

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

MIC INTERESTS

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Filed Date: 02/28/2025 03:43 PM SAN: 072400521-STH-0521

Please type or print in ink.								
NAME OF FILER (LAST) (I		(FIRST)	(FIRST)		(MIDDLE)	(MIDDLE)		
Сс	oleman	Thoma	ıs		Lowell			
1.	Office, Agency,	or Court						
	Agency Name (Do n							
	Rowland Water	• ,						
		artment, District, if applicable		Your Posit	ion			
	•			0	I Managar			
	■ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)							
	If filing for multiple							
	Agency: SEE AT	TACHED LIST		Position:				
_	Jurisdiction of Office (Check at least one box)							
		Times (enough at loads one box)		□ ludge □	letired ludge Dre Tom ludge er Court Commissi	ionor		
	State		Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)					
	Multi-County			County o	of			
	□ o::			Other				
3.	Type of Staten	nent (Check at least one box)						
-	Annual: The period covered is January 1, 2024, through			Leaving Office: Date Left/				
	Decem	nber 31, 202 4.	•		(Check one circle below.)			
		eriod covered is/	, through	_	period covered is January 1, 202 4, through the c	date of		
		nber 31, 202 4.		-or-	ing office.			
	Assuming Office	ee: Date assumed//			period covered is/, the date of leaving office.	hrough		
	Candidate: Dat	te of Election and	ert 1:					
4.	Schedule Sum	Schedule Summary (required) ► Total number of pages including this cover page: 2						
Schedules attached								
	Schedule A-	ncome, Loans, & Business Positions – schedule a	ttached					
				Schedule D - Ir	Schedule D - Income - Gifts - schedule attached			
	Schedule B	- Real Property - schedule attached		Schedule E - In	come – Gifts – Travel Payments – schedule attac	ched		
		lo reportable interests on any sch	edule					
5.	Verification							
	MAILING ADDRESS (Business or Agency Addre	STREET ess Recommended - Public Document)	CITY		STATE ZIP CODE			
	3021 Fullerton	Road	Rowla	nd Heights	CA 91748			
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS					
	(562) 697-17	726		tcoleman@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 contain 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.							
	D (0: :	02/20/2025 02:42 DM	-	. ,	Thomas Lowell Colomon			
	Date Signed	02/28/2025 03:43 PM (month, day, year)	S	ignature	Thomas Lowell Coleman (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

Agend	,	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
Puent Agend	e Basin Water		Commission Member Alternate	Other District	Annual	01/01/24 - 12/31/24