

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received

A PUBLIC DOCUMENT

MANE OF FLER (LAST) (mallory john) 1. Office, Agency, or Court Agency Name (Do not use acronyms) indian wells valley water district Doisron, Board, Department, Destrot, if applicable board If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: Position 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 State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statowido Jurisdiction) Multi-County County of County of County of County of County of County of December 31, 2022. Poember 31, 2022. Assuming Office: Date assumed Assuming Office: Date assumed Assuming Office: Date assumed Schedule Schedule Summary (required) Schedule Schedule Summary (required) Schedule Schedule A1 - Investments – schedule attached Schedule B - Real Property – schedule attached Schedule C - Income - Gilts – Schedule attached Schedule B - Real Property – schedule attached Schedule C - Income - Gilts – Schedule attached Schedule B - Real Property – schedule attached Schedule C - Income - Gilts – Schedule attached Schedule B - Real Property – schedule attached Schedule C - Income - Gilts – Schedule attached Schedule B - Real Property – schedule attached Schedule C - Income - Gilts – Schedule attached Schedule B - Real Property – sch	Ple	ease type or print in ink.				
1. Office, Agency, or Court Agency Name (Do not use acronyms) indian wells valley water district Division, Board. Department, District, if applicable Doard If filling for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: Position Position Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) County of City of flugecrest City of flugecrest Type of Statement (Check at least one box) Multi-County County of City of flugecrest Type of Statement (Check at least one box) Assuming Office: Date Left December 31, 2022. The period covered is January 1, 2022, through December 31, 2022. Assuming Office: Date assumed Assuming Office: Date assumed Schedule Summary (required) Schedule Summary (required) Schedule Summary (required) Schedule Schedule At - Invastments - schedule attached Schedule Schedule At - Invastments - schedule attached Schedule Schedule Schedule Schedule Schedule Schedule Schedule attached Schedule Sche	NAI	ME OF FILER (LAST)	(FIRST)		(MIDDLE)	
Agency Name (Do not use acronyms) indian wells valley water district Division, Board, Department, District, if applicable Doard 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 County of indigeorest 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2022, through December 31, 2022. The period covered is January 1, 2022, through December 31, 2022. Assuming Office: Date assumed, through December 31, 2022. Candidate: Date of Election, and office sought, if different than Part 1: 4. Schedule Summary (required) Schedule A 1 - Investments - schedule attached Schedule A 2 - Investments - schedule attached Schedule A 2 - Investments - schedule attached Schedule B - Real Property - schedule B - Real Property - schedule B - Real Property - schedule B - Real Property	bo	oyd	mallory		john	
inclian wells valley water district Division, Board, Department, District, if applicable Noard 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 Count	1.	Office, Agency, or Court				
board director ▶ 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 State (Statewide Jurisdiction) Multi-County County of Other 3. Type of Statement (Check at least one box) Image: Annual: The period covered is January 1, 2022, through December 31, 2022. -Or- The period covered is January 1, 2022, through December 31, 2022. Assuming Office: Date assumed/ through December 31, 2022. Assuming Office: Date assumed/ through the date of leaving office. Candidate: Date of Election and office sought, if different than Part 1: 4. Schedule Summary (required)						
Note that the period covered is January 1, 2022, through December 31, 2022 Assuming Office: Date assumed		Division, Board, Department, District, if app	olicable	You	r Position	
Agency:		board		dir	ector	
2. Jurisdiction of Office (Check at least one box) State		▶ If filing for multiple positions, list below	or on an attachment. (Do no	t use acronyms)	
Judge, Retired Judge, Pro Tern Judge, or Court Commissioner (Statewide Jurisdiction) Multi-County County of		Agency:		Po	sition:	
Multi-County County of County of County of Other	2.	Jurisdiction of Office (Check at	least one box)			
Total number of pages including this cover page: Candidate: Date of Election Total number of pages including this cover page:	5%	State				ge, or Court Commissioner
3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2022, through December 31, 2022. The period covered is January 1, 2022, through December 31, 2022. The period covered is January 1, 2022, through December 31, 2022. The period covered is January 1, 2022, through December 31, 2022. Assuming Office: Date assumed		Multi-County		C	ounty of	
3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2022, through December 31, 2022Or- The period covered is J. Intrough December 31, 2022. The period covered is J. Intrough December 31, 2022. Assuming Office: Date assumed J. Intrough December 31, 2022. Assuming Office: Date assumed J. Intrough December 31, 2022. Assuming Office: Date assumed J. Intrough December 31, 2022. Assuming Office: Date assumed J. Intrough December 31, 2022. Assuming Office: Date assumed J. Intrough December 31, 2022. Assuming Office: Date assumed J. Intrough December 31, 2022. Assuming Office: Date assumed J. Intrough December 31, 2022. Assuming Office: Date assumed J. Intrough December 31, 2022. Assuming Office: Date assumed J. Intrough December 31, 2022. Assuming Office: Date assumed J. Intrough December 31, 2022. Assuming Office: Date assumed J. Intrough December 31, 2022. Assuming Office: Date assumed J. Intrough December 31, 2022. Assuming Office: Date assumed J. Intrough December 31, 2022. Assuming Office: Date overed is January 1, 2022, through the date of leaving office. Office: Date Office: Date Overed is January 1, 2022, through the date of leaving office. Office: Date Overed is January 1, 2022, through the date of leaving office. Office: Date Overed is January 1, 2022, through the date of leaving office. Office: Date Overed is January 1, 2022, through the date of leaving office. Office: Date Overed is January 1, 2022, through the date of leaving office. Office: Date Overed is January 1, 2022, through the date of leaving office. Office: Date Overed is January 1, 2022, through the date of leaving office. Office: Date Overed is January 1, 2022, through the date of leaving office. Office: Date Overed is January 1, 2022, through the date of leaving office. Office: Date Overed is January 1, 2022, through the date of leaving office. Office: Date Overed is January 1, 2022, t		vidences				
Annual: The period covered is January 1, 2022, through December 31, 2022. The period covered is J. J. J. Through December 31, 2022. The period covered is J. J. J. Through December 31, 2022. Assuming Office: Date assumed J. J. Through December 31, 2022. Assuming Office: Date assumed J. J. Through December 31, 2022. Assuming Office: Date assumed J. J. Through December 31, 2022. The period covered is January 1, 2022, through the date of leaving office. Or- Through overed is January 1, 2022, through the date of leaving office. The period covered is January 1, 2022, through the date of leaving office. Through overed is January 1, 2022, through the date of leaving office. The period covered is January 1, 2022, through the date of leaving office. Through overed is January 1, 2022, through the date of leaving office. Through overed is January 1, 2022, through the date of leaving office. Through overed is January 1, 2022, through the date of leaving office. Through overed is January 1, 2022, through the date of leaving office. Through overed is January 1, 2022, through the date of leaving office. Through overed is January 1, 2022, through the date of leaving office. Through overed is January 1, 2022, through the date of leaving office. Through overed is January 1, 2022, through the date of leaving office. Through overed is January 1, 2022, through the date of leaving office. Through overed is January 1, 2022, through the date of leaving office. Through overed is January 1, 2022, through the date of leaving office. Through overed is January 1, 2022, through the date of leaving office. Through overed is January 1, 2022, through the date of leaving office. Through overed is January 1, 2022, through the date of leaving office. Through overed is January 1, 2022, through the date of leaving office. Through office: Travel Paymand 1, 2025, through the date of leaving office. Through office: Travel Paymand 1, 2025, through the date of leaving office. Through office: Travel Paymand 1, 2025, through the	3					
The period covered is	.	Annual: The period covered is January				
Assuming Office: Date assumed		The period covered is	_/, throug		leaving office.	1, 2022, through the date of
A. Schedule Summary (required) Schedules attached Schedule A-1 - Investments – schedule attached Schedule A-2 - Investments – schedule attached Schedule B - Real Property – schedule attached Schedule B - Real Property – schedule attached Schedule B - Real Property – schedule attached Schedule E - Income – Gifts – Schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Schedule attached Schedule E - Income – Gifts – Schedule attached Schedule E - Income – Gifts – Schedule attached Schedule E - Income – Gifts – Schedule attached Schedule E - Income – Gifts – Schedule attached Schedule E - Income – Gifts – Schedule attached Schedule E - Income – Gifts – Schedule attached Schedule E - Income – Gifts – Schedule attached Schedule E - Income – Gifts – Travel Payments – Schedule attached Schedule E - Income – Gifts – Schedule attached Schedule E - Income – Gifts – Schedule attached Schedule E - Income – Gifts – Schedule attached Schedule E - Income – Gifts – Schedule attached Schedule E - Income – Gifts – Schedule attached Schedule E - Income – Gifts – Schedule attached Schedule E - Income – Gifts – Schedule attached Schedule E - Income – Gifts – Schedule attached Schedule E - Income – Gifts – Schedule attached Schedule E - Income – Gifts – Schedule attached Schedule E - Income – Gifts – Schedule attached Schedule E - Income – Gifts – Schedule attached Schedule E - Income – Gifts – Schedule attached Schedule E		Assuming Office: Date assumed			The period covered is	, through
Schedule A-1 - Investments – schedule attached Schedule A-2 - Investments – schedule attached Schedule B - Real Property – schedule attached Schedule B - Real Property – schedule attached Schedule E - Income – Gifts – Schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached The schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached The schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Schedule attached Schedule E - Income – Gifts – Schedule attached Schedule E - Income – Gifts – Schedule attached Schedule D - Income – Gifts – Schedule attached Sche		Candidate: Date of Election	and office sou	ught, if different	than Part 1:	
Schedule A-1 - Investments – schedule attached Schedule A-2 - Investments – schedule attached Schedule B - Real Property – schedule attached Schedule B - Real Property – schedule attached Schedule E - Income – Gifts – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule D - Income – Gifts – Schedule Travel Payments – schedule attached Schedule D - Income – Gifts – Travel Payments – schedule attached Schedule D - Income – Gifts – Schedule Travel Payments – schedule attached Schedule D - Income – Gifts – Schedule Travel Payments – schedule attached Schedule D - Income – Gifts – Travel Payments – schedule attached Schedule D - Income – Gifts – Travel Payments – schedule attached Schedule D - Income – Gifts – Travel Payments – schedule attached Schedule D - Income – Gifts – Travel Payments – schedule attached Schedule D - Income – Gifts – Travel Payments – schedule attached Schedule D - Income – Gifts – Travel Payments – schedule attached Schedule D - Income – Gifts – Travel Payments – schedule attached Schedule D - Income – Gifts – Travel Payments – schedule attached Schedule D - Income – Gifts – Travel Payments – Schedule attached Schedule D - Income – Gifts – Travel Payments – Schedule attached Schedule D - Income – Gifts – Travel Payments – Schedule attached Schedule D - Income – Gifts – Travel Payments – Schedule attached Schedule D - Income – Gifts – Travel Payments – Schedule attached	4.	Schedule Summary (required)	► Total num	ber of page:	including this cover page	e:
Schedule A-2 - Investments – schedule attached Schedule B - Real Property – schedule attached Schedule E - Income – Gifts – Schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached		Schedules attached				
Schedule B - Real Property – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached None - No reportable interests on any schedule State		Schedule A-1 - Investments - sch	edule attached	Schedule	C - Income, Loans, & Business	Positions – 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) 1053 north clifford street ridgecrest calif 93555 DAYTIME TELEPHONE NUMBER (760) 3775413 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contains 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 29 march 2023 Signature		Schedule A-2 - Investments - sch	edule attached	02.2		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) 1053 north clifford street ridgecrest calif 93555 DAYTIME TELEPHONE NUMBER (760) 3775413 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contains 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 29 march 2023 Signature		Schedule B - Real Property – sch	edule attached	Schedule	e E - Income – Gifts – Travel Payi	ments – schedule attached
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) 1053 north clifford street ridgecrest calif 93555 DAYTIME TELEPHONE NUMBER (760) 3775413 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contains 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 29 march 2023 Signature	-0	Nr. Nona No reportable inter	ranta an any ashadula			
MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 1053 north clifford street ridgecrest calif 93555 DAYTIME TELEPHONE NUMBER [760] 3775413 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 29 march 2023 Signature	_		esis on any scriedule			
1053 north clifford street ridgecrest calif 93555 DAYTIME TELEPHONE NUMBER (760) 3775413 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 29 march 2023 Signature	J.	MAILING ADDRESS STREET			STATE	ZIP CODE
DAYTIME TELEPHONE NUMBER (760) 3775413 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contains 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 29 march 2023 Signature			*	000004	oplif	00555
mallory.boyd@IWVWD.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 contains 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 29 march 2023 Signature			nag			93333
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contains 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 29 march 2023 Signature						
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed 29 march 2023 Signature		I have used all reasonable diligence in pre		eviewed this st	atement and to the best of my kno	wledge the information contained
orginature voorpeta 12		Company of the Section of the Sectio		-246001 0230-200010-000		
orginating voorpeting 12		00 mariali 0000			WIM R	
		2110 0.3		Signature	(File the originally signed paper states	ment with your filing official.)

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM	
Name mallory boyd	

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
apple corp	starbucks
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
technology product vendor	coffee company
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock (Describe)	Stock Other (Describe)
Partnership	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule Co
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY SITIUS	► NAME OF BUSINESS ENTITY exxon
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
satellite radio	oil company
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	(Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule Co
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	/ /22 / /22
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
micron	allegeny tech incorporated
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
computer chip	advanced steel products
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule of
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	1.1

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 mallory boyd

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
corning	chipolte
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
glass manufactoring	mexican fast food
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY walmart	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
retaíl	İ
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock (Describe)
Partnership Income Received of \$0 - \$499	Partnership Income Received of \$0 - \$499
Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//22	//22
ACQUINED DISPOSED	ACQUINED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	<u> </u>
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT Stock Other
Stock Other (Describe)	(Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 122 1 122
ACQUIRED DISPOSED	ACQUIRED DISPOSED
'	±4.
Comments:	

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received
Filing Official Use Only

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST)	(MIDDLE)
Griffin II Charles	Dewayne
1. Office, Agency, or Court	
Agency Name (Do not use acronyms)	
TNOMN Wells Vally Division, Board, Department, District, if applicable	Your Position
Boars	Director
▶ If filing for multiple positions, list below or on an attachment. (Do not use a	acronyms)
Agency:	Position:
2. Jurisdiction of Office (Check at least one box)	
State	Ludge Detired Judge Dre Tere Judge en Court Commissioner
	 Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Multi-County Kern, San Bernardino	County of
City of	Other
 Type of Statement (Check at least one box) Annual: The period covered is January 1, 2022, through 	
December 31, 2022.	Leaving Office: Date Left/(Check one circle.)
-or- The period covered is, through	☐ The period covered is January 1, 2022, through the date of
December 31, 2022.	leaving officeor-
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	f pages including this cover page:
Schedules attached	
Schedule A-1 - Investments – schedule attached	Schedule C - Income, Loans, & Business Positions – schedule attached
	Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property – schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
On I None No. 1 11111	
-or- None - No reportable interests on any schedule 5. Verification	
MAILING ADDRESS STREET CITY	STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)	
	MAIL ADDRESS CA 93555
(760)384-5502	Chuck ar ff o Twows com
I have used all reasonable diligence in preparing this statement. I have reviewe herein and in any attached schedules is true and complete. I acknowledge this	ed this statement and to the best of my knowledge the information contained
I certify under penalty of perjury under the laws of the State of California	that the foregoing is true and correct.
1 20 33	
Date Signed March 20 23 Sign	nature (File the originally signed paper statement with your filing official.)
A company of Month.	EPPC Form 700 - Court Page (2022/2022)

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

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
cycle Boars	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Scooter Sales	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \[\$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe) Partnership Income Received of \$0 - \$499	(Describe) Partnership Income Received of \$0 - \$499
Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
3/12/2k / /22	
ACQUIRED DISPOSED	//22//22 ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe) Partnership 1ncome Received of \$0 - \$499	(Describe) Partnership Income Received of \$0 - \$499
Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	1
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000
	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
Partnership Income Received of \$0 - \$499	Partnership Income Received of \$0 - \$499
Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IE ADDITION DE LIGE DATE.
II ALLEIGABLE, LIGHT DATE.	IF APPLICABLE, LIST DATE:
// <u>22</u>	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Comments:	

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

▶ 1, BUSINESS ENTITY OR TRUST	▶ 1, BUSINESS ENTITY OR TRUST
Gr. Ffin Excavating & Paving-	
Name 1644 G. Laura Ave. /714 Bonne	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one Trust, go to 2 Business Entity, complete the box, then go to 2	Check one Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED Over \$1,000,000	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
NATURE OF INVESTMENT Partnership Ole Proprietorship Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) \$0 - \$499 \$10,001 - \$100,000 \$1,001 - \$10,000	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) \$0 - \$499 \$10,001 - \$100,000 OVER \$100,000 \$500 - \$1,000 OVER \$100,000
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 Hensel Dhelps, Jacob const. Rockwell Const. Bill freund const. cox const. Two or, Un const. correy const. whiten turned const. correll const.	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	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, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or City or Other Precise Location 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 J22	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$100,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments	Ш

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS CITY	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS ST C ST ST
	Interest Rate INTEREST RATE HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 Guarantor, if applicable Richard to your official status. Personal loans and ness must be disclosed as follows: Personal loans and ness must be disclosed as follows: NAME OF LENDER* NAME OF LENDER* NAME OF LENDER* NAME OF LENDER* INTEREST (Business Address Acceptable) BUSINESS (Business Address Acceptable) TERM (Months/Years) I O Stood Sto

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS CITY FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
To be a second of the second o
\$10,001 - \$100,000
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
ending institution made in the lender's regular course of ithout regard to your official status. Personal loans and ess must be disclosed as follows:
NAME OF LENDER*
ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)
HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000 Guarantor, if applicable

SCHEDULE C Income, Loans, & Business **Positions**

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

1. INCOME RECEIVED	► 1, INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Gritin Excausing traing	CTA INC.
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1644 E. Caura	543 W. Grant.
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Contractor	tederal contrador
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Ouner	Vice tresidut
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000
\$10,001 - \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.) Loan repayment	(Real property, car, boal, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other	Other,
(Describe) ▶ 2 LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P	(Describe)
a retail installment or credit card transaction, made in th	lending institution, or any indebtedness created as part of ne lender's regular course of business on terms available status. Personal loans and loans received not in a lender's s:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (7)	% None
ADDRESS (Business Address Acceptable)	RECURITY FOR LOAN
PURILED ACTIVE VIEW OF LEVEL	SECURITY FOR LOAN None Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER	Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	
\$500 - \$1,000	City
\$1,001 - \$10,000	Guarantor
\$10,001 - \$100,000	
OVER \$100,000	Other(Describe)
Comments:	

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received
Filing Official Use Only

A PUBLIC DOCUMENT

riease type of	print in ink.	
NAME OF FILER	(LAST) (FIRST)	(MIDDLE)
Kicinski	Ronald	d Richard
1. Office, Ag	gency, or Court	
-	e (Do not use acronyms)	
	ells Valley Water District	
	rd, Department, District, if applicable	Your Position
Board		Director
► It filing to	multiple positions, list below or on an attachmen	nt. (Do not use acronyms)
Agency.		Position;
, igolioj.		T SOMOTY
2. Jurisdict	on of Office (Check at least one box)	
State	×	☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
		(Statewide Jurisdiction)
Multi-Cou	nty Kern, San Bernardino	County of
City of		<u> </u>
		Other
3. Type of	Statement (Check at least one box)	
Annual:	The period covered is January 1, 2022, throug December 31, 2022.	h Leaving Office: Date Left/(Check one circle.)
-or-	The period covered is/	, through
Assumi	ng Office: Date assumed	
☐ Candida	te: Date of Election and	d office sought, if different than Part 1:
	Man and Man an	
	e Summary (must complete) ▶ 7 o es <i>attached</i>	otal number of pages including this cover page: 10
		Schadula C. Incomo Logno P. Rusinono Positiona, cohodula attached
	dule A-1 - Investments – schedule attached	Schedule C - Income, Loans, & Business Positions – schedule attached Schedule D - Income – Gifts – schedule attached
	dule A-2 - Investments - schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
Scrie	dule B - Real Property - schedule attached	
-or- □ No	ne - No reportable interests on any sch	hadula
		icuale
5. Verification		OTT.
	ESS STREET ency Address Recommended - Public Document)	CITY STATE ZIP CODE
	lidgecrest Blvd	Ridgecrest CA 93555
	PHONE NUMBER	EMAIL ADDRESS
-	375-5086	r.kicinski@iwvwd.com
	all reasonable diligence in preparing this statement any attached schedules is true and complete.	nt. I have reviewed this statement and to the best of my knowledge the information containe I acknowledge this is a public document.
I certify und	er penalty of perjury under the laws of the S	tate of California that the foregoing is true and correct.
		000
Date Signed	January 04, 2023	Signature
	(month, day, year)	(File the originally signed paper statement with your filing official.)

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized. Do not attach brokerage or financial statements CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

KICINSKI, RONALD R.

DO HOL allacii brokeray	e or imancial statements.
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
ABBOT LABS	BLACK ROCK INC
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
HEALTH CARE	FINANCIAL
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 [] \$10,001 - \$100,000	1 \$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other(Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
ALLIANT ENERGY CORP	COMCAST CORP
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
ENERGY	COMMUNICATION SERVICES
FAIR MARKET VALUE	FAIR MARKET VALUE
[] \$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
AMAZON	ECOLAB INC
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
CONSUMER DISCRETIONARY	HEALTH CARE
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 (a) \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other (Describe)	NATURE OF INVESTMENT Stock Other (Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED J//22	ACQUIRED DISPOSED

Comments:

Stocks, Bonds, and Other Interests Name

(Ownership Interest is Less Than 10%)

Investments must be itemized. Do not attach brokerage or financial statements CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

KICINSKI, RONALD R.

Do not attach brokerage	or illiancial statements.
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
ABBOT LABS	BLACK ROCK INC
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
HEALTH CARE	FINANCIAL
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 (iii) \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other (Describe)
(Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
ALLIANT ENERGY CORP	COMCAST CORP
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
ENERGY	COMMUNICATION SERVICES
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
(Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	(Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	//22//22 ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
AMAZON	ECOLAB INC
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
CONSUMER DISCRETIONARY	HEALTH CARE
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	[] \$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other (Describe)	NATURE OF INVESTMENT Stock Other (Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//22//22_ ACQUIRED DISPOSED	

Comments:

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized. Do not attach brokerage or financial statements. CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

Name

KICINSKI, RONALD R.

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
ABBOT LABS	BLACK ROCK INC
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
HEALTH CARE	FINANCIAL
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other (Describe)	NATURE OF INVESTMENT Stock Other (Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
ALLIANT ENERGY CORP	COMCAST CORP
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
ENERGY	COMMUNICATION SERVICES
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 S10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other(Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
AMAZON	ECOLAB INC
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
CONSUMER DISCRETIONARY	HEALTH CARE
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	32,000 - \$10,000 510,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe)
☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED

Comments:

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized. Do not attach brokerage or financial statements. CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

Name

KICINSKI, RONALD R.

To not unad, pronorage	The state of the s
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
ABBOT LABS	BLACK ROCK INC
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
HEALTH CARE	FINANCIAL
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000 Dver \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other (Describe)	NATURE OF INVESTMENT Stock Other(Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//22	
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
ALLIANT ENERGY CORP	COMCAST CORP
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
ENERGY	COMMUNICATION SERVICES
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other(Describe)	Stock Other (Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
AMAZON	ECOLAB INC
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
CONSUMER DISCRETIONARY	HEALTH CARE
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000
NATURE OF INVESTMENT Stock Other (Describe)	NATURE OF INVESTMENT Stock Other (Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//22	
ACQUIRED DISPOSED	ACQUIRED DISPOSED

Comments:

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized. Do not attach brokerage or financial statements CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

Name

KICINSKI, RONALD R.

	or illiancial statements.
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
ABBOT LABS	BLACK ROCK INC
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
HEALTH CARE	FINANCIAL
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 (m) \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
(Describe) Partnership Income Received of \$0 - \$499	(Describe) Partnership Income Received of \$0 - \$499
Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	//
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
ALLIANT ENERGY CORP	COMCAST CORP
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
ENERGY	COMMUNICATION SERVICES
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	1 \$2,000 - \$10,000 1 \$10,001 - \$100,000
] \$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
AMAZON	ECOLAB INC
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
CONSUMER DISCRETIONARY	HEALTH CARE
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 (iii) \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
(Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	(Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	/ /22 / /22
ACQUIRED DISPOSED	ACQUIRED DISPOSED

Comments:

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

KICINSKI, RONALD R.

▶ 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
Ronald R. Kicinski and Sharon A. Girod Trust	TOSS, INC.
Name 1911S. DOWNS ST. RIDGECREST, CA 93555 Address (Business Address Acceptable) Check one Trust, go to 2 Business Entity, complete the box, then go to 2	Name 1525 N. NORMA ST. STE A RIDGECREST, CA 93555 Address (Business Address Acceptable) Check one Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS TEMPORARY STAFFING
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 J_22 J_22 \$10,001 - \$100,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INVESTMENT Partnership Sole Proprietorship Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION CFO
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST) \$0 - \$499 \$10,001 - \$100,000 OVER \$100,000 \$1,001 - \$10,000	≥ 2, IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>10</u> THE ENTITY/TRUST) \$0 - \$499
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	None or Names listed below NEWMAN DRYWALL, KC MARTIN PAINTING CHINA LAKE MUSEUM, SECURITY ENGINEERING 6075-76 LLC, CONDOR INTL.
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY	► 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 1525 N. NORMA ST. RIDGECREST, CA 93555 Description of Business Activity or City or Other Precise Location of 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	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Yrs. remaining Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

KICINSKI, RONALD R.

▶ 1, BUSINESS ENTITY OR TRUST	▶ 1, BUSINESS ENTITY OR TRUST
Ronald R. Kicinski and Sharon A. Girod Trust	TOSS, INC.
Name	Name
1911S. DOWNS ST. RIDGECREST, CA 93555	1525 N. NORMA ST. STE A RIDGECREST, CA 93555
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one	Check one
Trust, go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	TEMPORARY STAFFING
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$0 - \$1,999	\$0 - \$1 999
\$2,000 - \$10,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000	\$10,001 - \$100,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Partnership Sole Proprietorship	Partnership Sole Proprietorship
Other	Other
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION CFO
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA	
SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000	\$0 - \$499 \$10,001 - \$100,000
S500 - \$1,000 OVER \$100,000	\$500 - \$1,000 OVER \$100,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	> 3, LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	INCOME OF \$10,000 OR MORE (Attach a separate street if necessary.)
None or Names listed below	None or Names listed below
	NEWMAN DRYWALL, KC MARTIN PAINTING
	CHINA LAKE MUSEUM, SECURITY ENGINEERING
	6075-76 LLC, CONDOR INTL.
▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:	LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:
INVESTMENT REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
	I INDIAN TO THE INTERNATION OF EACH
Name of Business Entity, if Investment, or	Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property	Assessor's Parcel Number or Street Address of Real Property
1525 N. NORMA ST. RIDGECREST, CA 93555	
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000 \$\frac{7}{28}\frac{7}{22}\$	\$2,000 - \$10,000
\$10,001 - \$100,000	\$10,001 - \$100,000//22//22//22/
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
■ Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Logsphold
Yrs. remaining	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
····	are distanted
1.	50°

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

KICINSKI, RONALD R.

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 1525 N. NORMA ST. CITY	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS CITY
RIDGECREST, CA	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 10,001 - \$100,000 22 7 / 28 / 22 100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Movement Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold Cther	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
■ \$10,001 - \$100,000 □ OVER \$100,000	\$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 ROGER STEIN ATTY, EDWARD JONES,	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.
TOSS, INC.	
TOSS, INC. You are not required to report loans from a commercia	al lending institution made in the lender's regular course o without regard to your official status. Personal loans and iness must be disclosed as follows:
You are not required to report loans from a commercial business on terms available to members of the public loans received not in a lender's regular course of business.	without regard to your official status. Personal loans and iness must be disclosed as follows:
You are not required to report loans from a commercial business on terms available to members of the public loans received not in a lender's regular course of business.	without regard to your official status. Personal loans and iness must be disclosed as follows:
You are not required to report loans from a commercial business on terms available to members of the public loans received not in a lender's regular course of business of Lender*	without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER*
You are not required to report loans from a commercia business on terms available to members of the public loans received not in a lender's regular course of business (Business Address Acceptable)	without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
You are not required to report loans from a commercia business on terms available to members of the public loans received not in a lender's regular course of business of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
You are not required to report loans from a commercia business on terms available to members of the public loans received not in a lender's regular course of business (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
You are not required to report loans from a commercia business on terms available to members of the public loans received not in a lender's regular course of business of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) None	without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) None
You are not required to report loans from a commercia business on terms available to members of the public loans received not in a lender's regular course of business of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) Mone HIGHEST BALANCE DURING REPORTING PERIOD	without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)

Print

Clear

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name

KICINSKI, RONALD R

	► 1, INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
TOSS, INC.	TOSS, INC.
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1525 N. NORMA ST. STE A RIDGECREST, CA	1525 N. NORMA ST. STE A RIDGECREST, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
TEMPORARY STAFFING	TEMPORARY STAFFING
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
CFO/SECRETARY	CEO
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
(a) \$10,001 - \$100,000 (b) OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other	Other
(Describe)	(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING	
a retail installment or credit card transaction, made in	ial lending institution, or any indebtedness created as part of a the lender's regular course of business on terms available al status. Personal loans and loans received not in a lender's ows:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	% None
ADDRESS (Business Address Acceptable)	
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	City
\$1,001 - \$10,000	,
\$10,001 - \$100,000	Guarantor
OVER \$100,000	Other
	(Describe)
Comments:	



Date Signed 3/21/2023

(month, day, year)

STATEMENT OF ECONOMIC INTERESTS Date Initial Filing Received **COVER PAGE**

A PUBLIC DOCUMENT Please type or print in ink. NAME OF FILER (LAST) (MIDDLE) (FIRST) Stanley Raitora Gene 1. Office, Agency, or Court Agency Name (Do not use acronyms) Indian Wells Valley Water District Division, Board, Department, District, if applicable Your Position **Board of Dircetors** Director ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) _ Position: _ 2. Jurisdiction of Office (Check at least one box) Judge, Retired Judge, Pro Tem Judge, or Court Commissioner State (Statewide Jurisdiction) Multi-County Kern, San Bernardino County of City of 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2022, through Leaving Office: Date Left _____/_ December 31, 2022. (Check one circle.) -or-The period covered is January 1, 2022, through the date of The period covered is ___ leaving office. December 31, 2022. Assuming Office: Date assumed _____/_ The period covered is ____ 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: Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached **-or-** None - No reportable interests on any schedule Verification MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 93555 1239 E Belle Vista Avenue California Ridgecrest DAYTIME TELEPHONE NUMBER EMAIL ADDRESS 793-6854 Stan.Rajtora@IWVWD.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.

Signature

(File the originally signed paper)

statement with your filing official.)

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Stanley Rajtora

(Ownership Interest is 10% or Greater)

▶ 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Vaughn Realty	C.A. Vaughn Construction
Name 509 West Ward Avenue, Ridgecrest, CA 93555	Name 509 West Ward Avenue, Ridgecrest, CA 93555
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one Trust, go to 2 Business Entity, complete the box, then go to 2	Check one Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	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	FAIR MARKET VALUE \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Partnership Sole Proprietorship Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
\$0 - \$499	\$0 - \$499
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
None or Names listed below	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:	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	INVESTMENT REAL PROPERTY
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> 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 NATURE OF INTEREST	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership Leasehold Other	Property Ownership/Deed of Trust Stock Partnership Leasehold Other
Yrs. remaining Check box if additional schedules reporting investments or real property are attached	Yrs. remaining Check box if additional schedules reporting investments or real property are attached

Comments: _

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION Name Stanley Rajtora

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 1615 N Sierra View	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 936 Alene
CITY	CITY
Ridgecrest	Ridgecrest
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED Over \$1,000,000	=
NATURE OF INTEREST	NATURE OF INTEREST
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold	Leasehold
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greate interest, list the name of each tenant that is a single source income of \$10,000 or more.	of interest, list the name of each tenant that is a single source of income of \$10,000 or more.
None	None
* You are not required to report loans from a comme business on terms available to members of the pu loans received not in a lender's regular course of	ercial lending institution made in the lender's regular course of ablic without regard to your official status. Personal loans and business must be disclosed as follows:
* You are not required to report loans from a comme business on terms available to members of the pu	ercial lending institution made in the lender's regular course of ablic without regard to your official status. Personal loans and
* You are not required to report loans from a comme business on terms available to members of the pu loans received not in a lender's regular course of	ercial lending institution made in the lender's regular course of ablic without regard to your official status. Personal loans and business must be disclosed as follows:
* You are not required to report loans from a comme business on terms available to members of the pu loans received not in a lender's regular course of NAME OF LENDER*	ercial lending institution made in the lender's regular course of ablic without regard to your official status. Personal loans and business must be disclosed as follows: NAME OF LENDER*
You are not required to report loans from a comme business on terms available to members of the pu loans received not in a lender's regular course of NAME OF LENDER* ADDRESS (Business Address Acceptable)	ercial lending institution made in the lender's regular course of ablic without regard to your official status. Personal loans and business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
You are not required to report loans from a comme business on terms available to members of the pulloans received not in a lender's regular course of NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	ercial lending institution made in the lender's regular course of ablic without regard to your official status. Personal loans and business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
You are not required to report loans from a comme business on terms available to members of the pulloans received not in a lender's regular course of NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	ercial lending institution made in the lender's regular course of ablic without regard to your official status. Personal loans and business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
You are not required to report loans from a comme business on terms available to members of the pulloans received not in a lender's regular course of NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE Whome	ercial lending institution made in the lender's regular course of ablic without regard to your official status. Personal loans and business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE None None
You are not required to report loans from a comme business on terms available to members of the pu loans received not in a lender's regular course of NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	ercial lending institution made in the lender's regular course of ablic without regard to your official status. Personal loans and business must be disclosed as follows: NAME OF LENDER*
* You are not required to report loans from a comme business on terms available to members of the pu loans received not in a lender's regular course of NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	ercial lending institution made in the lender's regular course of ablic without regard to your official status. Personal loans and business must be disclosed as follows: NAME OF LENDER*

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION Name Stanley Rajtora

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 453-071-08-00-4	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 453-071-07-00-1			
CITY Ridgecrest	CITY Ridgecrest			
FAIR MARKET VALUE S2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED NATURE OF INTEREST Ownership/Deed of Trust Easement Leasehold Tyrs. 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.	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INTEREST Ownership/Deed of Trust Leasehold Yrs. remaining Other IF RENTAL PROPERTY, GROSS INCOME RECEIVED \$0 - \$499 \$500 - \$1,000 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			
	cial lending institution made in the lender's regular course of c without regard to your official status. Personal loans and siness must be disclosed as follows:			
business on terms available to members of the publi	c without regard to your official status. Personal loans and			
business on terms available to members of the publi loans received not in a lender's regular course of business.	c without regard to your official status. Personal loans and siness must be disclosed as follows:			
business on terms available to members of the publi loans received not in a lender's regular course of business of LENDER*	c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER*			
business on terms available to members of the publi loans received not in a lender's regular course of business Of Lender* ADDRESS (Business Address Acceptable)	c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)			
business on terms available to members of the publi loans received not in a lender's regular course of business of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)			
business on terms available to members of the publi loans received not in a lender's regular course of business received not in a lender's regular course of business of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) ———————————————————————————————————	C without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) ———————————————————————————————————			

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION Name Stanley Rajtora

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 343-200-11-00-0	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
CITY Ridgecrest	CITY
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 Over \$1,000,000 NATURE OF INTEREST Ownership/Deed of Trust Leasehold Yrs. remaining Other IF RENTAL PROPERTY, GROSS INCOME RECEIVED \$0 - \$499 \$500 - \$1,000 OVER \$10,000 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	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$100,001 - \$100,000 ACQUIRED DISPOSED
	al lending institution made in the lender's regular course of without regard to your official status. Personal loans and iness must be disclosed as follows:
NAME OF LENDER*	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) ———————————————————————————————————
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received
Filing Official Use Only

A PUBLIC DOCUMENT

Ple	ase type or print in ink.					
NAI	ME OF FILER (LAST)	(FIRST)			(MIDDLE)	
S	aint-Amand	David			C.H.	
1.	Office, Agency, or Court					
	Agency Name (Do not use acron	 yms)				
	Indian Wells Valley Water	· District				
	Division, Board, Department, Distr	ct, if applicable		Your Posit	ion	
	Board of Directors			Membe	er	
	▶ If filing for multiple positions, list	st below or on an attachment.	(Do not use	acronyms)		
	Agency:			Position:		
	Jurisdiction of Office (C	heck at least one box)				
	State			_	letired Judge, Pro Tem Jud e Jurisdiction)	ge, or Court Commissioner
	Multi-County Kern and Sa	n Bernardino Counties		County of	of	
	City of		<u></u>			
 3.	Type of Statement (Check	k at least one box)				
	Annual: The period covered December 31, 2022			Leaving	Office: Date Left(Check one	
	-or- The period covered December 31, 2022	is/	, through		period covered is January ing office.	1, 2022, through the date of
	Assuming Office: Date ass	umed/		The	period covered is/_date of leaving office.	, through
	Candidate: Date of Election	and of	fice sought,	if different than F	Part 1:	
4.	Schedule Summary (req	uired) > Total	number	of pages incl	uding this cover pag	e:
	Schedules attached	, , , , , , , , , , , , , , , , , , , ,		o. pagooo.	army and core, pay	
	Schedule A-1 - Investmen	uts – schedule attached		Schedule C - II	ncome, Loans, & Business	Positions – schedule attached
	Schedule A-2 - Investmen	ts - schedule attached		Schedule D - //	ncome – Gifts – schedule a	attached
	Schedule B - Real Proper	ty – schedule attached		Schedule E - II	ncome – Gifts – Travel Pay	ments – schedule attached
-0	or- None - No reportab	le interests on any sched	ule			
	Verification	io interests on any serious	aro			
٠,	MAILING ADDRESS STREE		CITY		STATE	ZIP CODE
	(Business or Agency Address Recommend	ed - Public Document)	Distance		0.4	00555
	P.O. Box 601 DAYTIME TELEPHONE NUMBER		Ridgeo	EMAIL ADDRESS	CA	93555
	(760) 608-0098			A LOW 4	and@hunaud.com	
	I have used all reasonable diligend			wed this statemer		wledge the information contained
	herein and in any attached sched	•	_	•		
	I certify under penalty of perjur	y under the laws of the State	oi Calliorn	na uiat the loreg	joing is true and correct.	
	Date Signed January 17, 20)23	Si	ignature David		Igitally signed by David Saint-Amand ate: 2023,01.17 12:20:53 -08'00'
		, day, year)			(File the originally signed paper state	

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized. Do not attach brokerage or financial statements. CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

Name

David C.H. Saint-Amand

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Apple Inc.	Boeing Company
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Consumer electronics manufacturer	Aerospace company
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 [7] \$10,001 - \$100,000
s100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other (Describe)	NATURE OF INVESTMENT Stock Other (Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Indian Wells Brewing Company, LLC	Carnival Corporation & plc
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Craft soda and beer manufacturer	Leisure travel company
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other(Describe)
Partnership Income Received of \$0 - \$499	Partnership Income Received of \$0 - \$499
Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	14
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Canalina passin non or rino position	III
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ /22 / /22	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
	11

Comments: _

SCHEDULE C Income, Loans, & Business **Positions**(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
David C.H. Saint-Amand

1, INCOME RECEIVED	► 1, INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Naval Air Systems Command (NAVAIR)	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1 Admin Circle, China Lake, CA, 93555	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Department of the Navy	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Program Analyst	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other	Other
(Describe)	(Describe)
a retail installment or credit card transaction, made in the	lending institution, or any indebtedness created as part of he lender's regular course of business on terms available status. Personal loans and loans received not in a lender's
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	% None
,	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
WOULD THE WORLD BETTER THE STATE OF THE STAT	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	
\$500 - \$1,000	City
\$1,001 - \$10,000	Guarantor
\$10,001 - \$100,000	
OVER \$100,000	Other(Describe)
	(กละกากล)
Comments:	