CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

A PUBLIC DOCUMENT

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Ork	iney	Jan na					
1. C	office, Agency, or C	ourt					
	gency Name (Do not use acronyms)						
	Las Virgene - Triunfo Joint Powers Authority						
Ē	Division, Board, Department	, District, if applicable		Your Position			
E	Board of Directors			Director			
1	If filing for multiple positions, list below or on an attachment. (Do not use acronyms)						
				Position:			
,	Agency:			1 03140111			
2	Jurisdiction of Offic	Ce (Check at least one box)					
	State			Judge, Retired Jud (Statewide Jurisdict		lge, or Cour	t Commissioner
it	Multi-County Los Ang	geles/Ventura		County of			
				Other			
	· ·	(Check at least one box)				r a	
1	December 31	overed is January 1, 2021, through , 2021.		Leaving Office:	(Check one	circle.)	
	-or- The period c December 31	overed is	_, through	☐ The period co leaving office.			
	Assuming Office: Da	te assumed/		The period co		J	, through
L	Candidate: Date of E	lection and c	office sought,	if different than Part 1:			
4.	Schedule Summary	(must complete) ► Tota	l number	of pages including th	is cover pag	e:	2
	Schedules attache	ed					
	Schodule A-1 - Inv	estments - schedule attached		Schedule C - Income, Lo	ans, & Business	Positions –	schedule attached
		estments - schedule attached	, i	Schedule D - Income - G			
		Property - schedule attached		Schedule E - Income - G	iifts – Travel Pay	ments – sch	edule attached
-01	r- 🗌 None - No rep	ortable interests on any sched	dule				
5. \	/erification						
7	MAILING ADDRESS (Business or Agency Address Rec	STREET ommended - Public Document)	CITY		STATE	ZIP (CODE
	4232 Las Virgenes F		Calaba	sas	CA	91	302
	DAYTIME TELEPHONE NUMBER			EMAIL ADDRESS			
(818) 251-2100			jorkney22@gmail.co			
ŀ	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.						
1							
Data Signed 2/23/2021 Signature							
	Date Signed	(monih, day, year)	Si	gnature	arginou paper state	ment with your m	ing oricial.)
_		1 - 111 - 212 - 1					

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

Janna Orkney

▶ 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
	-
Name Columbia Press	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one	Check one Trust, go to 2 Business Entity, complete the box, then go to 2
Trust, go to 2	
GENERAL DESCRIPTION OF THIS BUSINESS Book publishing	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Partnership Sole Proprietorship Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION OWNER	YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
\$0 - \$499	\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: REAL PROPERTY	➤ 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	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$1,000,000 Over \$1,000,000 IF APPLICABLE, LIST DATE: J 21	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Yrs, remaining Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

Comments: _