

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Date Initial Filing Received

Filing Official Use Only



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 - Triunfo Joint Powers Authority

Division, Board, Department, District, if applicable

Board of Directors

Your Position

Director - Las Virgenes

▶ 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 **Los Angeles/Ventura**

County of _____

City of _____

Other _____

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

Annual: The period covered is January 1, 2023, through December 31, 2023.

Leaving Office: Date Left _____ (Check one circle.)

-or-

The period covered is _____ through December 31, 2023.

The period covered is January 1, 2023, through the date of leaving office.

-or-

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 (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

4232 Las Virgenes Road Calabasas CA 91302

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS

(818) 251-2100

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 **April 2, 2024**
(month, day, year)

Signature
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.

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
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:
ACQUIRED _____ DISPOSED _____

> NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:
ACQUIRED _____ DISPOSED _____

> NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:
ACQUIRED _____ DISPOSED _____

> NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:
ACQUIRED _____ DISPOSED _____

> NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:
ACQUIRED _____ DISPOSED _____

> NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:
ACQUIRED _____ DISPOSED _____

Comments: _____

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

Name
Gary Burns

▶ 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

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED DISPOSED

NATURE OF INVESTMENT
 Partnership Sole Proprietorship Other

YOUR BUSINESS POSITION Sales Manager

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

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$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

▶ 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

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
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold Other
Yrs. remaining

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

Comments: _____

▶ 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:
 \$0 - \$1,999
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED DISPOSED

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 IQ THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$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

▶ 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

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
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold Other
Yrs. remaining

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

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) |
|-------------------|---------------------|------------------------|
| <u>05/09/2023</u> | <u>\$ 264</u> | <u>Dinner</u> |
| <u>11/28/2023</u> | <u>\$ 296</u> | <u>Dinner</u> |
| <u> </u> | <u>\$ </u> | <u> </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) |
|-------------------|---------------------|------------------------|
| <u> </u> | <u>\$ </u> | <u> </u> |
| <u> </u> | <u>\$ </u> | <u> </u> |
| <u> </u> | <u>\$ </u> | <u> </u> |

▶ 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) |
|-------------------|---------------------|------------------------|
| <u>11/29/2023</u> | <u>\$ 123</u> | <u>Dinner</u> |
| <u> </u> | <u>\$ </u> | <u> </u> |
| <u> </u> | <u>\$ </u> | <u> </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) |
|-------------------|---------------------|------------------------|
| <u> </u> | <u>\$ </u> | <u> </u> |
| <u> </u> | <u>\$ </u> | <u> </u> |
| <u> </u> | <u>\$ </u> | <u> </u> |

▶ NAME OF SOURCE (Not an Acronym)
Metropolitan Water District of So CA
 ADDRESS (Business Address Acceptable)
700 N. Alameda St, LA, CA 90012
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Water Supplier

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

Comments: _____