

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
HOLMAN WAYNE RODNEY

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

AROMAS WATER DISTRICT DIRECTOR
Division, Board, Department, District, if applicable Your Position
SPECIAL DISTRICT

► 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 MONTREY, SAN BENITO ☐ County of _____
☐ City of _____ ☐ Other _____

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

☒ Annual: The period covered is January 1, 2019, through December 31, 2019. ☐ Leaving Office: Date Left _____ (Check one circle.)
-or- The period covered is _____, through December 31, 2019. ☐ The period covered is January 1, 2019, through the date of leaving office.
☐ Assuming Office: Date assumed _____ -or- ☐ 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 complete) ► Total number of pages including this cover page: 1

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)
Box 252 AROMAS CA 95004
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(831) 818-1673 holmano@CRUZIO.COM

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed 31 JAN 2020
(month, day, year)

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

COVER PAGE

A PUBLIC DOCUMENT

Filed Date: 01/08/2020 01:50 PM
SAN: 111400077-STH-0077

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Leap James

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Association of California Water Agencies Joint Powers Insurance Authority

Division, Board, Department, District, if applicable

Your Position

Aromas Water District

JPIA Director

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

Agency: _____ Position: _____

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

☐ State

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

☐ Multi-County _____

☒ County of Multi-county

☐ City of _____

☐ Other _____

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

☒ **Annual:** The period covered is January 1, 2019, through December 31, 2019.

☐ **Leaving Office:** Date Left ____/____/____
(Check one circle.)

-or-

The period covered is ____/____/____, through December 31, 2019.

☐ The period covered is January 1, 2019, through the date of leaving office.

-or-

☐ **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 complete)

► Total number of pages including this cover page: 1

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)

388 Blohm Ave

Aromas

CA

95004

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

(831) 726-3155

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 01/08/2020 01:50 PM
(month, day, year)

Signature _____ Electronic Submission
(File the originally signed paper statement with your filing official.)

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Please type or print in ink.

NAME OF FILER (LAST)

(FIRST)

(MIDDLE)

JOHNSON

ROBERT

L

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

AROMAS WATER DISTRICT

Division, Board, Department, District, if applicable

N/A

Your Position

GENERAL MANAGER

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

Agency:

N/A

Position:

N/A

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 CENSUS-DESIGNATED PLACE - AROMAS

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

☒ Annual: The period covered is January 1, 2019, through
December 31, 2019.

-or-

The period covered is ____/____/____, through
December 31, 2019.

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

☐ The period covered is January 1, 2019, through the date of
leaving office.

-or-

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

☐ Assuming Office: Date assumed ____/____/____

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

4. Schedule Summary (must complete)

► Total number of pages including this cover page: 1

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)

PO Box 388

AROMAS

CA

95004

DAYTIME TELEPHONE NUMBER

(831) 726-3155

EMAIL ADDRESS

robert@aromaswaterdistrict.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 13, 2020
(month, day, year)

Signature

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

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
DUTRA MARCUS V

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

AROMAS WATER DISTRICT

Division, Board, Department, District, if applicable

SPECIAL DISTRICT

Your Position

BOARD DIRECTOR

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

Agency: _____ Position: _____

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

☐ State

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

☒ Multi-County MONTEREY, SAN BENITO

☐ County of _____

☐ City of _____

☐ Other _____

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

☒ Annual: The period covered is January 1, 2019, through
December 31, 2019.

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

-or-

The period covered is ____/____/_____, through
December 31, 2019.

☐ The period covered is January 1, 2019, through the date of
leaving office.

-or-

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

☐ Assuming Office: Date assumed ____/____/_____,

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

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)

18775 REA AVE

AROMAS

CA

95004

DAYTIME TELEPHONE NUMBER

(831) 801 7805

EMAIL ADDRESS

RADJAD@MINDSPRING.COM

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed 1.28.2020
(month, day, year)

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

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Norton Kenneth Wayne

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Aromas 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: _____

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

☐ State

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

☒ Multi-County San Benito/Monterey

☐ County of _____

☐ City of _____

☐ Other _____

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

☒ **Annual:** The period covered is January 1, 2019, through
December 31, 2019.

☐ **Leaving Office:** Date Left ____/____/____
(Check one circle.)

-or-

The period covered is ____/____/____, through
December 31, 2019.

☐ The period covered is January 1, 2019, through the date of
leaving office.

-or-

☐ **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 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)
PO Box 388 Aromas CA 95004
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
()

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 01/28/2020

Signature 

(month, day, year)

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

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A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST)

(FIRST)

(MIDDLE)

Richard

Smith

Fredrick

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Aromas Water District

Division, Board, Department, District, if applicable

Special District

Your Position

Director

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

Agency: _____

Position: _____

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

☐ State

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

☒ Multi-County

Monterey, San Benito

☐ County of _____

☐ City of _____

☐ Other _____

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

☐ Annual: The period covered is January 1, 2019, through December 31, 2019.

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

-or-

The period covered is _____, through December 31, 2019.

☐ The period covered is January 1, 2019, through the date of leaving office.

-or-

☒ Assuming Office: Date assumed 12 / 19 / 2018

☐ 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 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)

60 Carr Ave

Aromas

CA

95004

DAYTIME TELEPHONE NUMBER

(831) 726-3406

EMAIL ADDRESS

Richard Smith.AWD@gmail.com

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed

1/28/20

(month, day, year)

Signature

Richard Smith

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION
 A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

 Date Initial Filing Received
 Filing Official Use Only

COVER PAGE

80029

Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Bosso, Robert E			

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Aromas Water District

Division, Board, Department, District, if applicable

Monterey County

Your Position

District Counsel

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

Agency: *SEE ATTACHED FOR ADDITIONAL POSITIONS

Position: _____

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

☐ State☒ Multi-County Monterey☐ City of _____☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)☐ County of _____☐ Other _____

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

☒ Annual: The period covered is January 1, 2019 through December 31, 2019

-or-

The period covered is ____/____/____, through December 31, 2019

☐ Assuming Office: Date assumed ____/____/____☐ Leaving Office: Date Left ____/____/____
(Check one circle)☐ The period covered is January 1, 2019 through the date of leaving office.☐ 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 complete)

► Total number of pages including this cover page: 5

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 CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

133 Mission St., Suite 280

Santa Cruz

CA

95060

DAYTIME TELEPHONE NUMBER

(831) 426-8484

E-MAIL ADDRESS

rbosso@bossolaw.com

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed 02/18/2020

(month, day, year)

Signature Robert E. Bosso

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