

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
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Filed Date: 01/14/2026 11:08 AM
SAN: 072400521-STH-0521

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Puente Basin Water Agency
Division, Board, Department, District, if applicable Your Position
Commission Member Alternate

► 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 (Supreme, Appellate, Superior Court), Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other **District**

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

- Annual:** The period covered is January 1, 2025, through December 31, 2025.
- or-
- The period covered is ____/____/____, through December 31, 2025.
- Assuming Office:** Date assumed ____/____/____
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left ____/____/____ (Check one circle below.)
- The period covered is January 1, 2025, through the date of leaving office.
- or-
- The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

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
- 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)
271 S Brea Canyon Road Walnut CA 91789
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(**909**) **348-8201** **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 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 01/14/2026 11:08 AM Signature Thomas Lowell Coleman
(month, day, year) (File the originally signed paper statement with your filing official.)

**STATEMENT OF ECONOMIC INTERESTS
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Filed Date: 01/14/2026 11:12 AM
SAN: 111400077-STH-0077

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: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- State
- Multi-County _____
- City of _____
- Judge (Supreme, Appellate, Superior Court), Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of **Multi-county**
- Other _____

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

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- or-
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- 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)
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 01/14/2026 11:12 AM Signature Thomas L Coleman
(month, day, year) (File the originally signed paper statement with your filing official.)

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

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
General Manager / 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.
-or- The period covered is _____, through December 31, 2025.
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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.

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(month, day, year) (File the originally signed paper statement with your filing official.)

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Please type or print in ink.

NAME OF FILER (LAST) Lu-Yang (FIRST) Szu-Pei (MIDDLE)

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.

-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 (required)

Total number of pages including this cover page: 1

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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
2221 Kern St Fresno CA 93721-2613

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(559) 600-8683

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 01/14/2026 12:14 PM (month, day, year)

Signature Szu-Pei Lu-Yang (File the originally signed paper statement with your filing official.)