## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

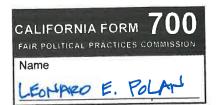
A PUBLIC DOCUMENT

Date Initial Filing Received

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The state of the s	ON ARD	(MIDDLE) 足。	BY:
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Las Virgenes Municipal Water District		V B %	
Division, Board, Department, District, if applicable		Your Position	
Board of Directors		Director	
▶ If filing for multiple positions, list below or on an att	achment. (Do not use a	acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at least one b	ox)		
State		Judge, Retired Judge, Pro Tem (Statewide Jurisdiction)	n Judge, or Court Commissioner
Multi-County		County of Los Angeles	
City of		Other	
<ol> <li>Type of Statement (Check at least one box)</li> <li>Annual: The period covered is January 1, 2022, December 31, 2022.</li> </ol>		Leaving Office: Date Left (Check	one circle.)
The period covered is/	through	The period covered is Jan leaving office.	nuary 1, 2022, through the date of
Assuming Office: Date assumed/	<i>J</i>		, through
Candidate: Date of Election	and office sought, if	f different than Part 1:	
4. Schedule Summary (required)	► Total number of	of pages including this cover	page:
Schedules attached			
Schedule A-1 - Investments - schedule attach	ned	Schedule C - Income, Loans, & Busin	ness Positions - schedule attached
Schedule A-2 - Investments – schedule attached			
Schedule B - Real Property - schedule attach	ied	Schedule E - Income - Gifts - Travel	I Payments – schedule attached
-or- ☐ None - No reportable interests on all	ny schadula		
-or- None - No reportable interests on all 5. Verification	ly solicatio		
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document)	Calabas	sas CA	91302
4232 Las Virgenes Road		EMAIL ADDRESS	3100L
(818 ) 251-2100			
I have used all reasonable diligence in preparing this s herein and in any attached schedules is true and com	tatement. I have review release the review of the release the review of the release the review of the release the	ed this statement and to the best of my nis is a public document.	y knowledge the information contained
I certify under penalty of perjury under the laws or	f the State of California	a that the foregoing is true and com	rect
Date Signed 11APA 4 2023	Sig	nature (Filethe originally signed paper	er statement with your filling official.)

## SCHEDULE D Income – Gifts



NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ALIGHNEE & WINCER, CLIVE ADDRESS (Business Address Acceptable)  2669 Townsork PD # 2200	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
11,29,22 , 168.32 DIHHER.	\$
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
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NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	\$
	\$
\$	
Comments:	