

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

Date Initial Filing Received
Filing Official Use Only

Filed Date: 10/07/2025 10:11 AM
SAN: 072400521-STH-0521

Please type or print in ink.

NAME OF FILER (LAST)

(FIRST)

(MIDDLE)

Dino

Deborah

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Palmdale Water District

Division, Board, Department, District, if applicable

Your Position

Member of the Board of Directors

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency:

Position:

2. Jurisdiction of Office (Check at least one box)

State

Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

Multi-County

County of

City of

Other District

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

Annual: The period covered is January 1, 2024, through December 31, 2024.

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

-or- The period covered is ____/____/_____, through December 31, 2024.

The period covered is January 1, 2024, through the date of leaving office.

Assuming Office: Date assumed 09 / 08 / 2025

The period covered is ____/____/_____, through the date of leaving office.

Candidate: Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► **Total number of pages including this cover page:** 1

Schedules attached

Schedule A-1 - Investments - schedule attached
 Schedule A-2 - Investments - schedule attached
 Schedule B - Real Property - schedule attached

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 schedule

5. Verification

MAILING ADDRESS STREET
(Business or Agency Address Recommended - Public Document)

CITY

STATE

ZIP CODE

2029 East Avenue Q

Palmdale

CA

93550

DAYTIME TELEPHONE NUMBER

(661) 947-4111

EMAIL ADDRESS

ddino@palmdalewater.org

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 10/07/2025 10:11 AM
(month, day, year)

Signature Deborah Dino
(File the originally signed paper statement with your filing official.)

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

Date Initial Filing Received
Filing Official Use Only

Filed Date: 03/31/2025 10:11 AM
SAN: 072400521-STH-0521

Please type or print in ink.

NAME OF FILER (LAST)

(FIRST)

(MIDDLE)

Mac Laren-Gomez

Kathryn

Ann

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Palmdale Water District

Division, Board, Department, District, if applicable

Your Position

Member of the Board of Directors

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: SEE ATTACHED LIST

Position: _____

2. Jurisdiction of Office (Check at least one box)

State

Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

Multi-County _____

County of _____

City of _____

Other District

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

Annual: The period covered is January 1, 2024, through December 31, 2024.

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

-or- The period covered is _____/_____/, through December 31, 2024.

The period covered is January 1, 2024, through the date of leaving office.

Assuming Office: Date assumed _____/_____/_____

The period covered is _____/_____/, through the date of leaving office.

Candidate: Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► **Total number of pages including this cover page:** 4

Schedules attached

Schedule A-1 - Investments – schedule attached

Schedule C - Income, Loans, & Business Positions – schedule attached

Schedule A-2 - Investments – schedule attached

Schedule D - Income - Gifts – schedule attached

Schedule B - Real Property – schedule attached

Schedule E - Income - Gifts - Travel Payments – schedule attached

-or- **None** - No reportable interests on any schedule

5. Verification

MAILING ADDRESS
(Business or Agency Address Recommended - Public Document)

CITY

STATE

ZIP CODE

2029 East Avenue Q

Palmdale

CA

93550

DAYTIME TELEPHONE NUMBER

(661) 947-4111

EMAIL ADDRESS

kmaclaren@palmdalewater.org

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 03/31/2025 10:11 AM
(month, day, year)

Signature

Kathryn Ann Mac Laren-Gomez

(File the originally signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS

CALIFORNIA FORM

700

FAIR POLITICAL PRACTICES COMMISSION

Name

Kathryn Mac Laren-Gomez

EXPANDED STATEMENT LIST

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
Palmdale Recycled Water Authority		Board of Directors	Other Agency Jurisdiction	Annual	01/01/24 - 12/31/24
Antelope Valley Transit Authority		Alternate Board Member	Other Agency Jurisdiction	Annual	01/01/24 - 12/31/24

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Kathryn Mac Laren-Gomez

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

NECA/IBEW LMCC

ADDRESS (Business Address Acceptable)

100 E. CORSON ST, 410 PASADENA CA 91103

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Electrical

YOUR BUSINESS POSITION

Business Development

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.)

Sale of _____
(Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

(Describe)

Other _____
(Describe)

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

NECA/IBEW LMCC

ADDRESS (Business Address Acceptable)

100 E. CORSON ST, 410 PASADENA CA 91103

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

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.)

Sale of _____
(Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

(Describe)

Other _____
(Describe)

► **2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

- * You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

INTEREST RATE

TERM (Months/Years)

_____ % None _____

SECURITY FOR LOAN

None Personal residence

Real Property _____ Street address

_____ City

Guarantor _____

Other _____
(Describe)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

\$500 - \$1,000

\$1,001 - \$10,000

\$10,001 - \$100,000

OVER \$100,000

Comments: _____

Name

Kathryn Mac Laren-Gomez

► NAME OF SOURCE (Not an Acronym)
ALESHIRE & WYNDER LLP

ADDRESS (Business Address Acceptable)
1 PARK PLACE SUITE 1000

BUSINESS ACTIVITY, IF ANY, OF SOURCE
ATTORNEYS

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 03 / 24</u>	\$ <u>160.75</u>	<u>ACWA DINNER</u>
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$_____	_____
____/____/____	\$_____	_____
____/____/____	\$_____	_____
► NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$_____	_____
____/____/____	\$_____	_____
____/____/____	\$_____	_____
► NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$_____	_____
____/____/____	\$_____	_____
____/____/____	\$_____	_____

Comments: _____

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

Date Initial Filing Received
Filing Official Use Only

Filed Date: 02/24/2025 05:33 PM
SAN: 072400521-STH-0521

Please type or print in ink.

NAME OF FILER (LAST)

(FIRST)

(MIDDLE)

Kellerman

Wayne

Scott

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

[Palmdale Recycled Water Authority](#)

Division, Board, Department, District, if applicable

Your Position

[Board of Directors](#)

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: [SEE ATTACHED LIST](#)

Position: _____

2. Jurisdiction of Office (Check at least one box)

State

Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

Multi-County _____

County of _____

City of _____

Other [Agency Jurisdiction](#)

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

Annual: The period covered is January 1, **2024**, through December 31, **2024**.

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

-or- The period covered is **02 / 12 / 2024**, through December 31, **2024**.

The period covered is January 1, **2024**, through the date of leaving office.

Assuming Office: Date assumed _____/_____/_____

The period covered is _____/_____/, through the date of leaving office.

Candidate: Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► **Total number of pages including this cover page:** **6**

Schedules attached

Schedule A-1 - Investments – schedule attached

Schedule C - Income, Loans, & Business Positions – schedule attached

Schedule A-2 - Investments – schedule attached

Schedule D - Income - Gifts – schedule attached

Schedule B - Real Property – schedule attached

Schedule E - Income - Gifts - Travel Payments – schedule attached

-or- **None** - No reportable interests on any schedule

5. Verification

MAILING ADDRESS
(Business or Agency Address Recommended - Public Document)

CITY

STATE

ZIP CODE

[2029 East Avenue Q](#)

Palmdale

CA

93550

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

([661](#)) [267-5151](#)

skellerman@palmdalewater.org

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 **02/24/2025 05:33 PM**
(month, day, year)

Signature

Wayne Scott Kellerman

(File the originally signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE ATTACHMENT

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Wayne Kellerman

EXPANDED STATEMENT LIST

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
Palmdale Water District		Member of the Board of Directors	Other District	Annual	01/01/24 - 12/31/24

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

Wayne Kellerman

► 1. BUSINESS ENTITY OR TRUST

Antelope Valley Harley-Davidson

Name

1759 West Avenue J 12

Address (Business Address Acceptable)

Check one

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

GENERAL DESCRIPTION OF THIS BUSINESS

Motorcycle Parts, Sales, Service

FAIR MARKET VALUE

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

IF APPLICABLE, LIST DATE:

____/____/24 ____/____/24

ACQUIRED DISPOSED

NATURE OF INVESTMENT

- Partnership
- Sole Proprietorship
- S Corp
- Other _____

YOUR BUSINESS POSITION General Manager

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

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

► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:

- INVESTMENT
- REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

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

FAIR MARKET VALUE

- \$2,000 - \$10,000
- \$10,001 - \$100,000
- \$100,001 - \$1,000,000
- Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/24 ____/____/24

ACQUIRED DISPOSED

NATURE OF INTEREST

- Property Ownership/Deed of Trust
- Stock
- Partnership

Leasehold _____ Other _____

Yrs. remaining

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

► 1. BUSINESS ENTITY OR TRUST

Name

Wayne Kellerman

Address (Business Address Acceptable)

Check one

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

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

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

IF APPLICABLE, LIST DATE:

____/____/24 ____/____/24

ACQUIRED DISPOSED

NATURE OF INVESTMENT

- Partnership
- Sole Proprietorship
- Other _____

YOUR BUSINESS POSITION _____

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

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

► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:

- INVESTMENT
- REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

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

FAIR MARKET VALUE

- \$2,000 - \$10,000
- \$10,001 - \$100,000
- \$100,001 - \$1,000,000
- Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/24 ____/____/24

ACQUIRED DISPOSED

NATURE OF INTEREST

- Property Ownership/Deed of Trust
- Stock
- Partnership

Leasehold _____ Other _____

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

Comments: _____

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Wayne Kellerman

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Sonrise Ranch LLC

ADDRESS (Business Address Acceptable)

1526 W Avenue L 4 Lancaster CA 93534

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

Lender

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.)

Sale of _____
(Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

(Describe)

Other Mortgage Holder

(Describe)

► **2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

- * You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

\$500 - \$1,000

\$1,001 - \$10,000

\$10,001 - \$100,000

OVER \$100,000

INTEREST RATE

TERM (Months/Years)

_____ % None

SECURITY FOR LOAN

None Personal residence

Real Property _____ Street address

City

Guarantor _____

Other _____ (Describe)

Comments: _____

► NAME OF SOURCE (Not an Acronym)
Atkinson, Andelson, Loya, Ruud & Romo

ADDRESS (Business Address Acceptable)
74740 Hwy 111 Palm Desert CA 92253

BUSINESS ACTIVITY, IF ANY, OF SOURCE
2024 ACWA Fall Conference

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12</u> / <u>03</u> / <u>24</u>	\$ <u>250</u>	Dinner

► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE (*Not an Acronym*)

ADDRESS (*Business Address Acceptable*)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE (*Not an Acronym*)

ADDRESS (*Business Address Acceptable*)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE (*Not an Acronym*)

ADDRESS (*Business Address Acceptable*)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: _____

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

Date Initial Filing Received
Filing Official Use Only

Filed Date: 03/19/2025 09:49 PM
SAN: 072400521-STH-0521

Please type or print in ink.

NAME OF FILER (LAST)

(FIRST)

(MIDDLE)

Sanchez

Cynthia

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Palmdale Water District

Division, Board, Department, District, if applicable

Your Position

Member of the Board of Directors

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

State

Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

Multi-County _____

County of _____

City of _____

Other District

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

Annual: The period covered is January 1, 2024, through December 31, 2024.

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

-or- The period covered is 02 / 12 / 2024, through December 31, 2024.

The period covered is January 1, 2024, through the date of leaving office.

Assuming Office: Date assumed ____/____/_____

The period covered is ____/____/_____, through the date of leaving office.

Candidate: Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► **Total number of pages including this cover page:** 1

Schedules attached

Schedule A-1 - Investments – schedule attached
 Schedule A-2 - Investments – schedule attached
 Schedule B - Real Property – schedule attached

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 schedule**

5. Verification

MAILING ADDRESS STREET
(Business or Agency Address Recommended - Public Document)

CITY

STATE

ZIP CODE

2029 East Avenue Q

Palmdale

CA

93550

DAYTIME TELEPHONE NUMBER

(661) 947-4111

EMAIL ADDRESS

csanchez@palmdalewater.org

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 03/19/2025 09:49 PM
(month, day, year)

Signature Cynthia Sanchez
(File the originally signed paper statement with your filing official.)

COVER PAGE

Filed Date: 03/20/2025 06:05 PM
SAN: 072400521-STH-0521

Please type or print in ink.

NAME OF FILER

(LAST)

(FIRST)

(MIDDLE)

Wilson

Don

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Palmdale Recycled Water Authority

Division, Board, Department, District, if applicable

Your Position

Board of Directors

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: [SEE ATTACHED LIST](#)

Position: _____

2. Jurisdiction of Office (Check at least one box)

State

Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

Multi-County _____

County of _____

City of _____

Other [Agency Jurisdiction](#)

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

Annual: The period covered is January 1, 2024, through December 31, 2024.

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

-or-
The period covered is _____/_____/, through December 31, 2024.

The period covered is January 1, 2024, through the date of leaving office.

Assuming Office: Date assumed _____/_____/_____

The period covered is _____/_____/, through the date of leaving office.

Candidate: Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: 3

Schedules attached

Schedule A-1 - Investments – schedule attached
 Schedule A-2 - Investments – schedule attached
 Schedule B - Real Property – schedule attached

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 schedule

5. Verification

MAILING ADDRESS
(Business or Agency Address Recommended - Public Document)

CITY

STATE

ZIP CODE

2029 East Avenue Q

Palmdale

CA

93550

DAYTIME TELEPHONE NUMBER

(661) 267-5151

E-MAIL ADDRESS

dwilson@palmdalewater.org

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 03/20/2025 06:05 PM
(month, day, year)

Signature _____

Don Wilson

(File the originally signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE ATTACHMENT

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
Name
Don Wilson

EXPANDED STATEMENT LIST

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
Palmdale Water District		Member of the Board of Directors	Other District	Annual	01/01/24 - 12/31/24

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

► NAME OF SOURCE (*Not an Acronym*)

Aleshire & Wynder, LLP

ADDRESS (*Business Address Acceptable*)

1 Park Plaza, Ste. 1000, Irvine, CA 92614

BUSINESS ACTIVITY, IF ANY, OF SOURCE

General Counsel

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05/07/24	\$ 174.60	Hosted Dinner
12/03/24	\$ 128.36	Hosted Dinner
	\$ _____	

► NAME OF SOURCE (*Not an Acronym*)

ADDRESS (*Business Address Acceptable*)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE (*Not an Acronym*)

ADDRESS (*Business Address Acceptable*)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE (*Not an Acronym*)

ADDRESS (*Business Address Acceptable*)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE (*Not an Acronym*)

ADDRESS (*Business Address Acceptable*)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Filer's Verification

Print Name Don Wilson

Office, Agency or Court Palmdale Recycled Water Authority

Statement Type 2024/2025 Annual Assuming Leaving
 _____ Annual Candidate

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 certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/20/2025 06:05 PM
(month, day, year)

Filer's Signature Don Wilson

Comments: _____

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

Date Initial Filing Received
Filing Official Use Only

Filed Date: 03/03/2025 07:50 AM
SAN: 072400521-STH-0521

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)	D
LaMoreaux	Dennis		RECEIVED
			MAR 03 2025
			By

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Palmdale Water District

Division, Board, Department, District, if applicable

Your Position

General Manager/CEO

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: SEE ATTACHED LIST

Position: _____

2. Jurisdiction of Office (Check at least one box)

<input type="checkbox"/> State	<input type="checkbox"/> Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
<input type="checkbox"/> Multi-County _____	<input type="checkbox"/> County of _____
<input type="checkbox"/> City of _____	<input checked="" type="checkbox"/> Other <u>District</u> _____

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

<input checked="" type="checkbox"/> Annual: The period covered is January 1, 2024, through December 31, 2024.	<input type="checkbox"/> Leaving Office: Date Left _____/_____/ (Check one circle below.)
-or-	<input type="radio"/> The period covered is _____/_____/, through December 31, 2024.
<input type="checkbox"/> Assuming Office: Date assumed _____/_____/ _____	<input type="radio"/> The period covered is _____/_____/, through the date of leaving office.
<input type="checkbox"/> Candidate: Date of Election _____ and office sought, if different than Part 1: _____	<input type="radio"/> The period covered is _____/_____/, through the date of leaving office.

4. Schedule Summary (required)

► **Total number of pages including this cover page:** 3

Schedules attached

<input type="checkbox"/> Schedule A-1 - Investments - schedule attached	<input type="checkbox"/> Schedule C - Income, Loans, & Business Positions - schedule attached
<input type="checkbox"/> Schedule A-2 - Investments - schedule attached	<input checked="" type="checkbox"/> Schedule D - Income - Gifts - schedule attached
<input type="checkbox"/> Schedule B - Real Property - schedule attached	<input type="checkbox"/> Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document)	STREET	CITY	STATE	ZIP CODE
2029 East Avenue Q		Palmdale	CA	93550
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS			
(661) 947-4111	dlamoreaux@palmdalewater.org			

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 03/03/2025 07:50 AM
(month, day, year)

Signature Dennis D LaMoreaux
(File the originally signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE ATTACHMENT

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
Name
Dennis LaMoreaux

EXPANDED STATEMENT LIST

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
Palmdale Recycled Water Authority		Executive Director	Other Agency Jurisdiction	Annual	01/01/24 - 12/31/24

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Dennis LaMoreaux

► NAME OF SOURCE (*Not an Acronym*)

Aleshire & Wynder, LLP

ADDRESS (*Business Address Acceptable*)

1 Park Plaza, Ste. 1000, Irvine, CA 92614

BUSINESS ACTIVITY, IF ANY, OF SOURCE

General Counsel

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05/07/24	\$174.60	Dinner
12/03/24	\$160.75	Dinner

► NAME OF SOURCE (*Not an Acronym*)

ADDRESS (*Business Address Acceptable*)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE (*Not an Acronym*)

ADDRESS (*Business Address Acceptable*)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE (*Not an Acronym*)

ADDRESS (*Business Address Acceptable*)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE (*Not an Acronym*)

ADDRESS (*Business Address Acceptable*)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE (*Not an Acronym*)

ADDRESS (*Business Address Acceptable*)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: _____