

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

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| Please type or print in in | k. | | | |
|------------------------------|---|------------------------------|---|---------------------------------------|
| NAME OF FILER (LAST) (FIRST) | | | (MIDDLE) | |
| Coradeschi | Andy | | | |
| 1. Office, Agency, o | or Court | | | |
| Agency Name (Do not | t use acronyms) | | | |
| | riunfo Joint Powers Authority | | | |
| <u></u> | ment, District, if applicable | You | r Position | |
| | | D | and of Directors | |
| . If filing for moulting | itiona list halou on on on ottochus. | | pard of Directors | |
| ► if filling for multiple p | positions, list below or on an attachmen | nt. (Do not use acronyms, | | |
| Agency: | | Po | sition: | |
| 2. Jurisdiction of (| Office (Check at least one box) | | | |
| State | , | J. | idae Retired Judae Pro Tem | Judge, or Court Commissioner |
| | | | tatewide Jurisdiction) | caage, or court commissioner |
| × Multi-County Los | Angeles, Ventura | ПС | ounty of | |
| | | | U | |
| | | | | |
| 3. Type of Stateme | ent (Check at least one box) | | | |
| Decemb | od covered is January 1, 2021, through er 31, 2021 . | h 🗌 L | eaving Office: Date Left (Check of | /one circle.) |
| | od covered is/ er 31, 2021 . | , unougn | The period covered is Janu leaving office. | uary 1, 2021, through the date of |
| X Assuming Office: | Date assumed 12 , 02 , 20 | | | |
| Candidate: Data | of Election and | d office sought if different | · · | |
| Candidate. Date | or Election and | u omice sought, il dillerent | tilali i ait i | |
| 4. Schedule Summ | nary (must complete) > 70 | otal number of pages | including this cover p | page: 1 |
| Schedules atta | | | | |
| □ Schedule Δ-1 - | - Investments – schedule attached | ☐ Schedule | C - Income, Loans, & Busin | ess Positions – schedule attached |
| | Investments – schedule attached | | D - Income - Gifts - schedu | |
| | Real Property – schedule attached | | | Payments – schedule attached |
| | tour reporty conceans and not | | | • |
| -or- 🔀 None - No | reportable interests on any sch | nedule | | |
| 5. Verification | ,, | | | |
| MAILING ADDRESS | STREET | CITY | STATE | ZIP CODE |
| (Business or Agency Address | s Recommended - Public Document) | | | |
| 4232 Las Virgene | | Calabasas | CA | 91302-3589 |
| DAYTIME TELEPHONE NUM | | EMAIL ADDF | RESS | |
| (818) 251-212 | | | | |
| | able diligence in preparing this statemer ched schedules is true and complete. | | | knowledge the information contained |
| I certify under penalty | y of perjury under the laws of the St | tate of California that the | foregoing is true and corre | ect. |
| Data Signad | 12/02/2022 10:28 AM | Ciamatum | Andy C | Coradeschi |
| Date Signed | (month, day, year) | Signature _ | | statement with your filing official.) |



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

| | Date Initial Filing Received |
|---|------------------------------|
| | RITION |
| | DEC 2 () 2022 |
| | 020 20 20 |
| 1 | BY: (MIDDLE) |

Please type or print in ink.

| NAM | ME OF FILER | | (LAST) | (FIRST) | | BI:(MIDDLE) |
|-------------|-------------------------------------|---|---|--|---|---------------------------------------|
| | | Coradeschi | | Richard | | Andrew |
| 1. | Office, Agei | ncy, or Court | | | | |
| | Agency Name | (Do not use acronym | s) | | | |
| | Las Virgene | es -Triunfo Joint | Powers Authority | | | |
| | Division, Board, | Department, District, | if applicable | Your Po | osition | |
| | - | | | Board | d of Directors | |
| | ► If filing for m | ultiple positions, list b | elow or on an attachme | nt. (Do not use acronyms) | | |
| | Agency: | | | Position | on:- <u></u> | |
| | Jurisdiction | n of Office (Chec | k at least one box) | | | |
| | State | | , | | e, Retired Judge, Pro Tem wide Jurisdiction) | Judge, or Court Commissioner |
| | Multi-County | Los Angeles, V | 'entura | Coun | ty of | |
| | | | | Other | - | |
| 3 | | atement (Check a | | | | |
| ٥. | Annual: T | • | January 1, 2021, throug | h Leav | ving Office: Date Left (Check | one circle.) |
| | | he period covered is ecember 31, 2021. | | | The period covered is Janue eaving office. | ary 1, 2021, through the date of |
| | Assuming | Office: Date assume | ed 12 / 02 / 20 | 022 -or- | The period covered is he date of leaving office. | /, through |
| | Candidate: | Date of Election | and c | office sought, if different than F | Part 1: | |
| 4. | | Summary (must | complete) ► To | otal number of pages in | ncluding this cover p | page: 2 |
| | Schedules | attached | | | | |
| | Schedu | le A-1 - Investments | schedule attached | | | ess Positions - schedule attached |
| | | le A-2 - Investments | | | - Income - Gifts - schedu | |
| | | le B - Real Property | schedule attached | Schedule E | - Income – Gifts – Travel | Payments – schedule attached |
| -(| or- □ None - / | No reportable inte | rests on any schedu | ule | | |
| 5. | Verification | <u>'</u> | | | | |
| • | MAILING ADDRESS | S STREET | | CITY | STATE | ZIP CODE |
| | | y Address Recommended - irgenes Road | Public Document) | Calabasas | CA | 91302 |
| | DAYTIME TELEPHO | | | E-MAIL ADDRES | | |
| | | 51-2100 | | | | |
| | I have used all in herein and in an | reasonable diligence i | n preparing this statements is true and complete. | nt. I have reviewed this staten I acknowledge this is a public | nent and to the best of my | knowledge the information contained |
| | | = | | tate of California that the fo | RI C II | ct. |
| | Date Signed | December | 20,2022 | Signature | Y | |
| | | (month, day | ; year) | _ | (File the originally signed paper : | statement with your filing official.) |

SCHEDULE D Income - Gifts

| NAME OF SOURCE (Not an Acronym) | ► NAME OF SOURCE (Not an Acronym) | | |
|--|---|--|--|
| Best Best & Krieger, LLP | | | |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) | | |
| 2855 E. Guasti Rd. Ste. 400, Ontario, CA 91761 | | | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE | | |
| Attorneys at Law | | | |
| DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) | DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) | | |
| 11 , 30 , 22 | | | |
| <u> </u> | \$ | | |
| | \$ | | |
| ▶ NAME OF SOURCE (Not an Acronym) | ► NAME OF SOURCE (Not an Acronym) | | |
| Aleshire & Wynder | | | |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) | | |
| 2659 Townsgate Rd., Westlake Village CA 91361 | | | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE | | |
| Attorneys at Law | 3 | | |
| DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) | DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) | | |
| 11, 29, 22 \$ 336.64 Dinner | | | |
| | | | |
| | | | |
| ▶ NAME OF SOURCE (Not an Acronym) | Filer's Verification | | |
| | Print Name Richard Andrew Coradeschi | | |
| ADDRESS (Business Address Acceptable) | | | |
| | Office, Agency or Court Las Virgenes-Triunfo Joint Powers Authori | | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | | | |
| · | Statement Type 2021/2022 Annual Assuming Leaving ———— Annual Candidate | | |
| DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) | | | |
| | 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 certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. | | |
| | Date Signed (month, day, year) | | |
| | Filer's Signature | | |
| | | | |

Comments: _____



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

| Date I | hittal Filing Received E D |
|--------|----------------------------|
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| | (MIDDLE) |

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NAME OF FILER (LAST) (FIRST)

| NAN | ME OF FILER | (LAST) | (FIRST) | | (MIDDLE) |
|-----|---|--|--|--|-----------------------------------|
| | | Coradeschi | Richard | | Andrew |
| 1. | Office, Agency | y, or Court | | | |
| | Agency Name (Do | not use acronyms) | | | |
| | | - Triunfo Joint Powers Authority | | | |
| | Division, Board, De | partment, District, if applicable | Your Position | | |
| | | | Director | - Las Virgenes | |
| | ► If filing for multip | ple positions, list below or on an attachme | nt. (Do not use acronyms) | | |
| | Agency: | | Position: _ | | |
| 2. | Jurisdiction of | of Office (Check at least one box) | | | |
| | State | , | <u> </u> | etired Judge, Pro Tem Ju e Jurisdiction) | dge, or Court Commissioner |
| | Multi-County L | os Angeles/Ventura | County o | | |
| | City of | | Other | | |
| 3 | | ement (Check at least one box) | | | |
| Ο. | Annual: The | period covered is January 1, 2021, througember 31, 2021. | h Leaving | Office: Date Left(Check or | |
| | -or- The | period covered is/ | , unougn | period covered is Januar ng office. | y 1, 2021, through the date of |
| | Assuming Off | fice: Date assumed 12 , 02 , 20 | -or- | period covered is date of leaving office. | /, through |
| | Candidate: D | ate of Electionand c | office sought, if different than Part | 1: | 3.= |
| 4. | | | otal number of pages inclu | ıding this cover pa | ge: 2 |
| | Schedules a | ttached | | | |
| | Schedule / | A-1 - Investments - schedule attached | Schedule C - Ir | icome, Loans, & Busines | s Positions – schedule attached |
| | Schedule / | A-2 - Investments - schedule attached | | ncome - Gifts - schedule | |
| | Schedule I | B - Real Property – schedule attached | Schedule E - Ir | come – Gifts – Travel Pa | ayments – schedule attached |
| -(| or- | | | | |
| | | reportable interests on any schedu | ule | | |
| 5. | Verification | | | A7175 | 710 0005 |
| | MAILING ADDRESS (Business or Agency Ad | STREET ddress Recommended - Public Document) | CITY | STATE | ZIP CODE |
| | 4232 Las Virg | | Calabasas | CA | 91302 |
| | \ / | -2100 | E-MAIL ADDRESS | | |
| | I have used all read herein and in any | sonable diligence in preparing this statemer attached schedules is true and complete. | nt. I have reviewed this statement I acknowledge this is a public poor | and to the best of my kn cument. | owledge the information contained |
| | I certify under pe | nalty of perjuly under the laws of the S | tate of California that the forego | oing is true and correct | |
| | Date Signed | 27/27 | Signature | | |
| | • | (month, day, year) | V | (File the originally signed paper stat | ement with your filing official.) |

SCHEDULE D Income - Gifts



| ► NAME OF SOURCE (Not an Acronym) | ► NAME OF SOURCE (Not an Acronym) | | |
|--|---|--|--|
| Best Best & Krieger, LLP | | | |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) | | |
| 2855 E. Guasti Rd., Ste. 400, Ontario, CA 91761 | | | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE | | |
| Attorneys at Law | | | |
| DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) | DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) | | |
| 11 , 30 , 22 | \$ | | |
| | \$ | | |
| | \$ | | |
| ► NAME OF SOURCE (Not an Acronym) | ► NAME OF SOURCE (Not an Acronym) | | |
| Metropolitan Water District of Southern California | | | |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) | | |
| 700 N. Alameda St., Los Angeles, CA 90012 | | | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE | | |
| Water supplier to public water agencies | | | |
| DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) | DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) | | |
| 10 , 14 , 22 | | | |
| 10 , 15 , 22 | | | |
| 10 16 22 \$267.86 SWP Inspection Trip | \$ | | |
| ► NAME OF SOURCE (Not an Acronym) | Filer's Verification | | |
| | Print Name Richard Andrew Coradeschi | | |
| ADDRESS (Business Address Acceptable) | Office, Agency Las Virgenes -Triunfo Joint Powers Author | | |
| | or Court Las Virgenes - Trutilo Joint Fowers Autil | | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | Statement Type 2021/2022 Annual Assuming Leaving Annual Candidate | | |
| DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) | | | |
| | 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 certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. | | |
| | Date Signed (month) day, yéar) | | |
| | Filer's Signature | | |
| | | | |

Comments: __