STATEMENT OF ECONOMIC INTERESTS

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COVER PAGE

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Please type or print in ink.			5AN. 0	21500100-518-0100
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)	
Garza	Juan			
1. Office, Agency, or Cou	rt			
Agency Name (Do not use acr	onyms)			
Metropolitan Water Dist	rict of Southern California			
Division, Board, Department, Di	strict, if applicable	Your Po	sition	
		Board	d member	
 If filing for multiple positions. 	, list below or on an attachment. (D			
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Agency:		Position	ו:	
2. Jurisdiction of Office	(Chack at least and hav)			
	(Check at least one box)	—		
State			, Retired Judge, Pro Tem Judg vide Jurisdiction)	e, or Court Commissioner
X Multi-County LA, Orange, Ri	verside, San Bernardino, San Diego & \	/entura County	y of	
City of				
3. Type of Statement (Ch				
Annual: The period cover December 31, 20	red is January 1, 2022, through	Leav	ing Office: Date Left/_ (Check one ci	
-or-			he period covered is January 1	,
December 31, 20	red is/, ti 0 22 .	nougn O	aving office.	
X Assuming Office: Date a Assuming Office: Date a	issumed 01 / 27 / 2023	T	he period covered is/ e date of leaving office.	, through
Candidate: Date of Electi	on and office	e sought, if different than	Part 1:	
4. Schedule Summary (re		umbor of pagas in	aluding this sover page	
Schedules attached		umber of pages in	cluding this cover page	5
_	,	Schedule C -	Income, Loans, & Business P	ositions - schedule attached
	nents – schedule attached			
	 Schedule A-2 - Investments – schedule attached Schedule B - Real Property – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached 			
	Jeny – Schedule allached			
-or- No report	able interests on any schedule	9		
5. Verification	,			
	REET	CITY	STATE	ZIP CODE
(Business or Agency Address Recomme				
DAYT ME TELEPHONE NUMBER		LOS EMA L ADDRESS		
	ence in preparing this statement. I have dules is true and complete. I ackn			ledge the information contained
	jury under the laws of the State of			
D (); () () () () () () () () (0000 10.40 AM	0	luer Or	120
	2023 12:43 AM onth, day, year)	Signature	Juan Ga (File the originally signed paper stateme	

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 70

FAIR POLITICAL PRACTICES COMMISSION

Name

Juan Garza

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Six Heron LLC	
Name P.O. Box 790 Bellflower, CA 90707	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one Trust, go to 2 🔀 Business En ity, complete the box, then go to 2	Check one
GENERAL DESCRIPTION OF THIS BUSINESS Public and Government Relations	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 //	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$2,000 - \$10,000 /_/ \$10,001 - \$100,000 ACQUIRED \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Partnership Sole Proprietorship Other	NATURE OF INVESTMENT
YOUR BUSINESS POSITION Principal	YOUR BUSINESS POSITION
2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)	► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 \$100,000 \$1,001 - \$10,000 \$1,000 \$1,001 - \$10,000 \$1,0000 \$1,000 \$1,0000 \$1,000 \$1,0000 \$1,0000	\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000 \$1,000
 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below SEE ATTACHED 	 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below
 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY 	 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 //	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
NATURE OF INTEREST	NATURE OF INTEREST
Leasehold Other	Leasehold O her
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

SCHEDULE A-2

Attachment



BUSINESS ENTITY OR TRUST : Six Heron LLC

LIST OF REPORTABLE SINGLE SOURCES OF INCOME OF \$10,000 OR MORE
1784 Capital Holdings
BLDG Partners
Bob Baffert Racing Inc
California Cardroom Alliance
CR&R Incorporated
Anresco Laboratories
Empire Car Washes
Kit Cole Consulting Inc
Master Collective Management
Optimus Properties LLC
Project Dimensions Inc
SecureSpace Holdings LLC
Valley Vista Services Inc
Courtney Torres Consulting
La Luz Del Mundo

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Juan Garza

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED			
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME			
CA Cities for Self-Reliance Joint Powers Authority	City of Bellflower			
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)			
P.O. Box 790 Bellflower, CA 90707	16600 Civic Center Drive Bellflower, CA 90706			
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE			
Multi-Member Agency Administration-Advocacy	Planning Commission			
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION			
Executive Director	Planning Commissioner			
GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$1,001 - \$10,000 \$\$1,001 - \$100,000 OVER \$100,000	GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$10,001 - \$100,000 \$10,001 - \$100,000 OVER \$100,000			
CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)			
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2)			
Sale of	Sale of			
(<i>Real property, car, boat, etc.</i>)	(Real property, car, boat, etc.)			
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more			
(Describe)	(Describe)			
Other (Describe)	Other (Describe)			

* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's

regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE		TERM (Months/Years)
ADDRESS (Business Address Acceptable)	%	None	
	SECURITY FOR L		
BUSINESS ACTIVITY, IF ANY, OF LENDER	None	Personal res	idence
HIGHEST BALANCE DURING REPORTING PERIOD			Street address
\$500 - \$1,000			City
\$1,001 - \$10,000			
\$10,001 - \$100,000	Guarantor		
OVER \$100,000	Other		
		(Describe)	
Comments:			

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Juan Garza

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED			
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME			
Lakewood Regional Medical Center	Central Basin Municipal Water District			
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)			
3700 South St Lakewood, CA 90712	P.O. Box 911579 Los Angeles, CA 90091			
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE			
Hospital & Medical Center	Wholesale Water Agency			
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION			
Governing Board Member	Director / Governing Board Member			
GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 X \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED X Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED X Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)			
Sale of	Sale of			
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more			
(Describe)	(Describe)			
Other (Describe)	Other(Describe)			

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE		TERM (Months/Years)
ADDRESS (Business Address Acceptable)	%	None	
	SECURITY FOR L	.OAN	
BUSINESS ACTIVITY, IF ANY, OF LENDER	None	Personal res	sidence
	Real Property _		Ofer a frank and des an
HIGHEST BALANCE DURING REPORTING PERIOD		Street address	
\$500 - \$1,000	-		City
\$1,001 - \$10,000			-
\$10,001 - \$100,000			
OVER \$100,000	Other		
		((Describe)
Comments:			