

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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NAME OF FILER (LA	ST)	(FIRST)		(MIDDLE)	
Brennan, Cathleen M					
l. Office, Agency, or Court					
Agency Name (Do not use acronyms)					
San Mateo County					
Division, Board, Department, District, if app	Your Position	Your Position			
Coastside County Water Distric	Water Resources Analyst				
► If filing for multiple positions, list below of	or on an attachment. (Do no	ot use acronyms)			
Agency:	Position:	Position:			
2. Jurisdiction of Office (Check at l	least one box)				
☐ State		Judge, Retil (Statewide v	red Judge, Pro Tem Jud Jurisdiction)	dge, or Court Commissioner	
Multi-County		County of _			
City of		X Other Coas	stside County Wa	ter District	
3. Type of Statement (Check at leas	t one box)				
X Annual: The period covered is Janua December 31, 2023.	ary 1, 2023 through	☐ Leaving Of	ffice: Date Left (Check	one circle)	
The period covered is December 31, 2023.		riod covered is January ng office.	1, 2023 through the date		
Assuming Office: Date assumed _	•	riod covered is/. ng office.	, through the date		
Candidate:Date of Election	and office sough	nt, if different than Part 1:			
4. Schedule Summary (required)	► Total numh	per of pages including	n this cover nage	• 3	
Schedules attached	P Total Humb	er or pages including	g tills cover page		
X Schedule A-1 - Investments – sch	nedule attached	Schedule C - Inc	come, Loans, & Busine	ss Positions – schedule attached	
Schedule A-2 - Investments – schedule attached			come – Gifts – schedul		
Schedule B - Real Property - sch	nedule 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	CIT Document)	ΓY	STATE	ZIP CODE	
DAYTIME TELEPHONE NUMBER	На	alf Moon Bay	CA	94019	
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS			
I have used all reasonable diligence in prepherein and in any attached schedules is true				wledge the information contained	
I certify under penalty of perjury under	•				
Date Signed03/18/2024		SignatureCathlee	n M Brennan		
(month, day, year)	_	(F	ile 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 M				

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Pfizer	Lam Research
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Pharmaceutical	Semiconductor Equipment Manufacturer
FAIR MARKET VALUE	FAIR MARKET VALUE
	☐ \$2,000 - \$10,000 <u>X</u> \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other(Describe)	X Stock Other (Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 23 , , 23	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Ross Stores	Applied Materials
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Retail	Semiconductor Equipment Manufacturing
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
X \$100,001 - \$1,000,000 Over \$1,000,000	☐ \$100,001 - \$1,000,000 X Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other	X Stock Other
☐ (Describe) ☐ Partnership ◯ Income Received of \$0 - \$499	(Describe) Partnership () Income Received of \$0 - \$499
☐ Faithership ☐ Income Received of \$0 or More (Report on Schedule C)	☐ Faithership ☐ income Received of \$0 - \$439 ☐ Income Received of \$500 or More (Report on Schedule C)
· · · · · · · · · · · · · · · · · · ·	
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Southwest Airlines	AT&T
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Transportation	Communications
FAIR MARKET VALUE	FAIR MARKET VALUE
X \$10,000 - \$10,000 X \$10,001 - \$100,000	X \$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 INIVESTMENT
NATURE OF INVESTMENT X Stock Other	NATURE OF INVESTMENT 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 on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ /23 / /23	/ /23 / /23
ACQUIRED DISPOSED	ACQUIRED DISPOSED
AOQUINED DIOFOGED	AOQUINED DISPOSED
Comments:	

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Brennan, Cathleen M

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Viatris Inc.	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Pharmaceutical	
FAIR MARKET VALUE	FAIR MARKET VALUE
<u>X</u> \$2,000 - \$10,000 <u> \$10,001 - \$100,000</u>	\$2,000 - \$10,000 \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other (Describe)	Stock Other(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 23 , , 23	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
— (Describe) ☐ Partnership () Income Received of \$0 - \$499	☐ (Describe) ☐ Partnership
○ Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IE ADDITICADI EL LIGT DATE.	IF APPLICABLE, LIST DATE:
IF APPLICABLE, LIST DATE:	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
CENERAL DECORAL FIGH OF THIS BOSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	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	Stock Other
— (Describe) ☐ Partnership ◯ Income Received of \$0 - \$499	☐ Partnership ☐ Income Received of \$0 - \$499
☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Comments	•



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A Public Document

Date Initial Filing Received
Filing Official Use Only

E-Filed 03/13/2024 09:44:58

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					
Coastside County Water District	Director	Director			
▶ If filing for multiple positions, list below or on an attachment.	(Do not use acronyms)				
Agency:	Position:	Position:			
2. Jurisdiction of Office (Check at least one box)		5 7			
☐ State	Judge, Retir (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)					
Annual: The period covered is January 1, 2023 through December 31, 2023.	Leaving Of	fice: Date Left (Check	one circle)		
The period covered is/, throuperember 31, 2023.	ugh O The peri	od covered is January g office.	y 1, 2023 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 r	number of pages including	this cover page	. 4		
Schedules attached	idiliber of pages illelidding	illis cover page	· 		
Schedule A-1 - Investments – schedule attached	X Schedule C - Inc	ome. Loans. & Busine	ess Positions – schedule attached		
IX Schedule A-2 - Investments − schedule attached IX Schedule D - Income − Gifts − schedule					
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		
DANTING TELEPHONE AUMOED	Half Moon Bay	CA	94019		
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS				
I have used all reasonable diligence in preparing this statement.	I have reviewed this statement and	d to the best of my kno	owledge the information contained		
herein and in any attached schedules is true and complete. I ad			-		
I certify under penalty of perjury under the laws of the State	of California that the foregoing	is true and correct.			
Date Signed _03/13/2024	Signature Kenneth	Lee Coverdell			
(month, day, year)	(Fi	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

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)	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
☐ Hust, go to 2	I must, 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:
\$0 - \$1,999 \$2,000 - \$10,000 \$2,000 - \$10,000	□ \$0 - \$1,999 □ \$2,000 - \$10,000 / /23 / /23
\$2,000 - \$10,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000	\$100,001 - \$1,000,000
X Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT Destroyship	NATURE OF INVESTMENT
Partnership Sole Proprietorship X Corporation Other	Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION President	YOUR BUSINESS POSITION
NO DENTIFY THE OPOCC INCOME DECEMED (INCLUDE VOLID DRO DATA	A IDENTIFY THE OPOCC INCOME DECEMED (INCOME VOUD DOC DATA
➤ 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 <u>TO</u> THE ENTITY/TRUST)
\$0 - \$499 \$10,001 - \$100,000	\$0 - \$499 \$10,001 - \$100,000
☐ \$500 - \$1,000	U \$500 - \$1,000 OVER \$100,000
☐ \$1,001 - \$10,000 ➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
X None or Names listed below	☐ None or ☐ Names listed below
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
□ INVESTMENT □ REAL PROPERTY	INVESTMENT REAL PROPERTY
_ INVESTIMENT _ NEAET NOT ENTI	
	<u> </u>
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Assessor's Faicer Number of Street Address of Real Froperty	Assessor's Faiter Number of Street Address of Iteal 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	\$2,000 - \$10,000
\$10,001 - \$100,000	\$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
Over \$1,000,000	
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Partnership Stock Partnership
Leasehold Other	Leasehold Other
Yrs. remaining	Yrs. remaining
Check box if additional schedules reporting investments or real property	Check box if additional schedules reporting investments or real property
are attached	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 \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000
NATURE OF INTEREST	NATURE OF INTEREST
X Ownership/Deed of Trust	Ownership/Deed of Trust Easement
Leasehold	Leasehold
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
x \$0 - \$499	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	☐ \$10,001 - \$100,000 ☐ OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
X None	
None Non	
<u>IX</u> None	
<u>I</u> X None	
X None	
* You are not required to report loans from a commercial business on terms available to members of the public loans received not in a lender's regular course of business.	al lending institution made in the lender's regular course of without regard to your official status. Personal loans and mess must be disclosed as follows:
* You are not required to report loans from a commercial business on terms available to members of the public	al lending institution made in the lender's regular course of without regard to your official status. Personal loans and
* You are not required to report loans from a commercial business on terms available to members of the public loans received not in a lender's regular course of business.	al lending institution made in the lender's regular course of without regard to your official status. Personal loans and mess must be disclosed as follows:
* You are not required to report loans from a commercial business on terms available to members of the public loans received not in a lender's regular course of business of LENDER*	al lending institution made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows: NAME OF LENDER*
* You are not required to report loans from a commercial business on terms available to members of the public loans received not in a lender's regular course of business OF LENDER* ADDRESS (Business Address Acceptable)	al lending institution made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
* You are not required to report loans from a commercial business on terms available to members of the public loans received not in a lender's regular course of business NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	al lending institution made in the lender's regular course of without regard to your official status. Personal loans and mess must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
* You are not required to report loans from a commercial business on terms available to members of the public loans received not in a lender's regular course of business of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	al lending institution made in the lender's regular course of without regard to your official status. Personal loans and mess 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 commercial business on terms available to members of the public loans received not in a lender's regular course of business NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) HIGHEST BALANCE DURING REPORTING PERIOD	al lending institution made in the lender's regular course of without regard to your official status. Personal loans and mess must be disclosed as follows: NAME OF LENDER*
* You are not required to report loans from a commercial business on terms available to members of the public loans received not in a lender's regular course of business NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	al lending institution made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
* You are not required to report loans from a commercial business on terms available to members of the public loans received not in a lender's regular course of business NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) HIGHEST BALANCE DURING REPORTING PERIOD	al lending institution made in the lender's regular course of without regard to your official status. Personal loans and mess must be disclosed as follows: NAME OF LENDER*
* You are not required to report loans from a commercial business on terms available to members of the public loans received not in a lender's regular course of business NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	al lending institution made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows: NAME OF LENDER*

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	GROSS INCOME RECEIVED No Income - Business Position C
\$500 - \$1,000\$1,001 - \$10,000	☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
■ \$10,001 - \$100,000	☐ \$10,001 - \$100,000 ☐ OVER \$100,000
ONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use	Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.) Sale of	Schedule A-2.) Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Commission or Rental Income, list each source of \$10,000 or more (Describe)	Commission or Rental Income, list each source of \$10,000 or more (Describe)
(Describe)	(Describe)
	(Describe) Other(Describe)
(Describe) Other (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERITY You are not required to report loans from a commercial a retail installment or credit card transaction, made in the members of the public without regard to your official star regular course of business must be disclosed as follows	(Describe) Other (Describe) lending institution, or any indebtedness created as part of the lender's regular course of business on terms available that the lender's received not in a lender's second loans and loans received not in a lender's second loans and loans received not in a lender's second loans and loans received not in a lender's second loans and loans received not in a lender's second loans and loans received not in a lender's second loans and loans received not in a lender's second loans and loans received not in a lender's second loans and loans received not in a lender's second loans and loans received not in a lender's second loans and loans received not in a lender's second loans and loans received not in a lender's second loans and loans received not in a lender's second loans and loans received not in a lender's second loans and loans received not in a lender's second loans and loans received not in a lender's second loans and loans received not in a lender's second loans and loans received not in a lender's second loans are second loans and loans received not in a lender's second loans are
(Describe) Other (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER You are not required to report loans from a commercial a retail installment or credit card transaction, made in the members of the public without regard to your official states.	Other (Describe) [Describe]
(Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER You are not required to report loans from a commercial a retail installment or credit card transaction, made in the members of the public without regard to your official star regular course of business must be disclosed as follows NAME OF LENDER*	(Describe) Other (Describe) lending institution, or any indebtedness created as part of the lender's regular course of business on terms available that the lender's received not in a lender's second loans and loans received not in a lender's second loans and loans received not in a lender's second loans and loans received not in a lender's second loans and loans received not in a lender's second loans and loans received not in a lender's second loans and loans received not in a lender's second loans and loans received not in a lender's second loans and loans received not in a lender's second loans and loans received not in a lender's second loans and loans received not in a lender's second loans and loans received not in a lender's second loans and loans received not in a lender's second loans and loans received not in a lender's second loans and loans received not in a lender's second loans and loans received not in a lender's second loans and loans received not in a lender's second loans and loans received not in a lender's second loans are second loans and loans received not in a lender's second loans are
(Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER You are not required to report loans from a commercial a retail installment or credit card transaction, made in the members of the public without regard to your official state regular course of business must be disclosed as follows NAME OF LENDER*	(Describe) Other (Describe) Iod Iending institution, or any indebtedness created as part of the lender's regular course of business on terms available that the lender's second loans and loans received not in a lender's second loans and loans received not in a lender's second loans and loans received not in a lender's second loans and loans received not in a lender's second loans and loans received not in a lender's second loans and loans received not in a lender's second loans and loans received not in a lender's second loans and loans received not in a lender's second loans and loans received not in a lender's second loans and loans received not in a lender's second loans and loans received not in a lender's second loans and loans received not in a lender's second loans and loans received not in a lender's second loans and loans received not in a lender's second loans and loans received not in a lender's second loans and loans received not in a lender's second loans and loans received not in a lender's second loans and loans received not in a lender's second loans and loans received not in a lender's second loans received not in a lender's seco
(Describe) Other (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER You are not required to report loans from a commercial a retail installment or credit card transaction, made in the members of the public without regard to your official state regular course of business must be disclosed as follows NAME OF LENDER* ADDRESS (Business Address Acceptable)	(Describe) Other (Describe) lending institution, or any indebtedness created as part of the lender's regular course of business on terms available that the lender's received not in a lender's second loans and loans received not in a lender's second loans and loans received not in a lender's second loans received not in a l
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(Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERISON You are not required to report loans from a commercial a retail installment or credit card transaction, made in the members of the public without regard to your official state regular course of business must be disclosed as follows NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	Other
(Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIFORM You are not required to report loans from a commercial a retail installment or credit card transaction, made in the members of the public without regard to your official star regular course of business must be disclosed as follows NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	Other
(Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER You are not required to report loans from a commercial a retail installment or credit card transaction, made in the members of the public without regard to your official state regular course of business must be disclosed as follows NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD	(Describe) (De
Other	(Describe) Other (Describe) lending institution, or any indebtedness created as part of the lender's regular course of business on terms available that the lender's regular course of business on terms available that the lender's street and loans received not in a lender's street lender's street lender's street lender's lend
(Describe) Other (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER You are not required to report loans from a commercial a retail installment or credit card transaction, made in the members of the public without regard to your official state regular course of business must be disclosed as follows: AME OF LENDER* DDRESS (Business Address Acceptable) USINESS ACTIVITY, IF ANY, OF LENDER IIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000	(Describe) (De



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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Date Initial Filing Received
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E-Filed 02/27/2024 15:26:41

NAME OF FILER	(LAST)		(FIRST)		(MIDDLE)	
Derbin, James						
1. Office, Agency, or	Court					
Agency Name (Do not u	se acronyms)					
SAN MATEO COUNTY						
Division, Board, Departme	ent, District, if applicable		Your Position			
Coastside County W	Water District		Superintendent of Operations			
► If filing for multiple pos	sitions, list below or on an attachmen	t. (Do not use	acronyms)			
Agency:			Position:			
2. Jurisdiction of Of	fice (Check at least one box)			5		
☐ State			Judge, Retii (Statewide		dge, or Court Commissioner	
Multi-County			X County of	San Mateo		
City of			Other			
3. Type of Statemen	t (Check at least one box)					
December 3	covered is January 1, 2023 throug 31, 2023.	jh	Leaving Of	ffice: Date Left(Check	J one circle)	
-or- The period December	covered is/, th 31, 2023.	ırough		riod covered is January ng office.	1, 2023 through the date	
Assuming Office: Date assumed/, the of leaving office.				, through the date		
Candidate:Date of E	lection and off	ice sought, if dif	ferent than Part 1:			
4. Schedule Summary	y (required) ► Tota	l number of	nages including	g this cover page	• 1	
Schedules attache	, , , , , , , , , , , , , , , , , , , ,		pagoo molaam	g time cover page	·	
Schedule A-1 -	Investments – schedule attached	ļ	Schedule C - Inc	come, Loans, & Busine	ss Positions – schedule attached	
Schedule A-2 -	Investments - schedule attached		Schedule D - Inc	come – Gifts – schedul	e attached	
Schedule B - R	eal Property – schedule attached	ļ	Schedule E - Inc	ome – Gifts – Travel F	Payments - schedule attached	
-or-						
X None - No repo	rtable interests on any schedu	le				
5. Verification						
MAILING ADDRESS (Business or Agency Address R	STREET ecommended - Public Document)	CITY		STATE	ZIP CODE	
DAYTIME TELEDITONE NUMBER	-0	Half M	loon Bay	CA	94019	
DAYTIME TELEPHONE NUMBE	±K		E-MAIL ADDRESS			
	e diligence in preparing this statemen				owledge the information contained	
	ed schedules is true and complete.	_	-			
I certify under penalty of	of perjury under the laws of the St	ate of Californ	ia that the foregoing	g is true and correct.		
Date Signed02/27/20	024	Si	gnature <u>James D</u>	erbin		
=	(month, day, year)		(F	ile the originally signed paper sta	atement with your filing official.)	



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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Date Initial Filing Received
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E-Filed 02/29/2024 09:04:18

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Feldman, Robert Charles			
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
SAN MATEO COUNTY			
Division, Board, Department, District, if applicable	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 7	
☐ State	Udge, Retir (Statewide J		dge, or Court Commissioner
Multi-County	X County of _5	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, 2023 through December 31, 2023.	☐ Leaving Of	fice: Date Left (Check	one circle)
The period covered is/, throuper 31, 2023.	ugh O The per of leavin	iod covered is January g office.	y 1, 2023 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 nage	. 1
Schedules attached	rumber of pages meraum	, tills 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 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
DANTING TELEPHONE AUMOED	Half Moon Bay	CA	94019
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS		
have used all reasonable diligence in propering this statement	Lhave reviewed this statement on	d to the heet of my less	owlodge 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	g is true and correct.	
Date Signed _02/29/2024	Signature Robert	Charles Feldman	
(month, day, year)	C (Fi	le the originally signed paper st	atement with your filing official.)



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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NAME	OF FILER	(LAST)		(FIRST)		(MIDDLE)
Mic	ckelson, Christian Ron	ald				
1. C	Office, Agency, or Cou	rt				
A	Agency Name (Do not use acr	onyms)				
_	San Mateo County					
	Division, Board, Department, Di	strict, if applicable		Your Position		
- 5	San Mateo Local Agency	Formation Commission		Alternate	Member	
•	If filing for multiple positions,	list below or on an attachment	. (Do not use	acronyms)		
A	Agency: *SEE ATTACHED F	OR ADDITIONAL POSITION	rs .	Position:		
2. 、	Jurisdiction of Office	(Check at least one box)				
	State			Judge, Reti (Statewide		udge, or Court Commissioner
	Multi-County			X County of _	San Mateo	
	City of			Other		
3.	Type of Statement (Ch	eck at least one box)				
	Annual: The period cover December 31, 20	ed is January 1, 2023 through 23.	h	Leaving O	ffice: Date Left (Check	_// < one circle)
	-or- The period cover December 31, 2	ed is/, thr 023.	ough	The per of leaving	riod covered is Januar ng office.	y 1, 2023 through the date
	Assuming Office: Date a	ssumed/	-		riod covered is ng office.	//, through the date
	Candidate:Date of Election	and office	ce sought, if d	ifferent than Part 1:		
	chedule Summary (re	quired) ▶ Total	number o	f pages including	g this cover page	9:4
S	Schedules attached					
	Schedule A-1 - Invest	ments - schedule attached		Schedule C - Inc	come, Loans, & Busine	ess Positions - schedule attached
		ments – schedule attached			come – Gifts – schedu	
or	_	operty – schedule attached		Schedule E - Ind	come – Giπs – Travei	Payments – schedule attached
-or		interests on any schedul	0			
E \/	·	interests on any somedur				
_	/erification MAILING ADDRESS STI	REET	CITY		STATE	ZIP CODE
	Business or Agency Address Recomme		OIII		STATE	ZII OODE
_	DAYTIME TELEPHONE NUMBER		Half	Moon Bay E-MAIL ADDRESS	CA	94019
()			L-IVIAIL ADDINESS		
		ence in preparing this statement edules is true and complete. I				owledge the information contained
	-	ury under the laws of the Sta	_	•		
_			_	a design	on Donold Michigan	laon
	Date Signed	nth, day, year)	S	ignature <u>Christi</u>	an Ronald Micke: File the originally signed paper s	statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS COVER PAGE Expanded Statement Attachment

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

NameChristian Ronald

Mickelson

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

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

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name Mickelson, Christian Ronald

1927 Hayes Street #1	1927 Hayes Street #2
CITY	CITY
San Francisco	San Francisco
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \dots \dots	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$IOURED \$IOURED
NATURE OF INTEREST	NATURE OF INTEREST
X Ownership/Deed of Trust Easement	X Ownership/Deed of Trust
Leasehold Trs. remaining Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$0 - \$499
X \$10,001 - \$100,000 OVER \$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. 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. None Name(s) redacted
	I lending institution made in the lender's regular course of without regard to your official status. Personal loans and ess must be disclosed as follows:
business on terms available to members of the public v	vithout regard to your official status. Personal loans and
business on terms available to members of the public values of loans received not in a lender's regular course of business.	vithout regard to your official status. Personal loans and ess must be disclosed as follows:
business on terms available to members of the public values loans received not in a lender's regular course of busin NAME OF LENDER*	vithout regard to your official status. Personal loans and ess must be disclosed as follows: NAME OF LENDER*
business on terms available to members of the public values loans received not in a lender's regular course of busing 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 on terms available to members of the public values of loans received not in a lender's regular course of busing 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
business on terms available to members of the public values of loans received not in a lender's regular course of busing 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 TERM (Months/Years)
business on terms available to members of the public values of loans received not in a lender's regular course of busing NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) 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) None
business on terms available to members of the public value loans received not in a lender's regular course of busing NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) Whose HIGHEST BALANCE DURING REPORTING PERIOD	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)

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name Mickelson, Christian Ronald

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
107 Broadway	155 Broadway
CITY	CITY
Half Moon Bay	Half Moon Bay
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 COVER \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED DISPOSED
NATURE OF INTEREST	NATURE OF INTEREST
∑ Ownership/Deed of Trust	∑ Ownership/Deed of Trust
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 X OVER \$100,000	▼ \$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	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
	al lending institution made in the lender's regular course of without regard to your official status. Personal loans and
loans received not in a lender's regular course of busi	
NAME OF LENDER*	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
%	%
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \qquad \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	☐ \$10,001 - \$100,000 ☐ OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
Comments:	



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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NAMI	E OF FILER	(LAST)		(FIRST)		(MIDDLE)
Mi	yaki, Patrick T					
1. (Office, Agency, or Co	urt				
Ā	Agency Name (Do not use ac	cronyms)				
_	San Mateo County					
[Division, Board, Department, D	District, if applicable		Your Position		
_	Coastside County Wate	r District		Attorney		
•	If filing for multiple positions	s, list below or on an attachment.	(Do not us	e acronyms)		
	Agency: <u>*SEE ATTACHED</u>	FOR ADDITIONAL POSITIONS	3	Position:		
2.	Jurisdiction of Office	(Check at least one box)				
[State				lred Judge, Pro Tem Ju Jurisdiction)	dge, or Court Commissioner
[Multi-County			X County of_	San Mateo	
[City of			Other		
3.	Type of Statement (C)	neck at least one box)				
[X Annual: The period cove December 31, 2	red is January 1, 2023 through 023.		Leaving O	ffice: Date Left (Check	_// cone circle)
	-or- The period cove December 31,	ered is/, thro	ough		riod covered is Januar ng office.	y 1, 2023 through the date
[Assuming Office: Date	assumed/			riod covered is ng office.	//, through the date
[Candidate:Date of Election	n and office	e sought, if o	different than Part 1:		
4. S	Schedule Summary (re	equired) ► Total	number	of pages including	g this cover page	<u>; 6 </u>
9	Schedules attached					
	X Schedule A-1 - Inves	tments – schedule attached		X Schedule C - Inc	come, Loans, & Busine	ess Positions – schedule attached
	X Schedule A-2 - Inves	tments - schedule attached		Schedule D - Ind	come – Gifts – schedu	le attached
	X Schedule B - Real P	roperty – schedule attached		Schedule E - Inc	come – Gifts – Travel	Payments - schedule attached
-or	-					
[☐ None - No reportabl	e interests on any schedule)			
5. \	/erification					
	MAILING ADDRESS S' (Business or Agency Address Recomn	TREET lended - Public Document)	CITY		STATE	ZIP CODE
-	DAYTIME TELEPHONE NUMBER		San I	rancisco E-MAIL ADDRESS	CA	94105
	()			E WINE ABBRESS		
		gence in preparing this statement. nedules is true and complete. I a				owledge the information contained
	-	rjury under the laws of the Stat	_	•		
	Data Ciamad (13/11/2024			Signature <u>Patrick</u>	T Mivaki	
١	Date Signed	onth, day, year)	;	oignature <u>Factick</u>	File the originally signed paper s	tatement 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.

		1 _ 1.1		"
Agency	Div/Board/Dept/District	Position	Type of Statement	SAN #
San Mateo County	North Coast County Water District	Attorney	Annual 1/1/2023 - 12/31/2023	011700170-NFH-0170
San Mateo County	Coastside County Water	Attorney	Annual 1/1/2023 - 12/31/2023	011700170-NFH-0170

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests

(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		Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
	/ /23 / /23		, , 23 , , 23
	ACQUIRED DISPOSED		ACQUIRED DISPOSED
_	NAME OF BUSINESS ENTITY	┢	NAME OF BUSINESS ENTITY
	TV WE OF BOOKEOU ENTITY	_	TWINE OF BOOMESO 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
	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:
	, , 23		/ /23 / /23
	ACQUIRED DISPOSED		ACQUIRED DISPOSED
	ACQUINED DISFOSED		ACQUINED DISPOSED
•	NAME OF BUSINESS ENTITY	•	NAME OF BUSINESS ENTITY
	OFNEDAL DECORPTION OF THIS PHOINTS		OFNEDAL DECORPORAÇÃO OF THE PHOINTESS
	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 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:
	ACQUIRED DISPOSED		ACQUIRED DISPOSED
C-	'ammonto:	-	

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) Check one	Address (Business Address Acceptable) Check one
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2	Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$1,000,000 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Partnership Sole Proprietorship Other	Partnership Sole Proprietorship Other
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) X \$0 - \$499	➤ 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	\$10,001 - \$100,000 \$500 - \$1,000
\$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
▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY 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 Half Moon Bay, CA 94019	Name of Business Entity, if Investment, or 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: \$2,000 - \$10,000 \$10,001 - \$100,000 J_23 J_23	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$1,000,000 \$100,001 - \$1,000,000 ACQUIRED DISPOSED DISPOSED
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	Yrs. remaining Check box if additional schedules reporting investments or real property are attached
Comments:	

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name Miyaki, Patrick T

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
340 Bridgeport Drive	
CITY	CITY
Half Moon Bay	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000	\$10,001 - \$100,000
X \$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
X 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
	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
None	None
	I lending institution made in the lender's regular course of
	without regard to your official status. Personal loans and
loans received not in a lender's regular course of busir	
NAME OF LENDER*	NAME OF LENDER*
	NAINE OF LENDER
	NAIVIE OF LENDER
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	
BUSINESS ACTIVITY, IF ANY, OF LENDER	ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) ———————————————————————————————————	ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) % None HIGHEST BALANCE DURING REPORTING PERIOD
BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) ———————————————————————————————————	ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) % None HIGHEST BALANCE DURING REPORTING PERIOD [] \$500 - \$1,000
BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) ———————————————————————————————————	ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) % None HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000

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 seco	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 03/15/2024 16:29:30

NAME OF FILER	(LAST)		(FIRST)		(MIDDLE)
Muller, John					
I. Office, Agency, or Co	urt				
Agency Name (Do not use a	cronyms)				
SAN MATEO COUNTY					
Division, Board, Department, I	District, if applicable		Your Position		
Coastside County Wate	er District		Director		
► If filing for multiple positions	s, list below or on an attachmen	t. (Do not use	acronyms)		
Agency:			Position:		
2. Jurisdiction of Office	(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 (c	heck at least one box)				
X Annual: The period cover December 31, 2	ered is January 1, 2023 throug 023.	jh	Leaving O	Office: Date Left(Check	one circle)
-or- The period cov December 31,	ered is/, th 2023.	rough		riod covered is January ng office.	y 1, 2023 through the date
☐ Assuming Office: Date	assumed/	_		riod covered is	/, through the date
Candidate:Date of Election	n and offi	ce sought, if di	ferent than Part 1:		
4. Schedule Summary (re	equired) > Tota	l number o	f nages including	g this cover page	. 3
Schedules attached	Piota	i ildiliber o	pages including	g tills cover page	·
Schedule A-1 - Inves	stments – schedule attached		Schedule C - Inc	come, Loans, & Busine	ess Positions – schedule attached
X Schedule A-2 - Inves	stments - schedule attached		Schedule D - Inc	come – Gifts – schedul	e attached
X Schedule B - Real F	Property – schedule attached		Schedule E - Inc	come – Gifts – Travel F	Payments – schedule attached
-or-					
■ None - No reportab	le interests on any schedu	le			
5. Verification					
MAILING ADDRESS S (Business or Agency Address Recomm	TREET nended - Public Document)	CITY		STATE	ZIP CODE
DAYTIME TELEPHONE NUMBER		Half N	Moon Bay	CA	94019
DAYTIME TELEPHONE NUMBER			E-MAIL ADDRESS		
have used all resconable dili	gence in preparing this statemen	t I have review	wed this statement on	ad to the hest of my los	owledge the information contained
	pence in preparing this statemen hedules is true and complete. I				owiedge the information contained
I certify under penalty of pe	rjury under the laws of the St	ate of Califorr	ia that the foregoin	g is true and correct.	
Date Signed03/15/2024_		S	gnature <u>John Mu</u>		
- (r.	nonth, day, year)		(F	File 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
Muller, John

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
DAYLIGHT FARMS LLC	
Name	Name
Half Moon Bay, CA 94019	
Address (Business Address Acceptable)	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
FARMING OPERATION	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$\begin{array}{ c c c c c c c c c c c c c c c c c c c	\$\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 Sole Proprietorship X LLC Other	Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION CO OWNER	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 <u>TO</u> THE ENTITY/TRUST)
X \$0 - \$499	\$0 - \$499 \$10,001 - \$100,000
\$500 - \$1,000 OVER \$100,000	\$500 - \$1,000 OVER \$100,000
LJ \$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	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	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:
<u>\$2,000 - \$10,000</u>	\$2,000 - \$10,000
\$10,001 - \$100,000	\$10,001 - \$100,000/_23/_23 \$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
	1 3.5 3.330,100

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name Muller, John

PPLICABLE, LIST DATE: //_23	\$2,000 - \$10,000 \$10,001 - \$100,000	Miramontes Street Moon Bay MARKET VALUE 2,000 - \$10,000 0,001 - \$100,000 MIRAMONTE STREET STREET
//23/_23 CQUIRED	FAIR MARKET VALUE IF APP \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000	MARKET VALUE IF APPLICABLE, LIST DATE: 2,000 - \$10,000
//23/23 CQUIRED	\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000	MARKET VALUE IF APPLICABLE, LIST DATE: 2,000 - \$10,000
//23/_23 CQUIRED	\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000	2,000 - \$10,000 10,001 - \$100,000// _23 //
] Easement	\$100,001 - \$1,000,000 AC	
]	Over \$1,000,000	00,001 - \$1,000,000 ACQUIRED DISPOSE
]		ver \$1,000,000
]	NATURE OF INTEREST	RE OF INTEREST
Other	Ownership/Deed of Trust	wnership/Deed of Trust Easement
Other	Leasehold	Leasehold
	Yrs. remaining	Yrs. remaining Other
E RECEIVED	IF RENTAL PROPERTY, GROSS INCOME	NTAL PROPERTY, GROSS INCOME RECEIVED
\$1,001 - \$10,000	S0 - \$499 S500 - \$1,000	0 - \$499
ER \$100,000	☐ \$10,001 - \$100,000 ☐ OVER	0,001 - \$100,000 OVER \$100,000
	SOURCES OF RENTAL INCOME: If you interest, list the name of each tenant income of \$10,000 or more.	RCES OF RENTAL INCOME: If you own a 10% or great est, list the name of each tenant that is a single source of \$10,000 or more.
	None	lone
	without regard to your official status.	u are not required to report loans from a con siness on terms available to members of the ns received not in a lender's regular course
	NAME OF LENDER*	OF LENDER*
)	ADDRESS (Business Address Acceptable)	RESS (Business Address Acceptable)
ER	BUSINESS ACTIVITY, IF ANY, OF LENDER	NESS ACTIVITY, IF ANY, OF LENDER
ERM (Months/Years)	INTEREST RATE TER	REST RATE TERM (Months/Years)
	%	%
	HIGHEST BALANCE DURING REPORTING	EST BALANCE DURING REPORTING PERIOD
NG PERIOD	1	500 - \$1,000
	\$500 - \$1,000 \$1,001 - \$	
\$10,000	\$1,001 - \$1,000 \$1,001 - \$10,000 OVER \$10	0,001 - \$100,000 OVER \$100,000
Personal loans a	without regard to your official status. ness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)	siness on terms available to members of the ns received not in a lender's regular course of the ns received not in a lender's regular course of the ns received not in a lender's regular course of the ns received not in a lender's regular course of the ns received not in a lender's regular course of the ns received not in a lender's regular course of the ns received not in a lender's regular course of the ns received not in a lender's regular course of the ns received not in a lender's regular course of the ns received not in a lender's regular course of the ns received not in a lender's regular course of the ns received not in a lender's regular course of the ns received not in a lender's regular course of the ns received not in a lender's regular course of the ns received not in a lender's regular course of the ns received not in a lender's regular course of the ns received not in a lender's regular course of the ns received not in a lender's regular course of the ns received not in a lender's regular course of the ns received not in a lender's received not
ERM (Months/Years)	INTEREST RATE TER	REST RATE TERM (Months/Years)
ERM (Months/Years)		REST RATE TERM (Months/Years)
ERM (Months/Years)	INTEREST RATE TER	REST RATE TERM (Months/Years)
ERM (Months/Years)	INTEREST RATE TER	REST RATE TERM (Months/Years)
ERM (Months/Years)	INTEREST RATE TER	REST RATE TERM (Months/Years)
ER .	BUSINESS ACTIVITY, IF ANY, OF LENDER	NESS ACTIVITY, IF ANY, OF LENDER



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A Public Document

Date Initial Filing Received
Filing Official Use Only

E-Filed 03/06/2024 14:57:26

NAME OF FILER	(LAST)		(FIRST)		(MIDDLE)
Reynolds, Glenn E					
I. Office, Agency, or Court					
Agency Name (Do not use acrony	yms)				
San Mateo County					
Division, Board, Department, Distri	ct, if applicable		Your Position		
Coastside County Water D	District		Member		
▶ If filing for multiple positions, lis	t below or on an attachment.	(Do not use	acronyms)		
Agency:			Position:		
2. Jurisdiction of Office (C)	heck at least one box)				
State				red Judge, Pro Tem Jud Jurisdiction)	lge, 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 December 31, 2023.		ı	Leaving O	ffice: Date Left(Check	// one circle)
-or- The period covered December 31, 202:	is/, thro	ough		riod covered is January ng office.	1, 2023 through the date
Assuming Office: Date assu	imed			riod covered is/. ng office.	/, through the date
Candidate:Date of Election	and office	e sought, if dif	ferent than Part 1:		
4. Schedule Summary (requi	ired) ► Total	number of	nages including	g this cover page	4
Schedules attached	, , , ,		pages moraum	g tillo oover page	·
Schedule A-1 - Investme	nts – schedule attached		X Schedule C - Inc	come, Loans, & Busines	ss Positions – schedule attached
X Schedule A-2 - Investme	nts - schedule attached		Schedule D - Inc	come – Gifts – schedule	e attached
X Schedule B - Real Prope	erty - schedule attached		Schedule E - Inc	come – Gifts – Travel F	Payments – schedule attached
-or-					
☐ None - No reportable in	nterests on any schedule)			
5. Verification					
MAILING ADDRESS STREE (Business or Agency Address Recommende		CITY		STATE	ZIP CODE
DAYTIME TELEDLIQNE NUMBER		Half M	loon Bay	CA	94019
DAYTIME TELEPHONE NUMBER			E-MAIL ADDRESS		
I have used all reasonable diligencherein and in any attached schedu					wledge the information contained
I certify under penalty of perjury	•	_	•		
Date Signed03/06/2024		Si	gnature <u>Glenn E</u>	Reynolds	
(month,	day, year)	0.	(F	ile the originally signed paper sta	atement with your filing official.)

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

(Ownership Interest is 10% or Greater)

CALIFORN			
Name			_
Reynolds,	Glenn	E	

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Water Solutions Inc	
Name	Name
half moon bay, ca 940119	
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one ☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2	☐ Check one ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Engineering firm	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000//23//23	\$2,000 - \$10,000
\$10,001 - \$100,000 ACQUIRED DISPOSED	\$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 part owner Other	Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION principal	YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	► 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 \times OVER \$100,000	S500 - \$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 LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity, if Investment, 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 <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity or
City of 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
Yrs. remaining	Yrs. remaining
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 Reynolds, Glenn E

CITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
\$10,001 - \$100,000
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
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.
without regard to your official status. Personal loans and
ial lending institution made in the lender's regular course of without regard to your official status. Personal loans and iness must be disclosed as follows:
without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER*
without regard to your official status. Personal loans and iness must be disclosed as follows:
without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER*
without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
e without regard to your official status. Personal loans and iness 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 iness 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 iness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
without regard to your official status. Personal loans and iness 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
Reynolds, Glenn E

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Water Solutions incorporated	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
Half Moon Bay, ca 94019	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
engineering consultant	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
princpal	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Or
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000\$1,001 - \$10,000
☐ \$10,001 - \$100,000 X OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) Sale of	CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) Sale of
(Real property, car, boat, etc.)	(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
	Other(Describe)
Other	Control (Describe) al lending institution, or any indebtedness created as part of the lender's regular course of business on terms available to status. Personal loans and loans received not in a lender's
Other	Other (Describe) al lending institution, or any indebtedness created as part of the lender's regular course of business on terms available to status. Personal loans and loans received not in a lender's ws: INTEREST RATE TERM (Months/Years)
Other (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P * You are not required to report loans from a commerci 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:	al lending institution, or any indebtedness created as part of the lender's regular course of business on terms available to status. Personal loans and loans received not in a lender's ws:
Other (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P * You are not required to report loans from a commerci 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 follo NAME OF LENDER*	Other (Describe) al lending institution, or any indebtedness created as part of the lender's regular course of business on terms available to status. Personal loans and loans received not in a lender's ws: INTEREST RATE TERM (Months/Years)
Other (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P * You are not required to report loans from a commerci 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 follo NAME OF LENDER*	Other
* You are not required to report loans from a commerci 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 follo NAME OF LENDER* ADDRESS (Business Address Acceptable)	Other
	Other
* You are not required to report loans from a commerci 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 follo NAME OF LENDER* ADDRESS (Business Address Acceptable)	Other
	Other
Other	Other
	Other



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A Public Document

Date Initial Filing Received
Filing Official Use Only

E-Filed 03/18/2024 10:35:22

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Rogren, Mary Elizabeth			
l. 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	anager	
► If filing for multiple positions, list below or on an attachment. (Do n	ot use acronyms)		
Agency:	Position:		
2. Jurisdiction of Office (Check at least one box)	ladas Dati	ad hadaa Daa Taas ka	da
☐ State	Udge, Retir (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, 2023 through December 31, 2023.	☐ Leaving Of	fice: Date Left (Check	J/ one circle)
The period covered is/, through December 31, 2023.	The period of leaving	iod covered is January g office.	1, 2023 through the date
Assuming Office: Date assumed	•	iod covered is/ ng office.	, through the date
Candidate:Date of Election and office sough	ht, if different than Part 1:		
4. Schedule Summary (required) ► Total numl	per of pages including	this cover nage	• 2
Schedules attached	oci oi pages meiaami	inis cover page	
Schedule A-1 - Investments – schedule attached	Schedule C - Inc	ome, Loans, & Busine	ss Positions – schedule attached
Schedule A-2 - Investments – schedule attached		ome – Gifts – schedul	
X 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 CI (Business or Agency Address Recommended - Public Document)	TY	STATE	ZIP CODE
DAYTIME TELEPHONE NUMBER	alf Moon Bay	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			wledge the information contained
I certify under penalty of perjury under the laws of the State of C	-		
Data 0: 03/18/2024	Olimat Marra 73	igaboth Barrer	
Date Signed 03/18/2024 (month, day, year)	Signature Mary El:	l zabeth Rogren le the originally signed paper sta	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	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 / /23 / /23
\$10,001 - \$100,000	\$10,001 - \$100,000
X Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
X 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
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000	☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
X \$10,001 - \$100,000 ☐ OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	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	None
	I lending institution made in the lender's regular course of without regard to your official status. Personal loans and ess 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
	☐ \$10,001 - \$100,000 ☐ OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable



CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received

COASTSIDE COUNTY WATER DISTRICT

Please type or print in ink.				WATER DISTRIC
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)	
Schneider	Jeffrey		Han	
1. Office, Agency, or Co	ourt /			
Agency Name (Do not use Lous Tide Cood Division, Board, Department,	unty Water Dist	nict Your Posit	ion	
		Nec	ich I benen	al Managas
► If filing for multiple position	ons, list below or on an attachment.	(Do not use acronyms)	istant benera	ar remanager
,	,,	(20 not doo doronymo)		· ·
Agency:		Position:		
2. Jurisdiction of Offic	O (Charle at least one have)			
	e (Check at least one box)			
State			Retired Judge, Pro Tem Jud le Jurisdiction)	dge, or Court Commissioner
Multi-County		County of	of	
			Special DIS	strid
	Commence of the control of the contr			
3. Type of Statement (c	·			
December 31,	vered is January 1, 2022, through 2022.	Leavino	g Office: Date Left (Check one	
	vered is/	leav	period covered is January ing office.	1, 2022, through the date of
Assuming Office: Date	e assumed 11 , 29, 23	-or-		, through
			date of leaving office.	, g
Candidate: Date of Ele	ction and o	ffice sought, if different than P	art 1:	
4. Schedule Summary	(required) ► Tota	l number of pages inclu	ding this cover pag	re:
Schedules attached		, 0	0	
Schedule A-1 - Inves	stments – schedule attached	Schedule C - In	come, Loans, & Business	Positions – schedule attached
Schedule A-2 - Inves	tments - schedule attached		come – Gifts – schedule a	
Schedule B - Real Pi	roperty - schedule attached	Schedule E - Inc	come – Gifts – Travel Pay	ments – schedule attached
-or- None - No reno	rtable interests on any sched	lula		
5. Verification	readic interests on any seneu	uic		
MAILING ADDRESS S	STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recom.		Moun Bay	CA	94019
DAYTIME TELEPHONE NUMBER (650)726-44	05	EMAIL AMDDESS	der @ Coastsic	de Water ora
I have used all reasonable dilinerein and in any attached so	igence in preparing this statement. chedules is true and complete. I ac	I have reviewed this statement	and to the best of my know	
	erjury under the laws of the State			
Date Signed 12/14	123	Signature	Jel 2	
- (r	month, day, year)	01	File the originally signed paper staten	nent with your filing official.)



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A Public Document

Date Initial Filing Received
Filing Official Use Only

E-Filed 03/25/2024 15:13:11

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	Engineer	
► If filing for multiple positions, list below or on an attachment.	(Do not use acronyms)		
Agency:	Position:		
2. Jurisdiction of Office (Check at least one box)			
State		ired Judge, Pro Tem Ju Jurisdiction)	dge, or Court Commissioner
Multi-County	•	San Mateo	
City of	Other		
3. Type of Statement (Check at least one box)			
Annual: The period covered is January 1, 2023 through December 31, 2023.	Leaving O	office: Date Left(Check	one circle)
-or- The period covered is/, thro December 31, 2023.	ough O The per of leaving	riod covered is January ng office.	y 1, 2023 through the date
Assuming Office: Date assumed/	•	riod covered is	/, through the date
☐ Candidate:Date of Election and office	e sought, if different than Part 1:		
4. Schedule Summary (required) ► Total	number of pages including	a this cover page	, 3
Schedules attached	number of pages including	g tills cover page	·
Schedule A-1 - Investments – schedule attached	X Schedule C - Inc	come. Loans. & Busine	ess Positions – schedule attached
X Schedule A-2 - Investments – schedule attached	_	come – Gifts – schedu	
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 TELEPHONE NUMBER	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 ar	nd to the best of my kno	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 Stat	e of California that the foregoin	g is true and correct.	
Date Signed _03/25/2024	Signature <u>James S</u>	S Teter	
(month, day, year)	(F	File 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// 23 // 23	\$\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 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 \[\times \] \$10,000	\$0 - \$499 \$10,001 - \$100,000
\$500 - \$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
INVESTMENT IN TOTAL THOSE ENTI	Note Note
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	- <u></u> -
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position On
<u>\$1,001 - \$10,000</u>	\$500 - \$1,000 \$1,001 - \$10,000
X \$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use	Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.) Sale of	Schedule A-2.) Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
X Other Professional Services	
\(\text{\text{Operation}}\)	Other
(Describe)	(Describe)
(Describe) ➤ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	(Describe)
(Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER * You are not required to report loans from a commercial	RIOD lending institution, or any indebtedness created as part of
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the commercial card transaction.	(Describe) RIOD Lending institution, or any indebtedness created as part of the lender's regular course of business on terms available to
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the members of the public without regard to your official state.	(Describe) RIOD 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
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the members of the public without regard to your official startegular course of business must be disclosed as follows.	(Describe) RIOD 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 second.
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the members of the public without regard to your official state.	(Describe) RIOD 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
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the members of the public without regard to your official startegular course of business must be disclosed as follow NAME OF LENDER*	(Describe) RIOD 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 second.
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the members of the public without regard to your official startegular course of business must be disclosed as follows.	I (Describe) RIOD 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 ses: INTEREST RATE None None
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the 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)	I (Describe) RIOD 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 s: INTEREST RATE TERM (Months/Years) None SECURITY FOR LOAN
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the members of the public without regard to your official startegular course of business must be disclosed as follow NAME OF LENDER*	I (Describe) RIOD 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 ses: INTEREST RATE None None
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the 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)	I
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the 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)	Ilending 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 s: INTEREST RATE TERM (Months/Years) Whone SECURITY FOR LOAN Personal residence
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the members of the public without regard to your official state regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	I
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the members of the public without regard to your official state 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	Independent Composition
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the members of the public without regard to your official state 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	Ilending 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 s: INTEREST RATE
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the members of the public without regard to your official state 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	Independent Composition