

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

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)

Rowland 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: Puente Basin Water Agency

Position: Alternate Commissioner

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 Los Angeles

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.

-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)				
3021 Fullerton Road		Rowland Heights	CA	91748
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS			
(562) 6971726	gsanchez@RWD.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 2/28/22
(month, day, year)

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

Print

Clear

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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: _____ 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 Los Angeles
- Other _____

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

- Annual:** The period covered is January 1, 2021, through December 31, 2021.
- or-
- The period covered is _____, through December 31, 2021.
- Leaving Office:** Date Left ____/____/_____
(Check one circle.)
- The period covered is January 1, 2021, through the date of leaving office.
- or-
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- Assuming Office:** Date assumed ____/____/_____
and office sought, if different than Part 1: _____
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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**

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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
Property Program Committee Committee Member

► 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 Los Angeles
 City of _____ Other _____

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-or- None - No reportable interests on any schedule

5. Verification

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(Business or Agency Address Recommended - Public Document)
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DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(562) 6971726 gsanchez@RWD.org

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