

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Date Initial Filing Received Filing Official Use Only

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	
Biglay	Michael	(MIDDLE)
1. Office, Agency, or Court		J
Agency Name (Do not use acronyms)		
Quail Valley Water District		
Division, Board, Department, District, if appl	icable	Your Position
		President Board of Directors
► If filing for multiple positions, list below o	or on an attachment (D.)	
g to matter positions, list below to	Ton an allachment. (Do not u	ise acronyms)
Agency:		Position:
2 Jurisdiction of Office (c)		
2. Jurisdiction of Office (Check at le	ast 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 head	
Annual: The period covered is January December 31, 2019.		Leaving Office: Date Left/
The period covered is December 31, 2019.	/, through	(Check one circle.) The period covered is January 1, 2019, 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 sough	t, if different than Part 1:
4. Schedule Summary (must com		
Schedules attached	olete) ► lotal numbel	r of pages including this cover page:
Schedule A-1 - Investments - sched	ule attached	Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments – sched		Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property – sched	ule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-Or- None No reportable :		
-Or- None - No reportable interes	ts on any schedule	
5. Verification MAILING ADDRESS STREET		
(Business or Agency Address Recommended - Public Do	cument)	STATE ZIP CODE
24750 Sand Canyon Road	Tehachap	i CA 93561
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
(661) 822-1923		customerservice@qvwd.org
and in any attached schedules is true	and complete. I acknowledge	ewed this statement and to the best of my knowledge the information contained this is a public document.
I certify under penalty of perjury under the	e laws of the State of Californ	nia that the foregoing is true and correct.
Date SignedJanuary 25, 2020		Signature Mulul Bey
(month, day, year)		(File the originally signed paper statement with your filing official.)



STATEMENT OF ECONOMIC INTERESTS

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Typer Of Statement (Check at least one box) State	NAME OF FILER (LAST)		(FIRST)			
Agency Name (Do not use acronyms) Quail Valley Water District Division, Board, Department, District, if applicable Director	Tyer					(MIDDLE)
Cuail Valley Water District Division, Board, Department, District, if applicable Filling for multiple positions, list below or on an attachment. (Do not use acronyms) Agency:	1. Office, Agency, o	r Court				
Division, Board, Department, District, if applicable Director	Agency Name (Do not	use acronyms)				
Director If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: Position: Quige, Retired Judge, Pro Tem Judge, or Court Commissi (Statewide Jurisdiction) Multi-County Quinty of Portion of Kern	Quail Valley Wate	r District				
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Position:					· TM	
Agency:	► If filing for multiple po	ositions, list below or on an attacl	nment. (Do not us	se acronyms)		
State	Agency:			Dasilian		
State				Position: _		
Multi-County County of Portion of Kern Other	2. Jurisdiction of O	ffice (Check at least one box)				
Multi-County County of Portion of Kern Other	State			☐ Judge, Re (Statewide	etired Judge, Pro Ter	n Judge, or Court Commissioner
City of	☐ Multi-County					
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Assuming Office: Date assumed	-or-					
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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 – Schedule attached Schedule E - Income – Gifts – Schedule attached STREET ZIP CODE Total Carry State ZIP CODE State (GITY STATE ZIP CODE CA 93561 DayTime Telephone Number (G61) 822–1923 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information of 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 Signature	Schedule A-1 - II	vestments - schedule attached		Schedule C - Inc	omo Loono 9 Busin	D. "
Schedule B - Real Property – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached None - No reportable interests on any schedule Verification MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) 24750 Sand Canyon Road DAYTIME TELEPHONE NUMBER (661) 822-1923 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information of 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 Schedule E - Income – Gifts – Travel Payments – schedule attached attached. STATE ZIP CODE EMAIL ADDRESS Customerservice@qvwd.org I have reviewed this statement and to the best of my knowledge the information of 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.						
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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		e diligence in preparing this states	nont I have review	customerserv	ice@qvwa.org	
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed	herein and in any attache	d schedules is true and complete	I acknowledge t	veu tris statement a his is a public doct	and to the best of my ament.	Knowledge the information contained
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Signature	lanuari			^ .	- 1	
(rile the originally signed paper statement with your filling official.)	Date Orginea		Si		an Jy	
				(F)	ile the onginally signed paper	statement with your filing official.)



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COVER PAGE

Please type or print in ink.

(FIRST)	
Rita	(MIDDLE)
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	Director
or on an attachment. (Do not use	e acronyms)
	Position:
least one box)	
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	County of Portion of Kern
	County of
	Other
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	Schedule E - Income – Gifts – Travel Payments – schedule attached
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CITY	
ocument)	STATE ZIP CODE
Tehachapi	CA 93561
	EMAIL ADDRESS
	customerservice@qvwd.org
aring this statement. I have review	yed this statement and to the best of my knowledge the information contained
c and complete. I acknowledge th	nis is a public document.
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Maria Maria	(Tit of)
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NAME OF FILER (LAST)	(FIRST)	
Grodewald	Jean	(MIDDLE)
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 attac	hment. (Do not us	
Agency:		Position:
2. Jurisdiction of Office (Check at least one box,	1	
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Multi-County		⊠ County of Portion of Kern
City of		
		Other
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-or- None - No reportable interests on any	schedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE
24750 Sand Canyon Road	Tehachapi	CA 93561
DAYTIME TELEPHONE NUMBER	· oriaoriapi	CA 93561 EMAIL ADDRESS
(661) 822-1923		customerservice@qvwd.org
I have used all reasonable diligence in preparing this stater herein and in any attached schedules is true and complete	nent. I have review e. I acknowledge t	yed this statement and to the heat of multi-like it is a second
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	(FIRST)	(MIDDLE)
Lopez	Enrique	(MIDDLE)
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
Quail Valley Water District		
Division, Board, Department, District, if	applicable Yo	ur Position
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Multi-County		ounty of Portion of Kern
City of		ther
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Boatman	Dawnette	(MIDDLE)
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CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

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A PUBLIC DOCUMENT

	(FIRST)	
Hardenbrook	Randy	(MIDDLE)
I. Office, Agency, or Court	ranay	Dee
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 at	ttachment. (Do not use	
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Schedules attached ☐ Schedule A-1 - Investments — schedule attache ☐ Schedule A-2 - Investments — schedule attache ☐ Schedule B - Real Property — schedule attache ☐ None - No reportable interests on an	ed 5	Schedule C - Income, Loans, & Business Positions – schedule attached Schedule D - Income – Gifts – schedule attached
Schedules attached ☐ Schedule A-1 - Investments — schedule attache ☐ Schedule A-2 - Investments — schedule attache ☐ Schedule B - Real Property — schedule attache ☐ Or-☐ None - No reportable interests on an Verification	ed 5	Schedule C - Income, Loans, & Business Positions – schedule attached Schedule D - Income – Gifts – schedule attached
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Schedules attached ☐ Schedule A-1 - Investments — schedule attache ☐ Schedule A-2 - Investments — schedule attache ☐ Schedule B - Real Property — schedule attache ☐ None - No reportable interests on an	ed Sed Sed State S	Schedule C - Income, Loans, & Business Positions – schedule attached Schedule D - Income – Gifts – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached
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Schedules attached Schedule A-1 - Investments — schedule attache Schedule A-2 - Investments — schedule attache Schedule B - Real Property — schedule attache None - No reportable interests on and Verification MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) 24750 Sand Canyon Road DAYTIME TELEPHONE NUMBER (661) 822-1923 I have used all reasonable diligence in preparing this state herein and in any attached schedules is true and comp	ed Sed Sed Sed Statement. I have reviewed steed Sed Sed Sed Sed Sed Sed Sed Sed Sed	Schedule C - Income, Loans, & Business Positions – schedule attached Schedule D - Income – Gifts – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached STATE ZIP CODE CA 93561 MAIL ADDRESS andy@qvwd.org d this statement and to the best of my knowledge the information contained is is a public document.
Schedule A-1 - Investments — schedule attache Schedule A-2 - Investments — schedule attache Schedule B - Real Property — schedule attache Schedule B - Real Property — schedule attache Or- None - No reportable interests on and Verification MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) 24750 Sand Canyon Road DAYTIME TELEPHONE NUMBER (661) 822-1923	ed Sed Sed Sed Statement. I have reviewed steed Sed Sed Sed Sed Sed Sed Sed Sed Sed	Schedule C - Income, Loans, & Business Positions – schedule attached Schedule D - Income – Gifts – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached STATE ZIP CODE CA 93561 MAIL ADDRESS andy@qvwd.org d this statement and to the best of my knowledge the information contained is is a public document.
Schedules attached Schedule A-1 - Investments — schedule attache Schedule A-2 - Investments — schedule attache Schedule B - Real Property — schedule attache None - No reportable interests on and Verification MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) 24750 Sand Canyon Road DAYTIME TELEPHONE NUMBER (661) 822-1923 I have used all reasonable diligence in preparing this state herein and in any attached schedules is true and comp	ed Sed Sed Sed Statement. I have reviewed steed Sed Sed Sed Sed Sed Sed Sed Sed Sed	Schedule C - Income, Loans, & Business Positions – schedule attached Schedule D - Income – Gifts – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached STATE ZIP CODE CA 93561 MAIL ADDRESS andy@qvwd.org d this statement and to the best of my knowledge the information contained is is a public document.

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
Randy Hardenbrook	2 II DOGINESS ENTITY OR TRUST
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	This bosiness
FAIR MARKET VALUE IF APPLICABLE LIST DATE:	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
× \$2,000 - \$10,000//	\$0 - \$1,999 \$2,000 - \$10,000///
\$10,001 - \$100,000 ACQUIRED DISPOSED	\$2,000 - \$10,000//19/19 \$10,001 - \$100,000 ACQUIRED DISPOSED
Over \$1,000,000	\$100,001 - \$1,000,000
	Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Partnership X Sole Proprietorship Other	Partnership Sole Proprietorship
YOUR BUSINESS POSITION Owner	Other
	YOUR BUSINESS POSITION
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO 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	
\$500 - \$1,000 OVER \$100,000	\$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000
\$1,001 - \$10,000	\$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.)	➤ 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 INTERFECTS IN DEAL STREET	
▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST	▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
Check one box:	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, or
The second of Arcel Number of Street Address of Real Property	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:	FAIR MARKET
\$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$10,001 - \$100,000	\$10,001 - \$100,000/
Over \$1,000,000	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
NATURE OF INTEREST	Over \$1,000,000
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	Yrs. remaining
are attached	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

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	Tehachapi
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE \$\times \text{\$2,000 - \$10,000} \] \$\times \text{\$10,001 - \$100,000} \] \$\times \text{\$1,000,000} \] Over \$1,000,000
NATURE OF INTEREST	
Ownership/Deed of Trust Easement	NATURE OF INTEREST
	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
S10,001 - \$100,000 OVER \$100,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000 \$10,000 \$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.	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 commercia	al lending institution made in the lender's regular course of without regard to your official status. Personal lenders
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 busi	al lending institution made in the lender's regular course of without regard to your official status. Personal lenders
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 busin	al lending institution made in the lender's regular course of without regard to your official status. Personal loans and ness 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* ADDRESS (Business Address Acceptable)	al lending institution made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows: NAME OF LENDER*
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* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	al lending institution made in the lender's regular course of without regard to your official status. Personal loans and ness 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 commercial 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	al lending institution made in the lender's regular course of without regard to your official status. Personal loans and ness 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 commercial business on terms available to members of the public loans received not in a lender's regular course of business NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) None	al lending institution made in the lender's regular course of without regard to your official status. Personal loans and ness 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 commercial business on terms available to members of the public loans received not in a lender's regular course of business NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	al lending institution made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows: NAME OF LENDER*
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 NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) Mone HIGHEST BALANCE DURING REPORTING PERIOD	al lending institution made in the lender's regular course of without regard to your official status. Personal loans and ness 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 commercial business on terms available to members of the public loans received not in a lender's regular course of business name of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER NTEREST RATE TERM (Months/Years) None HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	al lending institution made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows: NAME OF LENDER*