

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

**4/2/2024 11:33:48 AM**

SAN: 043000025-LAC-0025

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
**Burns Gary**

**1. Office, Agency, or Court**

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

► 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 12/5/2022, 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: 4

**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) 326-2000 garyburns4lvmwd@gmail.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 4/2/2024 Signature \_\_\_\_\_  
(month, day, year) (File the originally signed paper statement with your filing official.)  
E-Filed By Gary Burns

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.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name: Gary Burns

Name of Business Entity: Walt Disney Co.
General Description of this Business: Media
Fair Market Value: \$10,001 - \$100,000
Nature of Investment: Stock
Income Received: of \$0 - \$499

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

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

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

Name of Business Entity:
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Fair Market Value:
Nature of Investment:
Income Received:

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

Comments:

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

|  |
|--|
| <b>CALIFORNIA FORM 700</b><br><small>FAIR POLITICAL PRACTICES COMMISSION</small> |
| Name<br><br><span style="font-size: 1.2em;">Gary Burns</span>                    |

**▶ 1. BUSINESS ENTITY OR TRUST**

**GTS Foods LLC**

Name  
8409 Kerns St, San Diego CA 92154

Address (Business Address Acceptable)

Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

---

**GENERAL DESCRIPTION OF THIS BUSINESS**

**Retail Food Sales**

|   |                                  |
|---|----------------------------------|
| <b>FAIR MARKET VALUE</b>                          | <b>IF APPLICABLE, LIST DATE:</b> |
| <input checked="" type="checkbox"/> \$0 - \$1,999 | _____                            |
| <input type="checkbox"/> \$2,000 - \$10,000       | _____                            |
| <input type="checkbox"/> \$10,001 - \$100,000     | _____                            |
| <input type="checkbox"/> \$100,001 - \$1,000,000  | ACQUIRED      DISPOSED           |
| <input type="checkbox"/> Over \$1,000,000         |                                  |

**NATURE OF INVESTMENT**  
 Partnership     Sole Proprietorship     \_\_\_\_\_ Other

**YOUR BUSINESS POSITION** Sales Manager

**▶ 1. BUSINESS ENTITY OR TRUST**

Name

Address (Business Address Acceptable)

Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

---

**GENERAL DESCRIPTION OF THIS BUSINESS**

**FAIR MARKET VALUE**      **IF APPLICABLE, LIST DATE:**

|  |                        |
|--|------------------------|
| <input type="checkbox"/> \$0 - \$1,999           | _____                  |
| <input type="checkbox"/> \$2,000 - \$10,000      | _____                  |
| <input type="checkbox"/> \$10,001 - \$100,000    | _____                  |
| <input type="checkbox"/> \$100,001 - \$1,000,000 | ACQUIRED      DISPOSED |
| <input type="checkbox"/> Over \$1,000,000        |                        |

**NATURE OF INVESTMENT**  
 Partnership     Sole Proprietorship     \_\_\_\_\_ Other

**YOUR BUSINESS POSITION** \_\_\_\_\_

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

|   |   |
|---|---|
| <input checked="" type="checkbox"/> \$0 - \$499 | <input type="checkbox"/> \$10,001 - \$100,000 |
| <input type="checkbox"/> \$500 - \$1,000        | <input type="checkbox"/> OVER \$100,000       |
| <input type="checkbox"/> \$1,001 - \$10,000     |   |

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

|   |   |
|---|---|
| <input type="checkbox"/> \$0 - \$499        | <input type="checkbox"/> \$10,001 - \$100,000 |
| <input type="checkbox"/> \$500 - \$1,000    | <input type="checkbox"/> OVER \$100,000       |
| <input type="checkbox"/> \$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:  
 INVESTMENT     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

\_\_\_\_\_

|  |                                  |
|--|----------------------------------|
| <b>FAIR MARKET VALUE</b>                         | <b>IF APPLICABLE, LIST DATE:</b> |
| <input type="checkbox"/> \$2,000 - \$10,000      | _____                            |
| <input type="checkbox"/> \$10,001 - \$100,000    | _____                            |
| <input type="checkbox"/> \$100,001 - \$1,000,000 | ACQUIRED      DISPOSED           |
| <input type="checkbox"/> Over \$1,000,000        |                                  |

**NATURE OF INTEREST**  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

**▶ 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

\_\_\_\_\_

Description of Business Activity or City or Other Precise Location of Real Property

\_\_\_\_\_

|  |                                  |
|--|----------------------------------|
| <b>FAIR MARKET VALUE</b>                         | <b>IF APPLICABLE, LIST DATE:</b> |
| <input type="checkbox"/> \$2,000 - \$10,000      | _____                            |
| <input type="checkbox"/> \$10,001 - \$100,000    | _____                            |
| <input type="checkbox"/> \$100,001 - \$1,000,000 | ACQUIRED      DISPOSED           |
| <input type="checkbox"/> Over \$1,000,000        |                                  |

**NATURE OF INTEREST**  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

**Comments:** \_\_\_\_\_

**SCHEDULE D**  
**Income – Gifts**

Name  
 Gary Burns

▶ NAME OF SOURCE (Not an Acronym)  
**Aleshire Wynder**

ADDRESS (Business Address Acceptable)  
**Los Angeles**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Attorney**

| DATE (mm/dd/yy) | VALUE  | DESCRIPTION OF GIFT(S) |
|-----------------|--------|------------------------|
| 05/09/2023      | \$ 264 | Dinner                 |
| 11/28/2023      | \$ 296 | Dinner                 |
|                 | \$     |                        |

▶ 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)  
**BBK**

ADDRESS (Business Address Acceptable)  
**Ontario, LA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Attorney**

| DATE (mm/dd/yy) | VALUE  | DESCRIPTION OF GIFT(S) |
|-----------------|--------|------------------------|
| 11/29/2023      | \$ 123 | Dinner                 |
|                 | \$     |                        |
|                 | \$     |                        |

▶ 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 So CA**

ADDRESS (Business Address Acceptable)  
**700 N. Alaameda St, LA, CA 90012**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Water Supplier**

| DATE (mm/dd/yy) | VALUE  | DESCRIPTION OF GIFT(S)              |
|-----------------|--------|-------------------------------------|
| 05/17/2023      | \$ 37  | Lunch, Hat, Journal, Pen            |
| 09/08/2023      | \$ 965 | State Water Project Inspection Trip |
|                 | \$     |                                     |

▶ 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: \_\_\_\_\_