FAIR POLITICAL PRACTICES COMMISSION

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STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A Public Document

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Bosso, Robert E					
. Office, Agency, or C	ourt				
Agency Name (Do not use	acronyms)				
Aromas Water Distric					
Division, Board, Department	, District, if applicable		Your Position		
Monterey County			District (Counsel	
If filing for multiple position	ns, list below or on an attachme	ent. (Do not use	acronyms)		
Agency: <u>*SEE ATTACHE</u>	FOR ADDITIONAL POSITI	ONS	_ Position:		
. Jurisdiction of Offic	Ce (Check at least one box)				
State			U Judge, Retir (Statewide		idge, or Court Commissioner
X Multi-County Monterey	v, Santa Cruz		•	,	
City of			Other		
. Type of Statement (Check at least one box)				
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-or- The period co December 31	wered is/, 1, 2021.	through	O The per leaving	iod covered is Januar	y 1, 2021 through the date of
Assuming Office: Dat	e assumed			iod covered is	/, through the dat
Candidate:Date of Elect	ion and c	office sought, if di	ferent than Part 1:		
. Schedule Summary (Schedules attached	must complete) 🕞 To	tal number o	f pages including	g this cover page	9: 5
Schedule A-1 - Inv	estments - schedule attached		⊠ Schedule C - Inc	ome. Loans. & Busin	ess Positions - schedule attache
Schedule A-2 - Inv	estments - schedule attached			ome – Gifts – schedu	
Schedule B - Real	Property - schedule attached		Schedule E - Inc	ome – Gifts – Travel	Payments – schedule attached
or-					
🔲 None - No reporta	ble interests on any scheo	Jule			
. Verification					
MAILING ADDRESS (Business or Agency Address Reco	STREET mmended - Public Document)	CITY	au (1990)	STATE	ZIP CODE
133 Mission St., Su		Santa	Cruz	CA	95060
DAYTIME TELEPHONE NUMBER			E-MAIL ADDRESS		
(831) 426-8484			rbosso@bossola	· · · · · · · · · · · · · · · · · · ·	
	illigence in preparing this statem schedules is true and complete.			-	owledge the information contain
herein and in any attached					
-	perjury under the laws of the	State of Califorr	ia that the foregoing	g is true and correct	•

FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE A PUBLIC DOCUMENT

Ple	ease type or print in ink.	
NA	ME OF FILER (LAST) (FIRST)	(MIDDLE)
	BUTRA JARCENS	V
1.	Office, Agency, or Court	
	Agency Name (Do not use acronyms)	
	AROLAS WATER DISTRICT	BOARD BIRECTOR
	Division, Board, Department, District, if applicable	Your Position
	SEGAL BISTRICT	·
	► 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
3.	Type of Statement (Check at least one box)	
	Annual: The period covered is January 1, 2021, through December 31, 2021.	Leaving Office: Date Left// (Check one circle.)
	-or- The period covered is//, through December 31, 2021.	The period covered is January 1, 2021, 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 soug	ht, if different than Part 1:
4.		er 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 RCA AVE AROVA	S CA 95004
	DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
		l 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 laws of the State of Calif	ornia that the foregoing is true and correct.
	Date Signed	Signature

Clear

FPPC Form 700 - Cover Page (2021/2022) advice@fppc.ca.gov • 866-275-3772 • www.fppc.ca.gov Page - 5

FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE A PUBLIC DOCUMENT

Date Initial Filing Received Filing Official Use Only

Page - 5

Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) RODNES hINYNe MAN Ô 1. Office, Agency, or Court Agency Name (Do not use acronyms) STHICI ROMAS Division, Board, Department, District, if applicable DIRECTOR ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) _____ Position: _ Agency: __ 2. Jurisdiction of Office (Check at least one box) State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) [Multi-County MONTEHEY, SAN BINITO County of City of Other 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2021, through Leaving Office: Date Left _____/_ December 31, 2021. (Check one circle.) -or-The period covered is January 1, 2021, through the date of The period covered is ____/___/___/ _. throuah leaving office. December 31, 2021. -or-The period covered is _ ___. through Assuming Office: Date assumed _____/___ 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 C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached -or- X None - No reportable interests on any schedule 5. Verification MAILING ADDRESS CITY STATE ZIP CODE STREET (Busigess or Agency Address Recommended - Public Document) \mathcal{F} 100 О DAYTIME TELEPHONE NUMBER CRUZIO.CC MANO 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** Signature vith your filing official.) FPPC Form 700 - Cover Page (2021/2022) Print Clear advice@fppc.ca.gov + 866-275-3772 + www.fppc.ca.gov

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Page - 5

A PUBLIC DOCUMENT

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Office, Agency	y, or Coun	
Agency Name (Do	not use acronyms)	
Aromas Water	District	
Division, Board, De	partment, District, if applicable	Your Position
N/A		General Manager
► If filing for multip	ble positions, list below or on an atta	achment. (Do not use acronyms)
Agency: N/A		Position: N/A
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FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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	Do not use acronyms)				
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► If filing for mu	Itiple positions, list below or on an attac	hment (Do not use			
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Verification MAILING ADDRESS	070557			07175	
	STREET Address Recommended - Public Document)	CITY		STATE	ZIP CODE
3211 School		San Ju	an Bautista	CA	95045
(831) 535				200	
I have used all re	asonable diligence in preparing this state asonable diligence is true and comple			I to the best of my kno	wiedge the information containe
-	enalty of perjury under the laws of th	-			
	-				
Date Signed	January18th, 2022 (month, day, year)	Si	ignature	he originally signed paper state	Mant with source films official 1
	ununun, vaj, jodij		(rn e (na onginany signau papar state 	nitera your many olicitat.)
Print	Clear			advice@fppc.	FPPC Form 700 - Cover Page (2021/ ca.gov • 866-275-3772 • www.fppc.c

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) Morris Vicki 1. Office, Agency, or Court Agency Name (Do not use acronyms) Aromas Water District Division, Board, Department, District, if applicable 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 San Benito & Monterey County of City of Other 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2021, through Leaving Office: Date Left ____/__ December 31, 2021. (Check one circle.) -or-The period covered is January 1, 2021, through the date of The period covered is _____/___, through leaving office. December 31, 2021. -or-__/___, through The period covered is _____ Assuming Office: Date assumed ____/___/ 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 D - Income – Gifts – schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule B - Real Property - 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) P O Box 598 Aromas CA 95004 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS (831)9703238 vickimorris598@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 1/22/22 Signature (month, day, year) ile the originally signed paper statement with your filing official.) FPPC Form 700 - Cover Page (2021/2022) Print Clear advice@fppc.ca.gov + 866-275-3772 + www.fppc.ca.gov

STATEMENT OF ECONOMIC INTERESTS COVER PAGE A PUBLIC DOCUMENT

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. Office, Agency,	, or Court	
Agency Name (Do I Aromas Water I	• •	
Division, Board, Dep	artment, District, if applicable	Your Position
Board of Directo	ors	Board member
► If filing for multiple	le positions, list below or on an attachment	it. (Do not use acronyms)
Agency:		Position:
Jurisdiction of	f Office (Check at least one box)	
State		Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
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City of		
Type of Staten	nent (Check at least one box)	
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Assuming Office	ce: Date assumed//	The period covered is/, through the date of leaving office.
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