

Date Initial Filing Received

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Sims	Richard	D
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
Quail Valley Water District		
Division, Board, Department, District, if app	licable	Your Position
		Director
▶ If filing for multiple positions, list below of	or on an attachment. (Do not us	e acronyms)
Agency:		Position:
2. Jurisdiction of Office (Check at I	east one box)	
☐ State		☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County		⊠ County of Portion of Kern
City of		Other
3. Type of Statement (Check at least	one box)	
Annual: The period covered is Januar December 31, 2018.	ry 1, 2018, through	X Leaving Office: Date Left 05 , 25 , 2019
-or-		(Check one circle.)
The period covered is December 31, 2018.	/, through	<ul> <li>The period covered is January 1, 2018, through the date of -or-</li> </ul>
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 (must com	plete) ► Total number	of pages including this cover page:
Schedules attached		
Schedule A-1 - Investments - sche	dule attached	Schedule C - Income, Loans, & Business Positions – schedule attached
Schedule A-2 - Investments - sche	dule attached	Schedule D - Income - Gifts - schedule attached
☐ Schedule B - Real Property – sche	dule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-or- ☐ None - No reportable intere	ests on any schedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public D	CITY Cocument)	STATE ZIP CODE
24750 Sand Canyon Road	Tehachapi	CA 93561
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
( 661 ) 822-1923  I have used all reasonable diligence in prepa	aring this statement. I have rovice	dcsjms@qvwd.org wed this statement and to the best of my knowledge the information contained
herein and in any attached schedules is tru	e and complete. I acknowledge	this is a public document.
I certify under penalty of perjury under the	he laws of the State of Californ	ia that the foregoing is true and correct.
Data Signed		
Date Signed(month, day, year)	S	gnature(File the originally signed paper statement with your filing official )



Date Initial Filing Received Official Use Only

#### **COVER PAGE**

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Dawnette	Boatman		
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Quail Valley Water District			
Division, Board, Department, District, if ap	olicable	Your Position	
		Secretary/Treasurer	
▶ 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		☐ Judge or Court Commissioner (	Statewide Jurisdiction)
Multi-County		★ County of Portion of Kern	otatomas variotion)
City of			
		Other	
3. Type of Statement (Check at leas	t one box)		
Annual: The period covered is Janua	ry 1, 2018, through	Leaving Office: Date Left	
December 31, 2018.		(Check or	ne circle.)
The period covered is December 31, 2018.	_/, through	<ul> <li>The period covered is Janu</li> <li>-or-</li> </ul>	ary 1, 2018, through the date of
Assuming Office: Date assumed	05 , 25 , 2019	O The period covered is	/, through
Candidate: Data of Election	and office sought if	the date of leaving office.	
	and office sought, if	different than Part 1:	
4. Schedule Summary (must cor	nplete) ► Total number of	f pages including this cover p	age:
Schedules attached			
Schedule A-1 - Investments - sch	edule attached S	Schedule C - Income, Loans, & Busine	ss Positions – schedule attached
Schedule A-2 - Investments - sch		Schedule D - Income - Gifts - schedul	
Schedule B - Real Property - sch	edule attached S	Schedule E - Income – Gifts – Travel F	Payments – schedule attached
an D Name of			
-or- ☐ None - No reportable inter	ests on any schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public	CITY Document)	STATE	ZIP CODE
24750 Sand Canyon Road	Tehachapi	CA	93561
DAYTIME TELEPHONE NUMBER		MAIL ADDRESS	
The state of the s	customerservice@qvwd.org  ve used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information conta		
herein and in any attached schedules is tru	ie and complete. I acknowledge this	in is statement and to the best of my k is a public document.	nowledge the information contained
I certify under penalty of perjury under	he laws of the State of California	that the foregoing is true and correct	et.
Date Signed 7/11/2019	Sign	ature Dawnette 1	Soodnaa
(month, day, year)		(File the originally signed paper st	tatement with your filing official.)



## STATEMENT OF ECONOMIC INTERESTS Date Initial Filing Received Official Use Only

#### **COVER PAGE**

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Joan	Tyer	
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
Quail Valley Water District		
Division, Board, Department, District, if a	pplicable You	r Position
	Di	rector
▶ If filing for multiple positions, list below	v or on an attachment. (Do not use acronyms	
2		
Agency: Dan J	Po	sition: Director
2. Jurisdiction of Office (Check a	t least one box)	
State		idge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County		ounty of Portion of Kern
City of		ther
3. Type of Statement (Check at lea	st one box)	
Annual: The period covered is Janu	uary 1, 2018, through	eaving Office: Date Left/
December 31, 2018.		(Check one circle.)
		The period covered is January 1, 2018, through the date of
December 31, 2018.	-0	r- leaving office.
■ Assuming Office: Date assumed _	06 , 29 , 2019	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 (must co	mplete) ► Total number of pages	including this cover page:
Schedules attached		, ,
Schedule A-1 - Investments – sc	nedule attached Schedule	C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments – sci		D - Income - Gifts - schedule attached
Schedule B - Real Property - sci		E - Income - Gifts - Travel Payments - schedule attached
-or- ☐ None - No reportable inte	rests on any schedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public	CITY CITY	STATE ZIP CODE
24750 Sand Canyon Road	Tehachapi	CA 93561
DAYTIME TELEPHONE NUMBER	EMAIL ADDR	
( 661 ) 822-1923		erservice@qvwd.org
I have used all reasonable diligence in pre herein and in any attached schedules is t	paring this statement. I have reviewed this starue and complete. I acknowledge this is a put	tement and to the best of my knowledge the information contained
	the laws of the State of California that the	
Date Signed	Signature	
(month, day, year)		(File the originally signed paper statement with your filing official.)



**COVER PAGE** 

Date Initial Filing Received
Official Use Only

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
RAYTIS	DANIEL	NORMAN
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
ROSEDALE-RIO BRAVO WATE	R STORAGE DISTRIC	CT
Division, Board, Department, District, if app		Your Position
		GENERAL COUNSEL
▶ If filing for multiple positions, list below of	or on an attachment. (Do not	use acronyms)
Agency: QUAIL VALLEY WATER	DISTRICT	Position: GENERAL COUNSEL
2. Jurisdiction of Office (Check at I	east one box)	
☐ State		☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County		
City of		County of
Gity 0i		Other DISTRICT BOSINDARIES / RERIVESONTY
3. Type of Statement (Check at least	one box)	
Annual: The period covered is Januar	y 1, 2018, through	Leaving Office: Date Left/
December 31, 2018.		(Check one circle.)
	J, through	<ul> <li>The period covered is January 1, 2018, through the date of or-leaving office.</li> </ul>
Assuming Office: Date assumed		The period covered is/, through the date of leaving office.
Candidate: Date of Election	and office soug	ht, if different than Part 1:
1. Schedule Summary (must com	plete) ► Total numbe	er of pages including this cover page:
Schedules attached		
Schedule A-1 - Investments - sche		Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments – sche		Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property – sched	dule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-or- None - No reportable intere	sts on any schedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public D	CITY Occument)	STATE ZIP CODE
5016 CALIFORNIA AVE, STE. 3	BAKERS	SFIELD CA 93309
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
( 661 ) 864-7826		DAN@BBR.LAW
I have used all reasonable diligence in prepa herein and in any attached schedules is true	aring this statement. I have rev e and complete. I acknowledg	viewed this statement and to the best of my knowledge the information contained ge this is a public document.
I certify under penalty of perjury under the	ne laws of the State of Califo	ornia that the foregoing is true and correct.
Date Signed 3 21 20	19	Signature PON. Return
(month, day, year)		(File the originally signed paper statement with your filing official.)

#### SCHEDULE A-2

## Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM FAIR POLITICAL PRACTICES OF	
Name	

▶ 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
McMURTREY, HARTSOCK & WORTH	- I. Decimend Entitle on Most
Name	Name
2001 22ND STREET, SUITE 100, BKRSFLD, CA 93301	
Address (Business Address Acceptable) Check one	Address (Business Address Acceptable)
☐ Trust, go to 2 ☑ Business Entity, complete the box, then go to 2	Check one
GENERAL DESCRIPTION OF THIS BUSINESS	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
LAW FIRM	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000/_/18	\$0 - \$1,999 \$2,000 - \$10,000 \$2,000 - \$10,000
□ \$10,001 - \$100,000 ACQUIRED DISPOSED □ \$1,000,000	\$10,001 - \$100,000 ACQUIRED DISPOSED
Over \$1,000,000	\$1,000,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	
➤ Partnership Sole Proprietorship	NATURE OF INVESTMENT Partnership Sole Proprietorship
VOLID BUSINESS POSITION ATTORNEY / V.P.	Other
YOUR BUSINESS POSITION ATTORNEY / V.P.	YOUR BUSINESS POSITION
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA	➤ 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	□ \$0 - \$499 □ \$10,001 - \$100,000
S500 - \$1,000 X OVER \$100,000 \$1,001 - \$10,000	\$500 - \$1,000 OVER \$100,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	■ \$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.)	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
	None or Names listed below
SEE ATTACHMENT	
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	A INVESTMENTS AND INTEREST IN THE
LEASED BY THE BUSINESS ENTITY OR TRUST  Check one box:	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST
INVESTMENT REAL PROPERTY	Check one box:
	☐ INVESTMENT ☐ REAL PROPERTY
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
Description of Business Activity or	Description of Business Activity or
City or Other Precise Location of Real Property	City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$\Bigcirc\$ \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000 \$\frac{1}{2}\$	\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$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
and andoned	are attached

Comments:

#### 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
McMURTREY, HARTSOCK & WORTH	BELDEN BLAIN RAYTIS, LLP
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
2001 22ND ST, STE 100, BKRSFLD, CA 93301	5016 CALIFORNIA AVE, STE. 3, BKRSFLD 93309
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
LAW FIRM	LAW FIRM
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
ATTORNEY / PARTNER	ATTORNEY / PARTNER
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 \$1,000
☐ \$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
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	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
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)	
Other	(Describe)
(Describe)	Other(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIO	D
You are not required to report loans from a commercial le a retail installment or credit card transaction, made in the members of the public without regard to your official statu regular course of business must be disclosed as follows:	elender's regular course of business on terms available to us. Personal loans and loans received not in a lender's
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	
\$1,001 - \$10,000	City
\$10,001 - \$100,000	Guarantor
OVER \$100,000	
	Other(Describe)
	(Describe)
Comments:	

#### FORM 700 - SCHEDULE A-2 ATTACHMENT

#### DANIEL N. RAYTIS

#### 1. Business Entity or Trust:

McMurtrey, Hartsock & Worth

### 3. <u>List Each Reportable Source of Income/Loans of \$10,000 or More:</u>

Buena Vista Water Storage District
Cawelo Water District
East Niles Community Services District
Golden Empire Transit District
Henry Miller Water District
Indian Wells Valley Groundwater Authority
Indian Wells Valley Water District
Kern Delta Water District
Kern Fan Authority
Mojave Public Utility District
Oildale Mutual Water Company
Olcese Water District
Rosedale-Rio Bravo Water Storage District

Richard Cantrell Quail Valley Water District

February 21 2019

Randy Hardenbrook General Manager Quail Valley Water District 24750 Sand Canyon Road Tehachapi, Calif 93561

#### Mr Hardenbrook

I am resigning from my position as Treasurer/Secretary of the Board of Quail Valley Water District, effective March 6 2019.

Thank you for the support and the opportunities that the Water District has provided me for the last 6 ½ years. I have truly enjoyed my tenure with the Quail Valley Water District, and am more than grateful for the encouragement you have given me in this job.

If I can be of any assistance during this transition in order to facilitate the seamless passing of my responsibilities to my successor, please let me know. I would be glad to help however I can.

Sincerely,

Richard Cantrell



Date Initial Filing Received Official Use Only

Please type or print in ink.

NAME OF FILER (LAST)		DOGOVILIVI
CANTRELL	(FIRST) RICHARD	(MIDDLE)
1. Office, Agency, or Court	MONAND	
Agency Name (Do not use acronyms)		
QUAIL VALLEY WATER DISTR	RICT	
Division, Board, Department, District, if ap		Your Position
		SECRETARY/TREASURER
► If filing for multiple positions, list helper		
▶ 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 hoy)	
State	rouse one boxy	Ludge or Court Commissioner (Classical Lais III II)
☐ Multi-County		<ul> <li>☐ Judge or Court Commissioner (Statewide Jurisdiction)</li> <li>☐ County of PORTION OF KERN</li> </ul>
City of		Other
3. Type of Statement (Check at leas	st one box)	
Annual: The period covered is Janua	ary 1, 2018, through	∠ Leaving Office: Date Left ∠ / 28 / 19
December 31, 2018.		(Check one circle.)
	_/, through	The period covered is January 1, 2018, through the date of or-or-
Assuming Office: Date assumed		The period covered is/, through the date of leaving office.
Candidate: Date of Election	and office sough	ht, if different than Part 1:
4. Schedule Summary (must con Schedules attached  Schedule A-1 - Investments - sch Schedule A-2 - Investments - sch Schedule B - Real Property - sch	edule attached edule attached edule attached	□ Schedule C - Income, Loans, & Business Positions – schedule attached □ Schedule D - Income – Gifts – schedule attached □ Schedule E - Income – Gifts – Travel Payments – schedule attached
5. Verification	ests on any schedule	
MAILING ADDRESS STREET	CITY	STATE ZIP CODE
(Business or Agency Address Recommended - Public 24750 Sand Canyon Road	Document)	
DAYTIME TELEPHONE NUMBER	Tehacha	pi CA 93561
( 661 ) 822-1923		Richard@qvwd
I have used all reasonable diligence in prepherein and in any attached schedules is tr	paring this statement. I have revue and complete. I acknowledg	iewed this statement and to the best of my knowledge the information containe e this is a public document.
		ornia that the foregoing is, true, and correct.
Date Signed 02/28/19		Signature Rahl Collins
(month, day, year)		The state of the s



Date Initial Filing Received

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Hardenbrook	Randy	Dee
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
Quail Valley Water District		
Division, Board, Department, District, if ap	plicable	Your Position
		General Manager
▶ If filing for multiple positions, list below	or on an attachment. (Do not use	e acronyms)
Agency:		Position:
2. Jurisdiction of Office (Check at	least one box)	
State		☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
City of		○ Other Portion of Kern County
		Other
3. Type of Statement (Check at leas	it one box)	
Annual: The period covered is Janua December 31, 2018.	ary 1, 2018, through	Leaving Office: Date Left/(Check one circle.)
	_/, through	<ul> <li>The period covered is January 1, 2018, through the date of -or-</li> </ul>
Assuming Office: Date assumed		The period covered is
Candidate: Date of Election	and office sought,	if different than Part 1:
4. Schedule Summary (must cor	nplete) ► Total number	of pages including this cover page:
Schedules attached		
Schedule A-1 - Investments - sch	edule attached	Schedule C - Income, Loans, & Business Positions – schedule attached
Schedule A-2 - Investments - sch	edule attached	Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property - sch	edule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-or- ☐ None - No reportable inter	ests on any schedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public	Document)	STATE ZIP CODE
24750 Sand Canyon Road	Tehachapi	
DAYTIME TELEPHONE NUMBER ( 661 ) 822-1923		EMAIL ADDRESS
	paring this statement. I have review	randy@qvwd.org  wed this statement and to the best of my knowledge the information contained this is a public document.
		ia that the foregoing is true and correct:
Date Signed 1-28-19	Si	gnature
(month, day, year)		(File the originally signed paper statement with your filing official.)

#### **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
Randy D. Hardenbrook

▶ 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Randy Hardenbrook	
Name	Name
24630 Nyamazi Ct., Tehachapi	
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one	Check one
Trust, go to 2   Business Entity, complete the box, then 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
Repair and maintenance services	
FAID MARKET VALUE	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000///	\$2,000 - \$10,000//18//18
\$10,001 - \$100,000 ACQUIRED DISPOSED	\$10,001 - \$100,000 ACQUIRED DISPOSED
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\$1,000,001 - \$1,000,000 Over \$1,000,000
5 (6) \$1,000,000	
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Partnership X Sole Proprietorship Other	Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION Owner	
TOOK BOOKES TOOTHON	YOUR BUSINESS POSITION
▶ 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)
X \$0 - \$499	\$10,001 - \$100,000
S500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000	OVER \$100,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	\$1,001 - \$10,000
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	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
▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST	LEASED BY THE BUSINESS ENTITY OR TRUST
Check one box:	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, or Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or	Description of Business Activity or
City or Other Precise Location of Real Property	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 \$10,001 - \$100,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$10,001 - \$100,000
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	Leasehold Other
Yrs. remaining	Yrs. remaining 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:	EPPC Form 700 /2018/20

### SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM FAIR POLITICAL PRACTICES CO	
Name	
Randy D. Hardenbrook	<

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 224-010-50-00-0	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
	459-171-02-00-7
CITY	CITY
Tehachapi, CA	Tehachapi
FAIR MARKET VALUE   IF APPLICABLE, LIST DA     \$2,000 - \$10,000     \$100,001 - \$1,000,000   ACQUIRED   DIS   Over \$1,000,000	FAIR MARKET VALUE  \$ \$2,000 - \$10,000  \$ \$10,001 - \$100,000  \$ \$100,001 - \$1,000,000  Over \$1,000,000  Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
✓ Ownership/Deed of Trust ☐ Easement	Ownership/Deed of Trust     Easement
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$1	0,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or interest, list the name of each tenant that is a single income of \$10,000 or more.	source of 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	
∐ None	
You are not required to report loans from a business on terms available to members of	commercial lending institution made in the lender's regular course of the public without regard to your official status. Personal loans and rese of business must be disclosed as follows:
You are not required to report loans from a business on terms available to members of	the public without regard to your official status. Personal loans and
You are not required to report loans from a business on terms available to members of loans received not in a lender's regular cou	the public without regard to your official status. Personal loans and se of business must be disclosed as follows:
You are not required to report loans from a business on terms available to members of loans received not in a lender's regular countable of LENDER*	the public without regard to your official status. Personal loans and see of business must be disclosed as follows:  NAME OF LENDER*
You are not required to report loans from a business on terms available to members of loans received not in a lender's regular countable of Lender*  Address (Business Address Acceptable)	the public without regard to your official status. Personal loans and ree of 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 business on terms available to members of loans received not in a lender's regular countinuous of Lender*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER	the public without regard to your official status. Personal loans and rise of 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 business on terms available to members of loans received not in a lender's regular could name of Lender*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  TERM (Months/Years	the public without regard to your official status. Personal loans and rise of business must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  TERM (Months/Years)
You are not required to report loans from a count business on terms available to members of loans received not in a lender's regular count NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  TERM (Months/Years	the public without regard to your official status. Personal loans and rise of business must be disclosed as follows:    NAME OF LENDER*   ADDRESS (Business Address Acceptable)
You are not required to report loans from a business on terms available to members of loans received not in a lender's regular could name of Lender*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  Mone  HIGHEST BALANCE DURING REPORTING PERIOD	the public without regard to your official status. Personal loans and rise of business must be disclosed as follows:    NAME OF LENDER*

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

CALIFORNIA FORM 70 FAIR POLITICAL PRACTICES COMMISSION	
Name	
Randy D. Hardenbrook	

1. INCOME RECEIVED	▶ 1. INCOME RECEIVED		
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME		
Cullen Insurance Agency	Quail Valley Water District		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
2271 E. Palmdale Blvd, Ste F, Palmdale CA	24750 Sand Canyon Rd, Tehachapi CA		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Insurance Agency			
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION		
None	General Manager		
GROSS INCOME RECEIVED No Income - Business Position Only  \$500 - \$1,000 \$1,001 - \$10,000  \$10,001 - \$100,000 OVER \$100,000  CONSIDERATION FOR WHICH INCOME WAS RECEIVED  Salary X Spouse's or registered domestic partner's income	GROSS INCOME RECEIVED No Income - Business Position Only  \$500 - \$1,000 \$1,001 - \$10,000  \$10,001 - \$100,000 OVER \$100,000  CONSIDERATION FOR WHICH INCOME WAS RECEIVED  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.)	(For self-employed 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, 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)  Other(Describe)	(Describe)  Other(Describe)		
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER			
a retail installment or credit card transaction, made in the	lending institution, or any indebtedness created as part of ne lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's s:  INTEREST RATE  TERM (Months/Years)  None		
	SECURITY FOR LOAN		
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence		
HIGHEST BALANCE DURING REPORTING PERIOD	Real PropertyStreet address		
\$500 - \$1,000	City		
\$1,001 - \$10,000			
\$10,001 - \$100,000	Guarantor		
OVER \$100,000	Other(Describe)		
Commonto			
Comments:			



Date Initial Filing Received

#### **COVER PAGE**

Please type or print in ink.

A PUBLIC DOCUMENT

NAME OF FILER (LAST)	(FIRST) (MIDDLE)
GRODEWALD	JEAN
1. Office, Agency, or Court	
Agency Name (Do not use acronyms)  QUAIL VALLEY WATER  Division, Board, Department, District, if applicable  DIRECTO R	OISTRICT Your Position
▶ If filing for multiple positions, list below or on an attachm	nent. (Do not use acronyms)
Agency:	Position:
2. Jurisdiction of Office (Check at least one box)	
State  Multi-County	Judge or Court Commissioner (Statewide Jurisdiction)  County of
City of	Other PORMON OF REAN COUNTY
3. Type of Statement (Check at least one box)	· · · · · · · · · · · · · · · · · · ·
Annual: The period covered is January 1, 2018, throup December 31, 2018.  The period covered is	(Check one circle.)
December 31, 2018.	-or- leaving office.
Assuming Office: Date assumed 12/51/	The period covered is/, through the date of leaving office.
Candidate: Date of Election a	nd office sought, if different than Part 1:
4. Schedule Summary (must complete) ▶ 7	Total number of pages including this cover page:
Schedules attached	
<ul> <li>☐ Schedule A-1 - Investments - schedule attached</li> <li>☐ Schedule A-2 - Investments - schedule attached</li> <li>☐ Schedule B - Real Property - schedule attached</li> </ul>	☐ Schedule C - Income, Loans, & Business Positions — schedule attached ☐ Schedule D - Income — Gifts — schedule attached ☐ Schedule E - Income — Gifts — Travel Payments — schedule attached
-or- None - No reportable interests on any so	chedule
5. Verification 24510 SAA  MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CHNYONRO, TEHNARI CA 9356/ CITY STATE ZIP CODE
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
(661) S22 - 1923  I have used all reasonable diligence in preparing this statement herein and in any attached schedules is true and complete.	ent. I have reviewed this statement and to the best of my knowledge the information contained acknowledge this is a public document.
I certify under penalty of perjury under the laws of the \$	
Date Signed // 19 (month, day, year)	Signature Signature (File the originally signed paper statement with your filing official.)
	, , , , , , , , , , , , , , , , , , , ,

# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

# STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received

Please type or print in ink.

NAME OF FILER (LAST) (FIRST)	(MIDDLE)
Leonard Rita	L (IIII)
1. Office, Agency, or Court	
Agency Name (Do not use acronyms)	
Guail Valley Water	Dusteriet
Division, Board, Department, District, if applicable	Your Position
	Durector
▶ If filing for multiple positions, list below or on an attachment. (Do no	ot use acronyms)
Agency:	Position:
2. Jurisdiction of Office (Check at least one box)	
☐ State	Judge or Court Commissioner (Statewide Judgetics)
☐ Multi-County	Judge or Court Commissioner (Statewide Jurisdiction)
City of	_ County of Xother Portion of Kern County
	Dother 1020167 Servi Country
3. Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2018, through	Leaving Office: Date Left
December 31, 2018.	(Check one circle.)
The period covered is/, through	gh
Assuming Office: Date assumed/	The period covered is/, through the date of leaving office.
Candidate: Date of Election and office so	ught, if different than Part 1:
4. Schedule Summary (must complete) ► Total num	ber of pages including this cover page:
Schedules attached	so, or pages moraling this cover page,
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 Mana Namadali i i	
-Or- None - No reportable interests on any schedule	
5. Verification  MAILING ADDRESS STREET CITY	
(Business or Agency Address Recommended - Public Document)	STATE ZIP CODE
DAYTIME TELEPHONE NUMBER	I chachapi, (2a. 9356)
(661) 822-1923	customer service QVWD. org
I have used all reasonable diligence in preparing this statement. I have n herein and in any attached schedules is true and complete. I acknowled	eviewed this statement and to the best of my knowledge the information contained dge this is a public document.
I certify under penalty of perjury under the laws of the State of Cali	fornia that the foregoing is true and correct.
Date Signed Corru ore, 26 2019	Signature Pita Plenord
(monus, day, year)	(File the originally signed paper statement with your filing official.)



#### **COVER PAGE**

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Biglay	Michael	5
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
Division, Board, Department, District, if applicable	Nater District	
Division, Board, Department, District, if applicable		
WA	PR	esident Boundot Dinecto
▶ If filing for multiple positions, list below or on an a	tachment. (Do not use acronyms)	
Agency:	Position:	
2. Jurisdiction of Office (Check at least one	oox)	
State		urt Commissioner (Statewide Jurisdiction)
Multi-County	County of _	
City of	✓ Other Po	ation of Kenn Co.
3. Type of Statement (Check at least one box)		
Annual: The period covered is January 1, 2018		fice: Date Left
December 31, 2018.		(Check one circle.)
The period covered is	O The peri-	od covered is January 1, 2018, through the date of office.
Assuming Office: Date assumed/_		od covered is through
	the date	of leaving office.
Candidate: Date of Election	and office sought, if different than Part	i:
4. Schedule Summary (must complete)	► Total number of pages includi	ng this cover page:
Schedules attached		
Schedule A-1 Investments schedule attact	ed Schedule C - Incom	e, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments - schedule attack	Schedule D - Incom	e - Gifts - schedule attached
Schedule B - Real Property - schedule attack	Schedule E - Incom	e - Gifts - Travel Payments - schedule attached
-Or- No reportable interests on a	nv schedule	
5. Verification	,	
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE
10047 Parture P.1	Tehachap.	CA. 93561
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS	CA. 93561
(661) 972 - 7277	M. big	lus @ AOL . Com
I have used all reasonable diligence in preparing this s herein and in any attached schedules is true and com	atement. I have reviewed this statement and plete. I acknowledge this is a nublic document	to the best of my knowledge the information contained
I certify under penalty of perjury under the laws of		
1 26 10	.10	01/10/
Date Signed	Signature //	he originally signed paper statement with your filing official.)
	(riie u	o originally signor yayan statement with your filling official.)

# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

## STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received

#### **COVER PAGE**

Please type or print in ink.

NAME OF FILER (LAST)	(FIREY)	
Lopez	ENRIQUE	(MIDDLE)
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)  Q VAIL VALLEY	NATER DISTRIC	T
Division, Board, Department, District, if applicable	Your Position PIRE	CTOR
► If filing for multiple positions, list below or on an attachme	nt. (Do not use acronyms)	
Agency:		CTOR
2. Jurisdiction of Office (Check at least one box)		
☐ State	☐ Judge or Court Commissioner (S	tatewide Jurisdiction)
Multi-County		
City of	Other Postion o	f Kern county
3. Type of Statement (Check at least one box)		
Annual: The period covered is January 1, 2018, throug December 31, 2018.	h Leaving Office: Date Left(Check one	
The period covered is//	, through O The period covered is Janua -or-leaving office.	ry 1, 2018, through the date of
Assuming Office: Date assumed//	The period covered is the date of leaving office.	J, through
Candidate: Date of Election and	d office sought, if different than Part 1:	
4. Schedule Summary (must complete) ► To Schedules attached	otal number of pages including this cover pa	ge:
_		
Schedule A-1 - Investments – schedule attached  Schedule A-2 - Investments – schedule attached	<ul><li>☐ Schedule C - Income, Loans, &amp; Busines</li><li>☐ Schedule D - Income - Gifts - schedule</li></ul>	
Schedule B - Real Property - schedule attached	Schedule E - Income - Gifts - Travel Pa	
-or- None - No reportable interests on any sch	nedule	
5. Verification  MAILING ADDRESS STREET	CITY STATE	
(Business or Agency Address Recommended - Public Document)		ZIP CODE
DAYTIME TELEPHONE NUMBER	anyon Road Te	hachapi (A
16611872-1923	LIVINIE ADDINESS	
I have used all reasonable diligence in preparing this statementherein and in any attached schedules is true and complete. I	t. I have reviewed this statement and to the best of my kn acknowledge this is a public document.	owledge the information contained
I certify under penalty of perjury under the laws of the Sta	ate of California that the foregoing is true and correct	
Date Signed 01-26-2019	Signature	
(month, day, year)	(File the originally signed paper star	tement with your filing official.)



Date Initial Filing Received Official Use Only

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)	
CANTRELL	RICHARD	(MIDDLE)	
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
QUAIL VALLEY WATER DISTRICT			
Division, Board, Department, District, if applicable		Your Position	
		SECRETARY/TREASURER	
▶ If filing for multiple positions, list below or on a	an attachment. (Do not use	acronyms)	
Agency:		Decition	
rigoloy.		Position:	
2. Jurisdiction of Office (Check at least of	ne box)		
☐ State		☐ Judge or Court Commissioner (Statewide Jurisdiction)	
Multi-County		☑ County of PORTION OF KERN	
City of		Other	
		Otter	
3. Type of Statement (Check at least one	box)		
X Annual: The period covered is January 1, 2	018, through	Leaving Office: Date Left/	
December 31, 2018.		(Check one circle.)	
The period covered is/	/, through	<ul> <li>The period covered is January 1, 2018, through the date of -or-</li> </ul>	
Assuming Office: Date assumed/		The period covered is/, through the date of leaving office.	
Candidate: Date of Election	and office sought, i	if different than Part 1:	
4. Schedule Summary (must complet	A) > Total number of	- F	
Schedules attached	oj 🕨 lotal humber (	of pages including this cover page:	
Schedule A-1 - Investments – schedule a	attoched	Schoolule C. January Laure B. D. C. D. W. J. L. L. H. J. L. L. H. J. L.	
Schedule A-2 - Investments – schedule a		Schedule C - Income, Loans, & Business Positions – schedule attached Schedule D - Income – Gifts – schedule attached	
Schedule B - Real Property – schedule a	_	Schedule E - Income - Gifts - Travel Payments - schedule attached	
-or-   None - No reportable interests of	n any schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Documer	CITY CITY	STATE ZIP CODE	
24750 Sand Canyon Road	Tehachapi	CA 93561	
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
( 661 ) 822-1923		Richard@qvwd	
I have used all reasonable diligence in preparing the herein and in any attached schedules is true and	his statement. I have review complete. I acknowledge the	red this statement and to the best of my knowledge the information contain nis is a public document.	
I certify under penalty of perjury under the law	vs of the State of California	a that the foregoing is true and correct./ /	
01/22/19		VIII OHA	
Date Signed	Sig	gnature Salar Communication of the Communication of	
(month, day, year)		(File the originally signed paper statement with your filing official.)	



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

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
SIMS	RICHARD		D
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
QUAIL VALLEY WATER DISTRIC	т		
Division, Board, Department, District, if applied	cable	Your Position	
		DIRECTOR	
▶ If filing for multiple positions, list below or	on an attachment. (Do not use acrony	rms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at lea	ast one box)		
State		Judge or Court Commissioner (Sta	atewide Jurisdiction)
Multi-County		County of PORTION OF KE	
City of			
City of		Other	
3. Type of Statement (Check at least	one box)		
Annual: The period covered is January	1, 2018, through	Leaving Office: Date Left	
December 31, 2018.		(Check one	circle.)
The period covered is  December 31, 2018.	, through	O The period covered is January -or- leaving office.	y 1, 2018, through the date of
Assuming Office: Date assumed		The period covered is the date of leaving office.	J, through
Candidate: Date of Election	and office sought, if differ	ent than Part 1:	
4. Schedule Summary (must composed schedules attached  Schedule A-1 - Investments - schedule A-2 - Investments - schedule B - Real Property - schedule B - Real Property - schedule B - No reportable interest	tule attached Schedule attached Schedule attached Schedule attached Schedule	ges including this cover pa lule C - Income, Loans, & Business lule D - Income – Gifts – schedule lule E - Income – Gifts – Travel Pa	s Positions - schedule attached attached
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Do	CITY	STATE	ZIP CODE
24700 SAND CANYON RD,	TEHACHAPI	CA	93561
DAYTIME TELEPHONE NUMBER		DDRESS	33301
( 661 )822-1923	dcsjn	ns@qvwd.org	
I have used all reasonable diligence in prepa herein and in any attached schedules is true	ring this statement. I have reviewed this and complete. I acknowledge this is a	statement and to the best of my kn public document.	owledge the information contained
certify under penalty of perjury under th			
Date Signed 1/21/2019	Signature	R:1101	-
(month, day, year)		(File the originally signed paper stat	tement with your filing official.)