

**STATEMENT OF ECONOMIC INTERESTS**

Date Initial Filing Received  
 Official Use Only

**COVER PAGE**

Filed Date: 03/23/2016 08:03 PM  
 SAN: 041100024-STL-0024

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Thomas Jeffery M.

**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 6

Board Member

► 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

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County

County of Orange

City of

Other

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

Annual: The period covered is January 1, 2015, through December 31, 2015.

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

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2015.

The period covered is January 1, 2015, through the date of leaving office.

-or-

Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary (must complete) ► Total number of pages including this cover page: 7**

**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)

P.O. Box 20895

Fountain Valley

CA

92728-0895

DAYTIME TELEPHONE NUMBER

E-MAIL ADDRESS

( 714 ) 963-3058

jnthomas2@cox.net

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 03/23/2016 08:03 PM  
 (month, day, year)

Signature Electronic Submission

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

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
EXPANDED STATEMENT LIST

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
Name  
Jeffery Thomas

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
Santiago Aqueduct Commission		Commissioner	County of Orange	Annual	01/01/15 - 12/31/15

**SCHEDULE A-1  
Investments**

**Stocks, Bonds, and Other Interests**  
(Ownership Interest is Less Than 10%)

*Do not attach brokerage or financial statements.*

<p><b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION</p> <p>Name <u>Jeffery Thomas</u></p>
---

▶ NAME OF BUSINESS ENTITY  
Ironhawk Technologies

GENERAL DESCRIPTION OF THIS BUSINESS  
Software Contractor

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
     Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
       /        / 15             /        / 15  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF THIS BUSINESS  
\_\_\_\_\_

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
     Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
       /        / 15             /        / 15  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF THIS BUSINESS  
\_\_\_\_\_

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
     Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
       /        / 15             /        / 15  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF THIS BUSINESS  
\_\_\_\_\_

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
     Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
       /        / 15             /        / 15  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF THIS BUSINESS  
\_\_\_\_\_

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
     Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
       /        / 15             /        / 15  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF THIS BUSINESS  
\_\_\_\_\_

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
     Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
       /        / 15             /        / 15  
 ACQUIRED                      DISPOSED

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







**SCHEDULE D**  
**Income – Gifts**

Name  
Jeffery Thomas

▶ NAME OF SOURCE (Not an Acronym)  
Best, Best & Kreiger  
 ADDRESS (Business Address Acceptable)  
18101 Von Karman Avenue, S. 1000  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Law Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 02 / 15</u>	\$ <u>69.67</u>	<u>Invitation only dinner</u>
<u>   /   /   </u>	\$ <u>      </u>	<u>          </u>
<u>   /   /   </u>	\$ <u>      </u>	<u>          </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)
<u>   /   /   </u>	\$ <u>      </u>	<u>          </u>
<u>   /   /   </u>	\$ <u>      </u>	<u>          </u>
<u>   /   /   </u>	\$ <u>      </u>	<u>          </u>

▶ NAME OF SOURCE (Not an Acronym)  
Dudek  
 ADDRESS (Business Address Acceptable)  
605 Third Street, Encinitas CA 92024  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Environmental Consultants

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 02 / 15</u>	\$ <u>69.97</u>	<u>Invitation only dinner</u>
<u>   /   /   </u>	\$ <u>      </u>	<u>          </u>
<u>   /   /   </u>	\$ <u>      </u>	<u>          </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)
<u>   /   /   </u>	\$ <u>      </u>	<u>          </u>
<u>   /   /   </u>	\$ <u>      </u>	<u>          </u>
<u>   /   /   </u>	\$ <u>      </u>	<u>          </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)
<u>   /   /   </u>	\$ <u>      </u>	<u>          </u>
<u>   /   /   </u>	\$ <u>      </u>	<u>          </u>
<u>   /   /   </u>	\$ <u>      </u>	<u>          </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)
<u>   /   /   </u>	\$ <u>      </u>	<u>          </u>
<u>   /   /   </u>	\$ <u>      </u>	<u>          </u>
<u>   /   /   </u>	\$ <u>      </u>	<u>          </u>

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