

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Date Initial Filing Received
Filing Official Use Only

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)

MOTAVE WATER AGENCY

Division, Board, Department, District, if applicable

Your Position

BOARD OF DIRECTORS' DIVISION II 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 SAN BERNARDINO
- 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.
- 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: 2

Schedules attached

- Schedule A-1 - Investments - schedule attached
- Schedule A-2 - Investments - schedule attached
- Schedule B - Real Property - schedule attached
- Attachment 700-P - Prospective Employment (87200 Filers Only) - schedule attached
- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - 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 EMAIL ADDRESS
(760) 946-7000 MWESTMWA@MOTAVEWATER.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 FEBRUARY 22, 2026
(month, day, year)

Signature [Signature]
(File the original signed paper statement with your filing official.)

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name Marina West

▶ NAME OF SOURCE (Not an Acronym)
Metropolitan Water District

ADDRESS (Business Address Acceptable)
P.O. Box 54153

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11/13 - 11/15/2025</u>	<u>TOUR</u>	<u>WATERSHED INSPECTION</u>
<u>11/13 - 11/15</u>	<u>\$ 1221.91</u>	<u>total cost</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)
	\$	
	\$	
	\$	

▶ 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)
	\$	
	\$	
	\$	

▶ 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)
	\$	
	\$	
	\$	

▶ 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)
	\$	
	\$	
	\$	

▶ 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)
	\$	
	\$	
	\$	

Comments: I was invited to attend this tour.

MWA

Marina West

From: Frey,Christine <CFrey@mwdh2o.com>
Sent: Thursday, December 11, 2025 2:32 PM
To: Marina West
Subject: MWD Inspection Trip Costs for Form 700: State Water Project, November 2025 (West)

Good afternoon,

Thank you for attending the State Water Project Inspection Trip on November 13 - 15, 2025, hosted by Metropolitan Water District Board Chair Adán Ortega and Director Gretchen Shepherd Romey.

The following travel expenses paid by Metropolitan for this inspection trip may be reportable under California's Fair Political Practices Act. Participants who are required to file a California Statement of Economic Interests (Form 700) may need to report their pro rata share of the travel costs, although the costs are usually not subject to the statutory annual gift limit.

State Water Project & Sacramento-San Joaquin Delta	
November 13 - 15, 2025	
Expense	Cost
Airfare	\$396.97
Bus Snacks	\$19.73
Meals - Day 1	\$104.21
Meals - Day 2	\$132.21
Meals - Day 3	\$34.37
Lodging	\$519.42
TOTAL	\$1,206.91

The following expense is reportable, and subject to the annual gift limit:

State Water Project & Sacramento-San Joaquin Delta	
November 13 - 15, 2025	
Expense	Cost
Hat, Journal, Pen & Pin	\$15.00

Please reach out if you have any questions. We appreciate your participation on the trip and hope you enjoyed it.

Sincerely,

Christine

Christine Frey
Team Manager, Inspection Trips
Metropolitan Water District of Southern California

1,221.91