

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT

Filed Date: 01/16/2026 03:44 PM  
SAN: FPPC

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Bellah John E

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

County of Los Angeles - Rowland Water District

Division, Board, Department, District, if applicable

Your Position

Member of the Board of Directors / 87200

► 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 (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025.  Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Check one circle below.)  
-or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through December 31, 2025.  The period covered is January 1, 2025, 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 (required)

► Total number of pages including this cover page: 2

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
- Attachment 700-P - Prospective Employment (87200 Filers Only) – 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 Rd. Rowland Heights CA 91748  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 562 ) 697-1726

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 01/16/2026 03:44 PM  
(month, day, year)

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

**SCHEDULE D**  
**Income – Gifts**

Name  
John Bellah

▶ NAME OF SOURCE *(Not an Acronym)*  
CV Stategies  
 ADDRESS *(Business Address Acceptable)*  
73700 Dinah Shore Dr., Ste 402, Palm Desert, CA 9211  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Communications Consultant

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 02 / 25</u>	<u>\$ 75.00</u>	<u>Dinner</u>
<u>12 / 02 / 25</u>	<u>\$ 75.00</u>	<u>Dinner Spouse</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*  
Raftelis  
 ADDRESS *(Business Address Acceptable)*  
611 Wilshire Blvd., Suite 900, Los Angeles, CA 90017  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Financial Consultant

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 03 / 25</u>	<u>\$ 44.10</u>	<u>Dinner</u>
<u>12 / 03 / 25</u>	<u>\$ 44.10</u>	<u>Dinner Spouse</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*  
Best Best & Krieger LLP  
 ADDRESS *(Business Address Acceptable)*  
2855 E. Guasti Road, Suite 400, Ontario, CA 91761  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
General Counsel

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 03 / 25</u>	<u>\$ 44.10</u>	<u>Dinner</u>
<u>12 / 03 / 25</u>	<u>\$ 44.10</u>	<u>Dinner Spouse</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*  
 ADDRESS *(Business Address Acceptable)*  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*  
Albert A. Webb Associates  
 ADDRESS *(Business Address Acceptable)*  
3788 McCray St., #32, Riverside, CA 92506  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Civil Engineering

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 03 / 25</u>	<u>\$ 44.10</u>	<u>Dinner</u>
<u>12 / 03 / 25</u>	<u>\$ 44.10</u>	<u>Dinner Spouse</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*  
 ADDRESS *(Business Address Acceptable)*  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
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<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: \_\_\_\_\_