

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
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BY: _____

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
TJULANDER RAYMOND VIRGIL

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

LAS VIRGENES-TRIUNFO JOINT POWERS AUTHORITY

Division, Board, Department, District, if applicable

Your Position

BOARD of DIRECTORS DIRECTOR TRIUNFO

▶ 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 VENTURA/LOS ANGELES

County of _____

City of _____

Other _____

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

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

Leaving Office: Date Left _____
(Check one circle.)

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

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

Assuming Office: Date assumed _____

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

Candidate: Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: 1

Schedules attached

- Schedule A-1 - Investments - schedule attached
- Schedule A-2 - Investments - schedule attached
- Schedule B - Real Property - schedule attached

- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - schedule attached
- Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
4232 LAS VIRGENES RD. 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 1-24-21
(month, day, year)

Signature _____