

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE**
A Public Document

3/7/2024 9:46:50 AM

SAN: 043000025-LAC-0025

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Pedersen David W

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Las Virgenes Municipal Water District
Division, Board, Department, District, if applicable Your Position
General Manager

► 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 _____ County of _____
 City of _____ Other **District**

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

Annual: The period covered is January 1, 2023, through December 31, 2023.
-or- The period covered is _____, through December 31, 2023.
 Assuming Office: Date assumed _____
 Candidate: Date of Election _____ and office sought, if different than Part 1: _____
 Leaving Office: Date Left _____ (Check one Circle)
○ The period covered is January 1, 2023, through the date of leaving office.
-or-
○ The period covered is _____, through the date of leaving office.

4. Schedule Summary (required)

► Total number of pages including this cover page: 5

Schedules attached

Schedule A-1 - Investments – schedule attached **Schedule C - Income, Loans, & Business Positions** – schedule attached
 Schedule A-2 - Investments – schedule attached **Schedule D - Income – Gifts** – schedule attached
 Schedule B - Real Property – 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 Road Calabasas CA 91302
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(818) 251-2122 dpedersen@lvmwd.com

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 3/7/2024 Signature E-Filed By David Pedersen
(month, day, year) (File the originally signed paper statement with your filing official.)

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized

Do not attach brokerage or financial statements.

Name
David Pedersen

Name of Business Entity: Companhia Siderurgica
General Description: Steel Manufacturer
Fair Market Value: \$10,001 - \$100,000
Nature of Investment: Stock

Name of Business Entity:
General Description:
Fair Market Value:
Nature of Investment:

Name of Business Entity:
General Description:
Fair Market Value:
Nature of Investment:

Name of Business Entity:
General Description:
Fair Market Value:
Nature of Investment:

Name of Business Entity:
General Description:
Fair Market Value:
Nature of Investment:

Name of Business Entity:
General Description:
Fair Market Value:
Nature of Investment:

Comments:

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
 452 Rosecrans Avenue
 CITY
 Manhattan Beach

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED _____ DISPOSED _____

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ _____
 Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None See Attached.

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

 CITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED _____ DISPOSED _____

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ _____
 Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

* You are not required to report loans from a commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF LENDER

 INTEREST RATE TERM (Months/Years)
 _____% None _____
 HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

NAME OF LENDER*

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF LENDER

 INTEREST RATE TERM (Months/Years)
 _____% None _____
 HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: _____

SCHEDULE D
Income – Gifts

Name
 David Pedersen

▶ NAME OF SOURCE *(Not an Acronym)*
Aleshire and Wynder
 ADDRESS *(Business Address Acceptable)*
 2659 Townsgate Road, Ste 226, Westlake Village, CA 91361
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05/09/2023</u>	\$ <u>132</u>	<u>Dinner at ACWA Conference</u>
_____	\$ _____	_____
_____	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

 ADDRESS *(Business Address Acceptable)*

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
Metropolitan Water District of Southern California
 ADDRESS *(Business Address Acceptable)*
 700 North Alameda Street, Los Angeles, CA 90012
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Wholesale Water Agency

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05/17/2023</u>	\$ <u>42</u>	<u>MWD Infrastructure Inspection Trip</u>
_____	\$ _____	_____
_____	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

 ADDRESS *(Business Address Acceptable)*

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

 ADDRESS *(Business Address Acceptable)*

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

 ADDRESS *(Business Address Acceptable)*

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Comments: _____
