Date of Election and office	sought, if different than Part 1:		
4. Schedule Summary (required) ► Total r	number of pages including	this cover nage	. 2
Schedules attached	idiliber of pages illoiddilig	tilis cover page	·
Schedule A-1 - Investments – schedule attached	Schedule C - Inco	ome. Loans. & Busine	ess Positions – schedule attached
Schedule A-2 - Investments – schedule attached		ome – Gifts – schedul	
X Schedule B - Real Property – schedule attached	Schedule E - Inco	ome – Gifts – Travel F	Payments – schedule attached
-or-			
☐ None - No reportable interests on any schedule			
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
	Half Moon Bay	CA	94019
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS		
I have used all reasonable diligenes in preparing this statement	Lhave reviewed this statement and	I to the heat of my line	puladas the information contained
I have used all reasonable diligence in preparing this statement. herein and in any attached schedules is true and complete. I ad			owieuge the information contained
I certify under penalty of perjury under the laws of the State	of California that the foregoing	is true and correct.	
Date Signed	Signature Mary Eli	zabeth Rogren	
(month, day, year)	(Fil	e the originally signed paper st	atement with your filing official.)

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name Rogren, Mary Elizabeth

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 \$10,001 - \$100,000 \$100,001 - \$1,000,000 ACQUIRED DISPOSED DISPOSED	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
X Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold	Leasehold
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
S0 - \$499 S500 - \$1,000 S1,001 - \$10,000	\$0 - \$499
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.
	I lending institution made in the lender's regular course of without regard to your official status. Personal loans and less must be disclosed as follows:
NAME OF LENDER*	NAME OF LENDER*
TIAA Bank	
ADDRESS (Business Address Acceptable) Jacksonville, RL 32202	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
3.25 %	%
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000\$1,001 - \$10,000
S10,001 - \$100,000 X OVER \$100,000	☐ \$10,001 - \$100,000 ☐ OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
Comments:	



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A Public Document

Date Initial Filing Received
Filing Official Use Only

E-Filed 02/23/2023 14:20:28

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Miyaki, Patrick T			
. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
San Mateo County			
Division, Board, Department, District, if applicable	Your Position		
Coastside County Water District	Attorney		
\blacktriangleright 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)	ludes Deli	and leading Day Town Iv	due on Count Commissioner
☐ State		red Judge, Pro Tem Ju Jurisdiction)	dge, or Court Commissioner
Multi-County	X County of _	San Mateo	
City of	Other		
3. Type of Statement (Check at least one box)			
X Annual: The period covered is January 1, 2022 through December 31, 2022.	Leaving Of	ffice: Date Left(Check	one circle)
The period covered is/, through December 31, 2022.		riod covered is January ng office.	y 1, 2022 through the date
Assuming Office: Date assumed	·	riod covered is	/, through the date
Candidate:Date of Election and office	sought, if different than Part 1:		
4. Schedule Summary (required) ► Total I	number of pages including	n this cover nade	. 6
Schedules attached	number of pages meraam	g tills cover page	
X Schedule A-1 - Investments – schedule attached	X Schedule C - Inc	come, Loans, & Busine	ess Positions – schedule attached
Schedule A-2 - Investments – schedule attached	_	come – Gifts – schedul	
X Schedule B - Real Property - schedule attached	Schedule E - Inc	come – Gifts – Travel I	Payments - schedule attached
-or-			
■ None - No reportable interests on any schedule			
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
DAYTIME TELEDI (ONE ALLIMOED	San Francisco	CA	94105
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS		
I have used all reasonable diligence in preparing this statement.			owledge the information contained
herein and in any attached schedules is true and complete. I a	-		
I certify under penalty of perjury under the laws of the State	e of California that the foregoing	g is true and correct.	
Date Signed	Signature Patrick	T Miyaki	70. 77
(month, day, year)	(F	File the originally signed paper st	atement 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	•	NAME OF BUSINESS ENTITY
	Hanson Bridgett LLP		
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
	Law Firm		
	FAIR MARKET VALUE		FAIR MARKET VALUE
	\$2,000 - \$10,000 \$10,001 - \$100,000		\$2,000 - \$10,000 \$10,001 - \$100,000
	X \$100,001 - \$1,000,000 Over \$1,000,000		\$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT		NATURE OF INVESTMENT
	Stock Other (Describe)		Stock Other (Describe)
	X Partnership ○ Income Received of \$0 - \$499 ⊗ Income Received of \$500 or More (Report on Schedule C)		Partnership Oncome Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
	, , 22 , , 22		, , 22 , , , 22
	ACQUIRED DISPOSED		ACQUIRED DISPOSED
_	NAME OF BUSINESS ENTITY	-	NAME OF BUSINESS ENTITY
	NAME OF BOSINESS ENTITY		NAME OF BOOMESS ENTITY
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
			·
	FAIR MARKET VALUE		FAIR MARKET VALUE
	\$2,000 - \$10,000		\$2,000 - \$10,000
	\$100,001 - \$1,000,000 Over \$1,000,000		S 100,001 - \$1,000,000
	NATURE OF INVESTMENT		NATURE OF INVESTMENT
	Stock Other (Describe)		Stock Other (Describe)
	Partnership O Income Received of \$0 - \$499		Partnership O Income Received of \$0 - \$499
	○ Income Received of \$500 or More (Report on Schedule C)		○ Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
			20
	ACQUIRED DISPOSED		ACQUIRED DISPOSED
	NAME OF BUSINESS ENTITY	•	NAME OF BUSINESS ENTITY
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
	FAIR MARKET VALUE		FAID MADKET VALUE
	\$2,000 - \$10,000 \$10,001 - \$100,000		FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000
	\$100,001 - \$1,000,000 Over \$1,000,000		\$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT		NATURE OF INVESTMENT
	Stock Other (Describe)		Stock Other (Describe)
	Partnership O Income Received of \$0 - \$499		Partnership O Income Received of \$0 - \$499
	○ Income Received of \$500 or More (Report on Schedule C)		○ Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
	, , 22 , , 22		, , 22 , , , 22
	ACQUIRED DISPOSED		ACQUIRED DISPOSED
	ı	1	
<u></u>	ommonts:		

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

(Ownership Interest is 10% or Greater)

	RNIA FORM	
Name		
Miyaki,	Patrick T	

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Patrick and Edith Miyaki Trust	
Name	Name
San Francisco, CA 94105	
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2	Check one Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	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	\$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Partnership Sole Proprietorship	NATURE OF INVESTMENT Partnership Sole Proprietorship
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
X \$0 - \$499 □ \$10,001 - \$100,000 □ \$500 - \$1,000 □ OVER \$100,000	\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000
\$1,001 - \$10,000	\$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.) X 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
Notice of Names listed below	Notice of Names listed below
▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT X REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of 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	Description of Business Activity or 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	\$2,000 - \$10,000 \$10,001 - \$100,000
\$10,001 - \$100,000	\$100,001 - \$100,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
X Property Ownership/Deed of Trust ☐ Stock ☐ Partnership	☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments:	

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name Miyaki, Patrick T

CITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000
NATURE OF INTEREST
Ownership/Deed of Trust Easement
Leasehold 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
lending institution made in the lender's regular course of vithout regard to your official status. Personal loans and ess must be disclosed as follows:
vithout regard to your official status. Personal loans and
vithout regard to your official status. Personal loans and ess must be disclosed as follows:
vithout regard to your official status. Personal loans and ess must be disclosed as follows: NAME OF LENDER*
vithout regard to your official status. Personal loans and ess must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
without regard to your official status. Personal loans and ess must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
without regard to your official status. Personal loans and ess must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
without regard to your official status. Personal loans and ess must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE None None
without regard to your official status. Personal loans and ess must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)

SCHEDULE C Income, Loans, & Business **Positions**(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Miyaki, Patrick T

1. INCOME RECEIVED	► 1. INCOME RECEIVED			
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME			
Hanson Bridgett LLP	.			
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)			
San Francisco, CA 94105				
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE			
Legal Services				
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION			
Partner				
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Or			
\$500 - \$1,000\$1,001 - \$10,000	\$500 - \$1,000 \qquad \qqquad \qqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqq			
□ \$10,001 - \$100,000	S10,001 - \$100,000 OVER \$100,000			
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED			
Salary Spouse's or registered domestic partner's income	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	(For self-employed use Schedule A-2.) Partnership (Less than 10% ownership. For 10% or greater use			
Schedule A-2.)	Schedule A-2.)			
Sale of(Real property, car, boat, etc.)	Sale of(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			
	11			
(Describe)	(Describe)			
X Other Profit Distribution	Other			
▼ Other Profit Distribution (Describe)	Other(Describe)			
☑ Other Profit Distribution	Other(Describe)			
You are not required to report loans from a commercial a retail installment or credit card transaction, made in the second content of the second content	Other (Describe) Al lending institution, or any indebtedness created as part of the lender's regular course of business on terms available to tatus. Personal loans and loans received not in a lender's			
Other Profit Distribution (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PE * You are not required to report loans from a commercial a retail installment or credit card transaction, made in members of the public without regard to your official states.	Other			
Other Profit Distribution (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PE * You are not required to report loans from a commercial a retail installment or credit card transaction, made in members of the public without regard to your official stregular course of business must be disclosed as follows:	Other			
Other Profit Distribution (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PE * You are not required to report loans from a commercial a retail installment or credit card transaction, made in members of the public without regard to your official stregular course of business must be disclosed as follows:	Other			
Other Profit Distribution (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PE * You are not required to report loans from a commercial a retail installment or credit card transaction, made in members of the public without regard to your official stregular course of business must be disclosed as follow NAME OF LENDER*	Other			
Other Profit Distribution (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PE * You are not required to report loans from a commercial a retail installment or credit card transaction, made in members of the public without regard to your official stregular course of business must be disclosed as follow NAME OF LENDER*	Other			
Other Profit Distribution (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PE * You are not required to report loans from a commercia a retail installment or credit card transaction, made in members of the public without regard to your official st regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable)	Other			
Other Profit Distribution (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PE * You are not required to report loans from a commercia a retail installment or credit card transaction, made in members of the public without regard to your official st regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	Other			
Other Profit Distribution (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PE * You are not required to report loans from a commercia a retail installment or credit card transaction, made in members of the public without regard to your official st regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD	Other			
Other Profit Distribution (Describe)	Other			
Other Profit Distribution (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PE * You are not required to report loans from a commercia a retail installment or credit card transaction, made in members of the public without regard to your official st regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable)	Other			
Other Profit Distribution (Describe)	City Other			
Other Profit Distribution (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PE * You are not required to report loans from a commercia a retail installment or credit card transaction, made in members of the public without regard to your official st regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable)	City Other			



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A Public Document

Date Initial Filing Received
Filing Official Use Only

E-Filed 03/21/2023 11:25:26

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Teter, James S			
. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
San Mateo County			
Division, Board, Department, District, if applicable	Your Position		
Coastside County Water District	District A	Ingineer	
\blacktriangleright 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)	1.1. D.C.	5 7	
☐ State	Judge, Retiri (Statewide J		dge, or Court Commissioner
Multi-County	X County of S	San Mateo	
City of	Other		
3. Type of Statement (Check at least one box)			
X Annual: The period covered is January 1, 2022 through December 31, 2022.	Leaving Of	fice: Date Left (Check	one circle)
The period covered is/, through December 31, 2022.	The peri of leavin		y 1, 2022 through the date
Assuming Office: Date assumed/	The periodof leavin		/, through the date
Candidate:Date of Election and office sou	ght, if different than Part 1:		
4. Schedule Summary (required) ► Total num	nber of pages including	this cover nage	ı 3
Schedules attached	iber of pages moraumg	illis cover page	
Schedule A-1 - Investments – schedule attached	X Schedule C - Inco	ome, Loans, & Busine	ess Positions – schedule attached
Schedule A-2 - Investments – schedule attached		ome – Gifts – schedul	
Schedule B - Real Property – schedule attached	Schedule E - Inco	ome – Gifts – Travel F	Payments – schedule attached
-or-			
☐ None - No reportable interests on any schedule			
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
DAYTIME TELEPHONE NUMBER	Half Moon Bay E-MAIL ADDRESS	CA	94019
()	E-IVIAIL ADDRESS		
I have used all reasonable diligence in preparing this statement. I have herein and in any attached schedules is true and complete. I acknow			owledge the information contained
I certify under penalty of perjury under the laws of the State of	-		
Date Signed _03/21/2023 (month, day, year)	Signature James S	Teter le the originally signed paper st	atement 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 FAIR POLITICAL PRACTICES COMMISSION
Name
Teter, James S

► 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
James S. Teter Consulting Engineer	
Name	Name
San Rafael, CA 94901	
Address (Business Address Acceptable) Check one	Address (Business Address Acceptable) Check one
Trust, 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
Consulting Engineering Services	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$0 - \$1,999 \$2,000 - \$10,000	\$\begin{array}{ c c c c c c c c c c c c c c c c c c c
X \$10,001 - \$100,000 ACQUIRED DISPOSED	\$10,001 - \$100,000 ACQUIRED DISPOSED
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Partnership X Sole Proprietorship Other	Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION Sole Proprietor	YOUR BUSINESS POSITION
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)	► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
S0 - \$499 X \$10,001 - \$100,000	\$0 - \$499 \$10,001 - \$100,000
S500 - \$1,000 OVER \$100,000	\$500 - \$1,000 OVER \$100,000
☐ \$1,001 - \$10,000	\$1,001 - \$10,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
None or X Names listed below	None or Names listed below
Coastside County Water District	
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:	LEASED BY THE BUSINESS ENTITY OR TRUST
□ INVESTMENT □ REAL PROPERTY	Check one box: INVESTMENT REAL PROPERTY
Name of Business Entity, if Investment, or	Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property	Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity 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	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
·	

SCHEDULE C Income, Loans, & Business **Positions**(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION			
Name			
Teter, James S			

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Coastside County Water District	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
Half Moon Bay, CA 94019	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Water Purveyor	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
District Engineer	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Or
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
▼ \$10,001 - \$100,000 □ OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income	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	(For self-employed use Schedule A-2.) Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.)	Schedule A-2.)
Sale of(Real property, car, boat, etc.)	Sale of(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
X Other Professional Services	Other
X Other Professional Services (Describe)	Other(Describe)
▼	Other(Describe)
* You are not required to report loans from a commercia a retail installment or credit card transaction, made in	Other (Describe) al lending institution, or any indebtedness created as part of the lender's regular course of business on terms available to tatus. Personal loans and loans received not in a lender's
X Other Professional Services (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PE * You are not required to report loans from a commercia a retail installment or credit card transaction, made in members of the public without regard to your official s	Other
X Other Professional Services (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PE * You are not required to report loans from a commercia a retail installment or credit card transaction, made in members of the public without regard to your official s regular course of business must be disclosed as follows:	Other
Other Professional Services (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PE * You are not required to report loans from a commercia a retail installment or credit card transaction, made in members of the public without regard to your official s regular course of business must be disclosed as follows:	Other
* You are not required to report loans from a commercia a retail installment or credit card transaction, made in members of the public without regard to your official s regular course of business must be disclosed as follow. NAME OF LENDER*	Other
* You are not required to report loans from a commercia a retail installment or credit card transaction, made in members of the public without regard to your official s regular course of business must be disclosed as follow. NAME OF LENDER*	Other
* You are not required to report loans from a commercia a retail installment or credit card transaction, made in members of the public without regard to your official s regular course of business must be disclosed as follow. NAME OF LENDER* ADDRESS (Business Address Acceptable)	Other
* You are not required to report loans from a commercia a retail installment or credit card transaction, made in members of the public without regard to your official s regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable)	Other
Other Professional Services (Describe)	Other
Tother Professional Services (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PE * You are not required to report loans from a commercia a retail installment or credit card transaction, made in members of the public without regard to your official s regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD	Other
X Other Professional Services (Describe) ➤ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PE * You are not required to report loans from a commercia a retail installment or credit card transaction, made in members of the public without regard to your official s regular course of business must be disclosed as follow 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	Other
X Other Professional Services (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PE * You are not required to report loans from a commercia a retail installment or credit card transaction, made in members of the public without regard to your official s regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$\Bigcup\$\$\bigcup\$\$500 - \$1,000	Other



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A Public Document

Date Initial Filing Received
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E-Filed 03/06/2023 12:19:46

NAME OF FILER	(LAST)		(FIRST)		(MIDDLE)
Derbin, James					
1. Office, Agency, or C	ourt				
Agency Name (Do not use	acronyms)				
SAN MATEO COUNTY					
Division, Board, Department	, District, if applicable		Your Position		
Coastside County Wat	er District		Superinte	ndent of Operati	ons
► If filing for multiple positio	ns, list below or on an attachmen	t. (Do not use a	acronyms)		
Agency:			Position:		
2. Jurisdiction of Offic	Check at least one box)				
☐ State				ired Judge, Pro Tem Jud Jurisdiction)	dge, or Court Commissioner
Multi-County			,	San Mateo	
City of			Other		
3. Type of Statement (Check at least one box)				
X Annual: The period con December 31,	vered is January 1, 2022 throug 2022.	jh	Leaving O	ffice: Date Left(Check	one circle)
-or- The period co December 31	vered is 01 / 01 / 2022, th	rough		riod covered is January ng office.	1, 2022 through the date
Assuming Office: Dat	e assumed/	_		riod covered is	t, through the date
Candidate:Date of Elect	ion and offi	ce sought, if diff	ferent than Part 1:		
4. Schedule Summary (required) > Tota	l number of	nages including	g this cover page	• 1
Schedules attached	lota	i ilullibei oi	pages including	g tills cover page	
Schedule A-1 - Inv	estments – schedule attached	[Schedule C - Inc	come. Loans. & Busine	ss Positions – schedule attached
Schedule A-2 - Inv	estments – schedule attached	[_	come – Gifts – schedul	
Schedule B - Real	Property – schedule attached		Schedule E - Inc	come – Gifts – Travel F	Payments – schedule attached
-or-					
🗵 None - No reporta	ble interests on any schedu	le			
5. Verification					
MAILING ADDRESS (Business or Agency Address Recor	STREET mmended - Public Document)	CITY		STATE	ZIP CODE
DAVELLE TELEBUIONE AUTORE		Half M	oon Bay	CA	94019
DAYTIME TELEPHONE NUMBER			E-MAIL ADDRESS		
()	ilianno in proparina this statemen	t I hove review	und this statement are	ad to the heat of my line	oulodge the information contains
	iligence in preparing this statemen schedules is true and complete. I				owiedge the information contained
I certify under penalty of p	perjury under the laws of the Sta	ate of Californ	ia that the foregoin	g is true and correct.	
Date Signed03/06/2023	3	Sig	gnature <u>James D</u>		
•	(month, day, year)	•	- (F	File the originally signed paper st	atement 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

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 applica	ble	Your Position	1	
Water Resources		Water Res	source Analyst	
▶ If filing for multiple positions, list below or o	n an attachment. (Do not us	se acronyms)		
Agency:		Position:		
2. Jurisdiction of Office (Check at leas	st one box)	ludus Dati	ined hadre Des Terre ha	dan an Orant Oranaireirana
State		Udge, Reti (Statewide	Jurisdiction)	dge, or Court Commissioner
Multi-County		County of_	·	
City of		X Other Coa	stside County Wa	ter District
3. Type of Statement (Check at least or	ne box)			
X Annual: The period covered is January December 31, 2022.	1, 2022 through	Leaving O	Office: Date Left(Check	Jl one circle)
The period covered is/_ December 31, 2022.	, through		eriod covered is January ing office.	1, 2022 through the date
Assuming Office: Date assumed		· ·	eriod covered is/ ing office.	/, through the date
Candidate:Date of Election	and office sought, if	different than Part 1:		
4. Schedule Summary (required)	► Total number	of nages includin	g this cover page	• 3
Schedules attached	- Total Hamber	or pages moraum	ig tino oover page	·
X Schedule A-1 - Investments - sched	ule attached	Schedule C - Inc	come, Loans, & Busine	ss Positions – schedule attached
Schedule A-2 - Investments – sched	ule attached		come – Gifts – schedul	
Schedule B - Real Property - schedule	ule attached	Schedule E - Inc	come – Gifts – Travel F	Payments – schedule attached
-or-				
■ None - No reportable interests or	any schedule			
5. Verification				
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docu	city ument)		STATE	ZIP CODE
	Half	Moon Bay	CA	94019
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS		
I have used all reasonable diligence in preparir	ng this statement. I have row	iewed this statement or	nd to the best of my kno	whedge the information contained
herein and in any attached schedules is true a				wiedge the information contained
I certify under penalty of perjury under the	laws of the State of Califo	rnia that the foregoin	ng is true and correct.	
Date Signed03/27/2023		SignatureCathlee	en Brennan	
(month, day, year)		(1	File the originally signed paper sta	atement 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	► NAME OF BUSINESS ENTITY	
	Applied Materials	AT&T	
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS	
	Semiconductor Equipment Manufacturing	Communications	
	FAIR MARKET VALUE	FAIR MARKET VALUE	
	\$2,000 - \$10,000 \$10,001 - \$100,000	X \$2,000 - \$10,000	
	□ \$100,001 - \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000	
	NATURE OF INVESTMENT	NATURE OF INVESTMENT	
	X Stock Other(Describe)	X Stock Other (Describe)	
	Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report of	on Schedule C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:	
	, , 22 , , , 22	, , 22 , , 22	
	ACQUIRED DISPOSED	ACQUIRED DISPOSED	
_			
	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY	
	<u>Pfizer</u>	Viatris Inc.	
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS	
	Pharmaceutical	Pharmaceutical	
	FAIR MARKET VALUE	FAIR MARKET VALUE	
	<u>X</u> \$10,000 <u>X</u> \$10,000	X \$2,000 - \$10,000	
	\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000	
	NATURE OF INVESTMENT	NATURE OF INVESTMENT	
	X Stock Other	X Stock Other	
	(Describe)	(Describe)	
	☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)	☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report o	on Schedule C)
	, , , , , ,		,
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:	
		, , 22 , , 22	
	ACQUIRED DISPOSED	ACQUIRED DISPOSED	
_	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY	
	Lam Research	Southwest Airlines	
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS	
	Semiconductor Equipment Manufacturer	Transportation	
	FAIR MARKET VALUE	FAIR MARKET VALUE	
	\$2,000 - \$10,000 X \$10,001 - \$100,000	\$2,000 - \$10,000 X \$10,001 - \$100,000	
	\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000	
	NATURE OF INVESTMENT	NATURE OF INVESTMENT	
	X Stock Other	X Stock Other	
	(Describe)	(Describe)	
	Partnership Oncome Received of \$0 - \$499 Oncome Received of \$500 or More (Report on Schedule C)	☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report o	on Schedule C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:	
	, , 22 , , 22	, , 22 , , , 22	
	ACQUIRED DISPOSED	ACQUIRED DISPOSED	
	I		
C	amments:		

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	▶	NAME OF BUSINESS ENTITY
	Ross Stores		
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
	Retail		
	FAIR MARKET VALUE		FAIR MARKET VALUE
	\$2,000 - \$10,000 \$10,001 - \$100,000		\$2,000 - \$10,000 \$10,001 - \$100,000
	X \$100,001 - \$1,000,000 Over \$1,000,000		\$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT		NATURE OF INVESTMENT
	X Stock Other		Stock Other
	(Describe)		(Describe)
	Partnership Oncome Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)		Partnership Oncome Received of \$0 - \$499 Oncome Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
	/ /22 / /22		, , 22 , , , 22
	ACQUIRED DISPOSED		ACQUIRED DISPOSED
_	NAME OF BUSINESS ENTITY	 	NAME OF BUSINESS ENTITY
	TAME OF BOOMESO ENTITY	_	TANKE OF BOOKEOU ENTITY
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
	FAID MADIST VALUE		FAID MADIET VALUE
	FAIR MARKET VALUE		FAIR MARKET VALUE
	\$2,000 - \$10,000 \$10,001 - \$100,000		☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
	\$100,001 - \$1,000,000 Over \$1,000,000		Ship in the state of the state
	NATURE OF INVESTMENT		NATURE OF INVESTMENT
	Stock Other		Stock Other
	(Describe)		(Describe)
	Partnership O Income Received of \$0 - \$499		Partnership Income Received of \$0 - \$499
	○ Income Received of \$500 or More (Report on Schedule C)		○ Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
	/ /22 / /22		, , 22 , , 22
	ACQUIRED DISPOSED		//22
	ACQUIRED DISPOSED		ACQUIRED DISPOSED
•	NAME OF BUSINESS ENTITY	•	NAME OF BUSINESS ENTITY
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
	FAIR MARKET VALUE		FAIR MARKET VALUE
	\$2,000 - \$10,000 \$10,001 - \$100,000		\$2,000 - \$10,000 \$10,001 - \$100,000
	\$100,001 - \$1,000,000 Over \$1,000,000		\$100,001 - \$1,000,000 S10,000 Over \$1,000,000
	\$100,001 - \$1,000,000 Over \$1,000,000		\$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT		NATURE OF INVESTMENT
	Stock Other		Stock Other
	(Describe)		(Describe)
	☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)		☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
	ACQUIRED DISPOSED		ACQUIRED DISPOSED
_			
Co	omments:		