



Please type or print in ink.

CITY CLERKS OFC RCVD
APR 4 2024 PM 1:37

NAME OF FILER (LAST) Gray (FIRST) Gloria (MIDDLE) _____

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
West Basin Municipal Water District

Division, Board, Department, District, if applicable Board Member, Division II Your Position Director

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: See attached. Position: _____

FAIR POLITICAL PRACTICES COMMISSION
APR 12 PM 3:10

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

State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)

Multi-County Los Angeles, Orange County County of _____

City of _____ Other Special District

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

Annual: The period covered is January 1, 2023, through December 31, 2023.

-or- The period covered is _____, through December 31, 2023.

Assuming Office: Date assumed _____

Leaving Office: Date Left _____ (Check one circle.)

The period covered is January 1, 2023, through the date of leaving office.

-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

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS _____ STREET _____ CITY _____ STATE _____ ZIP CODE _____
(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER _____ EMAIL ADDRESS _____

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 April 6, 2024 Signature Gloria Gray
(month, day, year) (File the originally signed paper statement with your filing official.)

**Conflict of Interest
Form 700
Multiple Agency Reporting 2023**

Gloria D. Gray



Metropolitan Water District of Southern California
700 Alameda Street, Room 11-312
Los Angeles, CA 90012

Multi-County:
Los Angeles
Ventura
Riverside
San Bernardino
San Diego
Orange

Santa Monica Bay Restoration Commission
320 W. 4th Street #200
Los Angeles, CA 90013

ACWA/JPIA
P.O. Box
Roseville, CA 95661

City of Inglewood - City Council
1 W. Manchester Blvd.
Inglewood, CA 90301