

**STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT**

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Lo-Hill Lynda Joanne

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
Las Virgenes Municipal Water District

Division, Board, Department, District, if applicable Board of Directors

Your Position  
Director/Treasurer

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

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

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

State  Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)

Multi-County \_\_\_\_\_  County of Los Angeles

City of \_\_\_\_\_  Other \_\_\_\_\_

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

**Annual:** The period covered is January 1, 2020, through December 31, 2020.

-or- The period covered is \_\_\_\_\_ through December 31, 2020.

**Assuming Office:** Date assumed \_\_\_\_\_

**Candidate:** Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

**Leaving Office:** Date Left \_\_\_\_\_ (Check one circle.)

The period covered is January 1, 2020, through the date of leaving office.

-or-  The period covered is \_\_\_\_\_ through the date of leaving office.

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

**Schedules attached**

**Schedule A-1 - Investments** – schedule attached  **Schedule C - Income, Loans, & Business Positions** – schedule attached

**Schedule A-2 - Investments** – schedule attached  **Schedule D - Income – Gifts** – schedule attached

**Schedule B - Real Property** – schedule attached  **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or-  **None - No reportable interests on any schedule**

**5. Verification**

MAILING ADDRESS (Business or Agency Address Recommended - Public Document)	STREET	CITY	STATE	ZIP CODE
4232 Las Virgenes Road	Calabasas	CA	91302	
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS			
( 818 ) 251-2100				

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed 02/13/2021  
(month, day, year)

Signature \_\_\_\_\_  
*is the originally signed paper statement with your filing official.*

# SCHEDULE A-1 Investments

## Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

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

<b>CALIFORNIA FORM 700</b> <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name Lynda Lo-Hill

▶ **NAME OF BUSINESS ENTITY**  
Skyworks Solutions Inc

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**GENERAL DESCRIPTION OF THIS BUSINESS**  
High Tech

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**FAIR MARKET VALUE**  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

**NATURE OF INVESTMENT**  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
     Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/20      \_\_\_\_\_/\_\_\_\_\_/20  
 ACQUIRED                      DISPOSED

▶ **NAME OF BUSINESS ENTITY**  
Pfizer

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**GENERAL DESCRIPTION OF THIS BUSINESS**  
Healthcare

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**FAIR MARKET VALUE**  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

**NATURE OF INVESTMENT**  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
     Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/20      \_\_\_\_\_/\_\_\_\_\_/20  
 ACQUIRED                      DISPOSED

▶ **NAME OF BUSINESS ENTITY**  
Disney

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**GENERAL DESCRIPTION OF THIS BUSINESS**  
Entertainment

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**FAIR MARKET VALUE**  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

**NATURE OF INVESTMENT**  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
     Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/20      \_\_\_\_\_/\_\_\_\_\_/20  
 ACQUIRED                      DISPOSED

▶ **NAME OF BUSINESS ENTITY**  
Southwest Airlines

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**GENERAL DESCRIPTION OF THIS BUSINESS**  
Transportation

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**FAIR MARKET VALUE**  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

**NATURE OF INVESTMENT**  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
     Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/20      \_\_\_\_\_/\_\_\_\_\_/20  
 ACQUIRED                      DISPOSED

▶ **NAME OF BUSINESS ENTITY**  
Jet Blue Airlines

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**GENERAL DESCRIPTION OF THIS BUSINESS**  
Transportation

---

**FAIR MARKET VALUE**  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

**NATURE OF INVESTMENT**  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
     Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/20      \_\_\_\_\_/\_\_\_\_\_/20  
 ACQUIRED                      DISPOSED

▶ **NAME OF BUSINESS ENTITY**  
Urban Outfitters

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**GENERAL DESCRIPTION OF THIS BUSINESS**  
Apparel

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**FAIR MARKET VALUE**  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

**NATURE OF INVESTMENT**  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
     Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/20      \_\_\_\_\_/\_\_\_\_\_/20  
 ACQUIRED                      DISPOSED

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  
Lynda Lo-Hill

**▶ 1. BUSINESS ENTITY OR TRUST**

Tuterrific Tutoring

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Name  
5861 Greenview Rd, Calabasas, CA 91302

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Address (Business Address Acceptable)

Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**

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<p><b>FAIR MARKET VALUE</b></p> <p><input checked="" type="checkbox"/> \$0 - \$1,999</p> <p><input type="checkbox"/> \$2,000 - \$10,000</p> <p><input type="checkbox"/> \$10,001 - \$100,000</p> <p><input type="checkbox"/> \$100,001 - \$1,000,000</p> <p><input type="checkbox"/> Over \$1,000,000</p>	<p><b>IF APPLICABLE, LIST DATE:</b></p> <p style="text-align: center;">____/____/20      ____/____/20</p> <p style="text-align: center;">ACQUIRED                  DISPOSED</p>
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**NATURE OF INVESTMENT**

Partnership     Sole Proprietorship     \_\_\_\_\_ Other

**YOUR BUSINESS POSITION**    tutor

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499                       \$10,001 - \$100,000

\$500 - \$1,000                 OVER \$100,000

\$1,001 - \$10,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)**

None    or     Names listed below

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT                       REAL PROPERTY

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Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

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Description of Business Activity or City or Other Precise Location of Real Property

<p><b>FAIR MARKET VALUE</b></p> <p><input type="checkbox"/> \$2,000 - \$10,000</p> <p><input type="checkbox"/> \$10,001 - \$100,000</p> <p><input type="checkbox"/> \$100,001 - \$1,000,000</p> <p><input type="checkbox"/> Over \$1,000,000</p>	<p><b>IF APPLICABLE, LIST DATE:</b></p> <p style="text-align: center;">____/____/20      ____/____/20</p> <p style="text-align: center;">ACQUIRED                  DISPOSED</p>
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**NATURE OF INTEREST**

Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

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

**▶ 1. BUSINESS ENTITY OR TRUST**

Name

---

Address (Business Address Acceptable)

Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**

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<p><b>FAIR MARKET VALUE</b></p> <p><input type="checkbox"/> \$0 - \$1,999</p> <p><input type="checkbox"/> \$2,000 - \$10,000</p> <p><input type="checkbox"/> \$10,001 - \$100,000</p> <p><input type="checkbox"/> \$100,001 - \$1,000,000</p> <p><input type="checkbox"/> Over \$1,000,000</p>	<p><b>IF APPLICABLE, LIST DATE:</b></p> <p style="text-align: center;">____/____/20      ____/____/20</p> <p style="text-align: center;">ACQUIRED                  DISPOSED</p>
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**NATURE OF INVESTMENT**

Partnership     Sole Proprietorship     \_\_\_\_\_ Other

**YOUR BUSINESS POSITION** \_\_\_\_\_

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499                       \$10,001 - \$100,000

\$500 - \$1,000                 OVER \$100,000

\$1,001 - \$10,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)**

None    or     Names listed below

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT                       REAL PROPERTY

---

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

---

Description of Business Activity or City or Other Precise Location of Real Property

<p><b>FAIR MARKET VALUE</b></p> <p><input type="checkbox"/> \$2,000 - \$10,000</p> <p><input type="checkbox"/> \$10,001 - \$100,000</p> <p><input type="checkbox"/> \$100,001 - \$1,000,000</p> <p><input type="checkbox"/> Over \$1,000,000</p>	<p><b>IF APPLICABLE, LIST DATE:</b></p> <p style="text-align: center;">____/____/20      ____/____/20</p> <p style="text-align: center;">ACQUIRED                  DISPOSED</p>
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**NATURE OF INTEREST**

Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

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

Comments: \_\_\_\_\_

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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
 Lynda Lo-Hill

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
 Skyworks Solutions

ADDRESS (Business Address Acceptable)  
 2427 W Hillcrest Dr Newbury Pk, CA 91320

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 High Tech

YOUR BUSINESS POSITION  
 Engineer

GROSS INCOME RECEIVED  No Income - Business Position Only  
 \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary  Spouse's or registered domestic partner's income  
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use  
 Schedule A-2.)

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or  Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 (Describe)

Other \_\_\_\_\_  
 (Describe)

NAME OF SOURCE OF INCOME  
 Las Virgenes Municipal Water District

ADDRESS (Business Address Acceptable)  
 4232 Las Virgenes Rd, Calabasas, CA 91302

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 water utility

YOUR BUSINESS POSITION  
 Director

GROSS INCOME RECEIVED  No Income - Business Position Only  
 \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary  Spouse's or registered domestic partner's income  
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use  
 Schedule A-2.)

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or  Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 (Describe)

Other per diem \_\_\_\_\_  
 (Describe)

**▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000  
 \$1,001 - \$10,000  
 \$10,001 - \$100,000  
 OVER \$100,000

INTEREST RATE \_\_\_\_\_%  None

TERM (Months/Years) \_\_\_\_\_

SECURITY FOR LOAN  
 None  Personal residence

Real Property \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City \_\_\_\_\_

Guarantor \_\_\_\_\_

Other \_\_\_\_\_  
 (Describe)

Comments: \_\_\_\_\_