

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
West Marina D

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Mojave Water Agency

Division, Board, Department, District, if applicable

Board of Directors' Division II

Your Position

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

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

Multi-County \_\_\_\_\_

County of San Bernardino

City of \_\_\_\_\_

Other \_\_\_\_\_

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

Annual: The period covered is January 1, 2024, through  
December 31, 2024.

Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Check one circle below.)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through  
December 31, 2024.

The period covered is January 1, 2024, 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

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)

13846 Conference Center Drive

Apple Valley

CA

92307-4377

DAYTIME TELEPHONE NUMBER

( 760 ) 910-3264

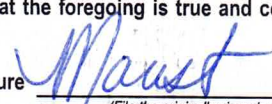
EMAIL ADDRESS

mwest@mojavewater.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 January 6, 2025  
(month, day, year)

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