

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

Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Hardenbrook Randy Dee

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Quail Valley Water District
Division, Board, Department, District, if applicable Your Position
General Manager

► 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 Portion of Kern
 City of _____ Other _____

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

Annual: The period covered is January 1, 2020, through December 31, 2020.
-or- The period covered is ____/____/____, through December 31, 2020.
 Assuming Office: Date assumed ____/____/____
 Candidate: Date of Election _____ and office sought, if different than Part 1: _____
 Leaving Office: Date Left ____/____/____ (Check one circle.)
 The period covered is January 1, 2020, through the date of leaving office.
-or-
 The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

Schedules attached

Schedule A-1 - Investments – schedule attached **Schedule C - Income, Loans, & Business Positions** – schedule attached
 Schedule A-2 - Investments – schedule attached **Schedule D - Income – Gifts** – schedule attached
 Schedule B - Real Property – schedule attached **Schedule E - Income – Gifts – Travel Payments** – schedule attached

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

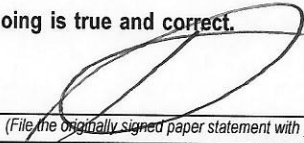
5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
24750 Sand Canyon Road Tehachapi CA 93561
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(661) 822-1923 customerservice@qvwed.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 January 30, 2021
(month, day, year)

Signature 
(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
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name Randy hardenbrook

▶ 1. BUSINESS ENTITY OR TRUST

Randy Hardenbrook
Name

24630 Nyamazi Ct., Tehachapi
Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF THIS BUSINESS			
Repair and maintenance services			
FAIR MARKET VALUE <input type="checkbox"/> \$0 - \$1,999 <input checked="" type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"> <u> </u>/<u> </u>/<u>20</u> ACQUIRED </td> <td style="text-align: center; width: 50%;"> <u> </u>/<u> </u>/<u>20</u> DISPOSED </td> </tr> </table>	<u> </u> / <u> </u> / <u>20</u> ACQUIRED	<u> </u> / <u> </u> / <u>20</u> DISPOSED
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NATURE OF INVESTMENT <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> _____ Other			
YOUR BUSINESS POSITION <u>Owner</u>			

▶ 1. BUSINESS ENTITY OR TRUST

Name

Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF THIS BUSINESS			
FAIR MARKET VALUE <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"> <u> </u>/<u> </u>/<u>20</u> ACQUIRED </td> <td style="text-align: center; width: 50%;"> <u> </u>/<u> </u>/<u>20</u> DISPOSED </td> </tr> </table>	<u> </u> / <u> </u> / <u>20</u> ACQUIRED	<u> </u> / <u> </u> / <u>20</u> DISPOSED
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NATURE OF INVESTMENT <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> _____ 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 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$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
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None or Names listed below

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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

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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

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

 / /20 / /20
 ACQUIRED DISPOSED

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

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

 / /20 / /20
 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

NATURE OF INTEREST

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

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

Comments: _____

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
224-010-50

CITY
Tehachapi

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

ACQUIRED / / 20 DISPOSED / / 20

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

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
459-171-02-00-7

CITY
Tehachapi

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

ACQUIRED / / 20 DISPOSED / / 20

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

* You are not required to report loans from a commercial lending institution 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 _____

INTEREST RATE _____ % None TERM (Months/Years) _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE _____ % None TERM (Months/Years) _____

HIGHEST BALANCE DURING REPORTING PERIOD
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 Guarantor, if applicable

Comments: _____

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Tyer Joan

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Quail Valley Water District

Division, Board, Department, District, if applicable Your Position
Director

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

Agency: _____ Position: _____

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- Multi-County _____ County of Portion of Kern
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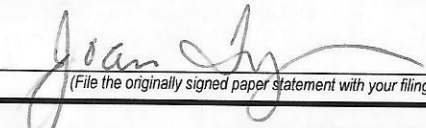
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I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed January 30, 2021
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NAME OF FILER (LAST) (FIRST) (MIDDLE)
Lopez Enrique S

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Quail Valley Water District
Division, Board, Department, District, if applicable Your Position
Director

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Agency: _____ Position: _____

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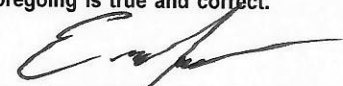
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NAME OF FILER (LAST) (FIRST) (MIDDLE)
Biglay Michael J

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Quail Valley Water District

Division, Board, Department, District, if applicable Your Position
President Board of Directors

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Signature *Michael Biglay*
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NAME OF FILER (LAST) (FIRST) (MIDDLE)
Leonard-Phillips Rita

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Quail Valley Water District

Division, Board, Department, District, if applicable Your Position

Director

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Agency: _____ Position: _____

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

- State
- Multi-County _____
- City of _____
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Signature Rita Leonard-Phillips
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Grodewald Jean

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Agency Name (Do not use acronyms)

Quail Valley Water District

Division, Board, Department, District, if applicable Your Position

Director

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Agency: _____ Position: _____

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- Multi-County _____
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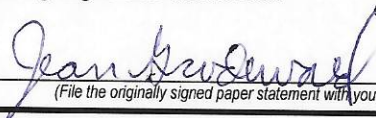
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Boatman Dawnette S

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

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Agency: Position:

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Signature Dawnette Boatman
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