

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Coleman Thomas L

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
Pomona Walnut Rowland Joint Water Line Commission JPIA Director

► 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
- Multi-County _____
- City of _____
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of **Multi-county**
- 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: 2

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)
271 S. Brea Canyon Rd. Walnut CA 91789

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(909) 595-1268

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 **02/03/2021 04:48 PM** Signature **Electronic Submission**
(month, day, year) (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
Thomas Coleman

EXPANDED STATEMENT LIST

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
Association of California Water Agencies Joint Powers Insurance Authority	Rowland Water District	Property Program Committee	County of Multi-county	Annual	01/01/20 - 12/31/20