CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT



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	Your Position		
Board of Directors		Director	Director - Triunfo		
▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)					
Agency:		Position: _	Position:		
2. Jurisdiction of Office (C	heck at least one box)				
☐ State			Judge, Retired Judge, Pro Tern Judge, or Court Commissioner (Statewide Jurisdiction)		
Multi-County Ventura/ Los Angeles		County of	County of		
City of					
3. Type of Statement (Check	k at least one box)			==	
Annual: The period covered December 31, 2022	is January 1, 2022, through	Leaving	Office: Date Left(Check one		
-or- The period covered December 31, 2022	is, thro 2.	1911 — ·	period covered is January ng office.	1, 2022, through the date of	
Assuming Office: Date assumed/			☐ 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 (req	uired) ► Total nui	ber of pages inclu	ding this cover pag	re: 1	
Schedules attached					
Schedule A-1 - Investments – schedule attached Schedule C - Income, Loans, & Business Positions – schedule attached					
			ıle D - Income - Gifts - schedule attached		
Schedule B - Real Property – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached					
-or- None - No reportab	le interests on any schedule				
5. Verification MAILING ADDRESS STREE	ET CI	v	STATE	ZIP CODE	
(Business or Agency Address Recommend					
4232 Las Virgenes Road	C	Ilabasas EMAIL ADDRESS	CA	91302	
(818) 251-2100		EN IL ABBILLOS			
I have used all reasonable diligend	ce in preparing this statement. I have ules is true and complete. I acknow			wledge the information contained	
I certify under penalty of perjury under the laws of the State of California that the foregoing is true, and correct.					
Date Signed 2-6-2023 Signature Saymon Knew Turban to					
month	, day, year)		File the originally signed paper state	100	