

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**

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NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 BARBRE BRETT RONALD

CLERK OF THE BOARD  
 ORANGE COUNTY  
 BOARD OF SUPERVISORS

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
 MUNICIPAL WATER DISTRICT OF ORANGE COUNTY  
 Division, Board, Department, District, if applicable Your Position  
 DIVISION 1 DIRECTOR

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

Agency: \*\*\*\*SEE ATTACHED LIST\*\*\* Position: \_\_\_\_\_

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

- State
- Multi-County \_\_\_\_\_
- City of \_\_\_\_\_
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of ORANGE
- Other \_\_\_\_\_

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

- Annual: The period covered is January 1, 2015, through December 31, 2015.
- or-
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2015.
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_
- Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)
- The period covered is January 1, 2015, through the date of leaving office.
- or-
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

**4. Schedule Summary (must complete)** ► Total number of pages including this cover page: 6

**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

-or-

None - No reportable interests on any schedule

**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
 (Business or Agency Address Recommended - Public Document)  
 21670 WATERFORD DRIVE YORBA LINDA CA 92887

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
 ( 714 ) 396-1350 brbarbre@msn.com

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 01-01-16 Signature   
(month, day, year) (File the originally signed statement with your filing official.)

# **AGENCIES COVERED IN FORM 700 REPORTS**

**BRETT RONALD BARBRE**

**Annual Statement - 2016**

**MUNICIPAL WATER DISTRICT OF ORANGE COUNTY**

**DIRECTOR, DIVISION ONE**

**ORANGE COUNTY ONLY**

**METROPOLITAN WATER DISTRICT OF SOUTHERN CALIFORNIA**

**DIRECTOR**

**VENTURA COUNTY, LOS ANGELES COUNTY, ORANGE COUNTY,**

**RIVERSIDE COUNTY, SAN BERNARDINO COUNTY, SAN DIEGO COUNTY**

**METROPOLITAN WATER DISTRICT OF SOUTHERN CALIFORNIA ASSET  
FINANCING CORPORATION**

**DIRECTOR**

**VENTURA COUNTY, LOS ANGELES COUNTY, ORANGE COUNTY,**

**RIVERSIDE COUNTY, SAN BERNARDINO COUNTY, SAN DIEGO COUNTY**



**SCHEDULE B**  
**Interests in Real Property**  
 (Including Rental Income)

Name  
**BRETT RONALD BARBRE**

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
 21670 WATERFORD DRIVE

CITY  
 YORBA LINDA CA 92887

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000      \_\_\_\_\_/\_\_\_\_\_/15      \_\_\_\_\_/\_\_\_\_\_/15  
 \$10,001 - \$100,000      ACQUIRED      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INTEREST  
 Ownership/Deed of Trust       Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining       \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499       \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000      \_\_\_\_\_/\_\_\_\_\_/15      \_\_\_\_\_/\_\_\_\_\_/15  
 \$10,001 - \$100,000      ACQUIRED      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INTEREST  
 Ownership/Deed of Trust       Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining       \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499       \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 None

\* You are not required to report loans from commercial lending institutions 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\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE      TERM (Months/Years)  
 \_\_\_\_\_%       None

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000  
 Guarantor, if applicable

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE      TERM (Months/Years)  
 \_\_\_\_\_%       None

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000  
 Guarantor, if applicable

Comments: \_\_\_\_\_



## SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b>
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <b>BRETT RONALD BARBER</b>

▶ NAME OF SOURCE *(Not an Acronym)*  
**BIEBER COMMUNICATIONS INC.**

ADDRESS *(Business Address Acceptable)*  
**3609 MACARTHUR, #812, SANTA ANA CA 92704**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**PRINTING AND DIRECT MAIL SERVICES**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 10 / 15	\$ 200.00	OMAHA STEAKS
	\$	
	\$	

▶ 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: \_\_\_\_\_