CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

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)
Commons	Dave	Norman

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
Bear Valley Community Services District

Your Position
Interim Public Works Director

Division, Board, Department, District, if applicable
~~Board~~ District

► 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 (Supreme, Appellate, Superior Court), Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- ☐ Multi-County _____
- ☐ County of _____
- ☐ City of _____
- ☒ Other Community Services District

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 ____/____/_____
- ☐ **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.
- ☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► *Total number of pages including this cover page:* _____

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
- ☐ **Attachment 700-P** - *Prospective Employment (87200 Filers Only)* – 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)	28999 S. Lower Valley Rd.	Tehachapi	CA	93561

DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
(661) 821-4428	dcommons@bvcsd.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 04/01/2026 *(month, day, year)*

Signature Dave N. Commons *(File the originally signed paper statement with your filing official.)*

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Frevert	Geva	Gene

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
Bear Valley Community Services District

Division, Board, Department, District, if applicable
Board

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 (Supreme, Appellate, Superior Court), Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- ☐ Multi-County _____
- ☐ County of _____
- ☐ City of Tehachapi
- ☒ Other Community Services District

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 1/1/2026, through December 31, 2025.
- ☐ **Assuming Office:** Date assumed ____/____/____
- ☐ **Leaving Office:** Date Left ____/____/____ *(Check one circle below.)*
  - ☐ The period covered is January 1, 2025, through the date of leaving office.
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-or- ☒ ***None*** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS *(Business or Agency Address Recommended - Public Document)* STREET	CITY	STATE	ZIP CODE
29751 Goldspike Road	Tehachapi	CA	93561

DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
(661) 917-7451	gfrevert@bvcsd.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 April 1, 2026 *(month, day, year)*

Signature Geva Frevert Geva Frevert (Apr 1, 2026 16:13:24 PDT) *(File the originally signed paper statement with your filing official.)*

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Haggard	Daniel	Wayne

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
Bear Valley Community Services District

Division, Board, Department, District, if applicable
District

Your Position
Roads Supervisor

► 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 (Supreme, Appellate, Superior Court), Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- ☐ Multi-County CA
- ☐ County of CA
- ☐ City of Tehachapi
- ☒ Other Community Services District

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

- ☒ **Annual:** The period covered is January 1, 2025, through December 31, 2025.
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- ☐ **Attachment 700-P** - *Prospective Employment (87200 Filers Only)* – schedule attached

-or- ☒ ***None*** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document) STREET	CITY	STATE	ZIP CODE
28999 South Lower Valley Road	Tehachapi	CA	93561

DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
(661) 8214428	dhaggard@bvcsd.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 03/30/2026 *(month, day, year)*

Signature [signature] d (Mar 30, 2026 15:57:45 PDT)
(File the originally signed paper statement with your filing official.)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
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Date Initial Filing Received
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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Hernandez	Martin	Felix

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
Bear Valley Community Services District

Division, Board, Department, District, if applicable
Board

Your Position
Director

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

Agency: N/A

Position: N/A

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

- ☐ State
- ☐ Judge (Supreme, Appellate, Superior Court), Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- ☐ Multi-County _____
- ☐ County of _____
- ☐ City of _____
- ☒ Other Community Services District

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

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- ☐ **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

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- ☐ **Attachment 700-P** - *Prospective Employment (87200 Filers Only)* – schedule attached

-or- ☒ ***None*** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS *(Business or Agency Address Recommended - Public Document)* STREET	CITY	STATE	ZIP CODE
28999 lower Valley Rd	Tehachapi	CA	93561

DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
(805) 390-2077	pcnova54@gmail.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 03/30/26
(month, day, year)

Signature Martin Hernandez (Mar 30, 2026 14:21:11 PDT)
(File the originally signed paper statement with your filing official.)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
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Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Hilton	John	Palmer

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
Bear Valley Community Services District

Division, Board, Department, District, if applicable

Your Position
General Counsel

► 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 (Supreme, Appellate, Superior Court), Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- ☐ Multi-County _____
- ☐ County of _____
- ☐ City of _____
- ☒ Other Community Services District

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

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  - -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:*** 3

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
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- ☐ **Attachment 700-P** - *Prospective Employment (87200 Filers Only)* – schedule attached

-or- ☐ ***None*** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS STREET *(Business or Agency Address Recommended - Public Document)*	CITY	STATE	ZIP CODE
555 Capitol Mall #1200	Sacramento	CA	95814-4557

DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
(916) 556-1531	philton@meyersnave.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 3/27/26 *(month, day, year)*

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

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Investments must be itemized.
Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
John Palmer Hilton

► NAME OF BUSINESS ENTITY
Procter & Gamble

GENERAL DESCRIPTION OF THIS BUSINESS
Consumer Goods Manufacturer

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:
__/__/25 ACQUIRED __/__/25 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:
__/__/25 ACQUIRED __/__/25 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:
__/__/25 ACQUIRED __/__/25 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:
__/__/25 ACQUIRED __/__/25 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:
__/__/25 ACQUIRED __/__/25 DISPOSED

Comments: _____

SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
John Palmer Hilton

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Meyers Nave

ADDRESS *(Business Address Acceptable)*
555 Capitol Mall #1200, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Firm

YOUR BUSINESS POSITION
Attorney

GROSS INCOME RECEIVED
- ☐ No Income - Business Position Only
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ■ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- ■ Salary
- ☐ Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
- ☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- ☐ Sale of _____ *(Real property, car, boat, etc.)*
- ☐ Loan repayment
- ☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*

_____ *(Describe)*

- ☐ Other _____ *(Describe)*

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
- ☐ No Income - Business Position Only
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- ☐ Salary
- ☐ Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
- ☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- ☐ Sale of _____ *(Real property, car, boat, etc.)*
- ☐ Loan repayment
- ☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*

_____ *(Describe)*

- ☐ Other _____ *(Describe)*

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, 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

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

INTEREST RATE
_____% ☐ None

TERM (Months/Years)
_____

SECURITY FOR LOAN
- ☐ None
- ☐ Personal residence
- ☐ Real Property _____ *Street address*

_____ *City*

- ☐ Guarantor _____
- ☐ Other _____ *(Describe)*

Comments: _____

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NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Hurst	Dain	Rex

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
Bear Valley Community Services District

Division, Board, Department, District, if applicable
~~Board~~ District

Your Position
Police Chief

► 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 (Supreme, Appellate, Superior Court), Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- ☐ Multi-County CA
- ☐ County of CA
- ☐ City of Tehachapi
- ☒ Other Community Services District

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

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  - ☐ 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:*** _____

Schedules attached

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- ☐ **Attachment 700-P** - *Prospective Employment (87200 Filers Only)* – schedule attached

-or- ☒ ***None*** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document) STREET	CITY	STATE	ZIP CODE
28999 S. Lower Valley Rd.	Tehachapi	CA	93561

DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
(661) 8213239	dhurst@bvspd.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 3/30/2026 *(month, day, year)*

Signature Dain R Hurst
Dain R Hurst (Mar 30, 2026 13:08:54 PDT)
(File the originally signed paper statement with your filing official.)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

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NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Jelleschitz	Denise	Albina

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
Bear Valley Community Services District

Division, Board, Department, District, if applicable
~~Board~~ District

Your Position
Board Secretary/Assistant to the General Manager

▶ 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 (Supreme, Appellate, Superior Court), Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- ☐ Multi-County _____
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- ☐ City of _____
- ☒ Other Community Services District

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

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- ☐ **Attachment 700-P** - *Prospective Employment (87200 Filers Only)* – schedule attached

-or- ☒ ***None*** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS *(Business or Agency Address Recommended - Public Document)* STREET	CITY	STATE	ZIP CODE
28999 S. Lower Valley Road	Tehachapi	California	93561

DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
(661) 7713894	denise@bvcsd.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 April 6, 2026 *(month, day, year)*

Signature Denise Jelleschitz
Denise Jelleschitz (Apr 6, 2026 09:46:11 PDT)
(File the originally signed paper statement with your filing official.)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

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)
Lewis	John	Michael

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
Bear Valley Community Services District

Division, Board, Department, District, if applicable
Board

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 (Supreme, Appellate, Superior Court), Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- ☐ Multi-County _____
- ☐ County of _____
- ☐ City of _____
- ☒ Other Community Services District

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.
- ☐ **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.
- ☐ **Assuming Office:** Date assumed ____/____/_____
- ☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► ***Total number of pages including this cover page:*** _____

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
- ☐ **Attachment 700-P** - *Prospective Employment (87200 Filers Only)* – schedule attached

-or- ☒ ***None*** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS *(Business or Agency Address Recommended - Public Document)* STREET	CITY	STATE	ZIP CODE
28999 S. Lower Valley Rd	Tehachapi	CA	93561

DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
(661) 821-3916	mlewis@bvcsd.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 03/31/2026 *(month, day, year)*

Signature John Michael Lewis
John Michael Lewis (Mar 31, 2026 10:50:14 PDT)
(File the originally signed paper statement with your filing official.)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

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)
Marshall	Beverli	A

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
Bear Valley Community Services District

Division, Board, Department, District, if applicable
District

Your Position
General Manager

► 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 (Supreme, Appellate, Superior Court), Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- ☐ Multi-County _____
- ☐ County of _____
- ☐ City of _____
- ☒ Other Community Services District

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

- ☒ **Annual:** The period covered is January 1, 2025, through December 31, 2025.
  -or-
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- ☐ **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.
- ☐ **Assuming Office:** Date assumed ____/____/____
- ☐ **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
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- ☐ **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
- ☐ **Attachment 700-P** - *Prospective Employment (87200 Filers Only)* – schedule attached

-or- ☒ ***None*** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document) STREET	CITY	STATE	ZIP CODE
28999 S Lower Valley Rd	Tehachapi	CA	93561

DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
(661) 821-4428	bmarshall@bvcsd.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 3/30/2026 *(month, day, year)*

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

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)
Paparella	Paul	J

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
Bear Valley Community Services District

Division, Board, Department, District, if applicable
Board

Your Position
President

► 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 California

☐ City of Tehachapi

☐ Judge (Supreme, Appellate, Superior Court), Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)

☐ County of California

☒ Other Community Services District

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 ____/____/_____

☐ **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.

☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► ***Total number of pages including this cover page:*** _____

Schedules attached

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☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

☐ **Attachment 700-P** - *Prospective Employment (87200 Filers Only)* – schedule attached

-or- ☒ ***None*** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document) STREET	CITY	STATE	ZIP CODE
30020 Greenwater Drive	TEHACHAPI,CA	CA	93561

DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
(973) 7033685	ppaparella@comcast.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 04/01/2026 *(month, day, year)*

Signature Paul Paparella
Paul Paparella (Apr 1, 2026 14:33:38 PDT)
(File the originally signed paper statement with your filing official.)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

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): Parks | (FIRST): Jason | (MIDDLE):

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*: Bear Valley Community Services District

Division, Board, Department, District, if applicable: ~~Board~~ District

Your Position: Supr - WWTP

▶ 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: California
- ☐ City of: Tehachapi
- ☐ Judge (Supreme, Appellate, Superior Court), Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- ☐ County of: California
- ☒ Other: Community Services District

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 ____/____/_____
- ☐ **Leaving Office:** Date Left ____/____/_____ *(Check one circle below.)*
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  - -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)

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Schedules attached

- ☐ **Schedule A-1** - *Investments* – schedule attached
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- ☐ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
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- ☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached
- ☐ **Attachment 700-P** - *Prospective Employment (87200 Filers Only)* – schedule attached

-or- ☒ ***None*** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document) STREET	CITY	STATE	ZIP CODE
28999 South Lower Valley Road Tehachapi CA 93561	Tehachapi	California	93561

DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
(661) 8212409	jparks@bvcsd.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: 03,30,2026 *(month, day, year)*

Signature: Jason PArks (Mar 30, 2026 10:58:51 PDT) *(File the originally signed paper statement with your filing official.)*

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

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): RIVERA (FIRST): JACINTO (MIDDLE): FAVELA

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
Bear Valley Community Services District

Division, Board, Department, District, if applicable: Board

Your Position:

▶ 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 (Supreme, Appellate, Superior Court), Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- ☐ Multi-County _____
- ☐ County of _____
- ☐ City of _____
- ☒ Other Community Services District

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 ____/____/_____
- ☐ **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.
- ☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

▶ ***Total number of pages including this cover page:*** _____

Schedules attached

- ☐ **Schedule A-1** - *Investments* – schedule attached
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- ☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached
- ☐ **Attachment 700-P** - *Prospective Employment (87200 Filers Only)* – 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 4-1-2026 *(month, day, year)*

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

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): Rizo | (FIRST): Imelda | (MIDDLE):

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*: Bear Valley Community Services District

Division, Board, Department, District, if applicable: ~~Board~~ District

Your Position: Police Sergeant

▶ 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: California
- ☐ City of: Tehachapi
- ☐ Judge (Supreme, Appellate, Superior Court), Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- ☐ County of: California
- ☒ Other: Community Services District

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 ____/____/____
- ☐ **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.
- ☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

▶ ***Total number of pages including this cover page:*** _____

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
- ☐ **Attachment 700-P** - *Prospective Employment (87200 Filers Only)* – schedule attached

-or- ☒ ***None*** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS (STREET) *(Business or Agency Address Recommended - Public Document)*: 25101 Bear Valley Rd
CITY: Tehachapi
STATE: California
ZIP CODE: 93561

DAYTIME TELEPHONE NUMBER: (661) 8213239
EMAIL ADDRESS: irizo@bvspd.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: 04/01/2026 *(month, day, year)*

Signature: Imelda Rizo
Imelda Rizo (Apr 1, 2026 10:56:47 PDT)
(File the originally signed paper statement with your filing official.)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

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)
Scholar	Ronald	J.

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
Bear Valley Community Services District

Division, Board, Department, District, if applicable

Your Position
Special Counsel

► 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 (Supreme, Appellate, Superior Court), Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- ☐ Multi-County _____
- ☐ County of _____
- ☐ City of _____
- ☒ Other Kern County

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 10 / 10 / 2025
- ☐ **Leaving Office:** Date Left ____/____/_____ *(Check one circle below.)*
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  - -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 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
- ☐ **Attachment 700-P** - *Prospective Employment (87200 Filers Only)* – schedule attached

-or- ☐ ***None*** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document) STREET	CITY	STATE	ZIP CODE
2281 Lava Ridge Court, Suite 300	Roseville	CA	95661

DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
(916) 780-9009	

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 3/19/2026 *(month, day, year)*

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

SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Scholar, Ronald J.

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Cole Huber LLP

ADDRESS *(Business Address Acceptable)*
2281 Lava Ridge Ct., Ste. 300, Roseville CA 95661

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Firm

YOUR BUSINESS POSITION
Partner

GROSS INCOME RECEIVED
- ☐ No Income - Business Position Only
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ■ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- ■ Salary
- ☐ Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
- ☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- ☐ Sale of _____ *(Real property, car, boat, etc.)*
- ☐ Loan repayment
- ☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*

_____ *(Describe)*

- ☐ Other _____ *(Describe)*

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
University of California, Davis

ADDRESS *(Business Address Acceptable)*
14350-1 Meridian Parkway, Riverside, CA 92518

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Teaching

YOUR BUSINESS POSITION
Adjunct Professor of Law

GROSS INCOME RECEIVED
- ☐ No Income - Business Position Only
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ■ $10,001 - $100,000
- ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- ■ Salary
- ☐ Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
- ☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- ☐ Sale of _____ *(Real property, car, boat, etc.)*
- ☐ Loan repayment
- ☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*

_____ *(Describe)*

- ☐ Other _____ *(Describe)*

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, 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
_____

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

INTEREST RATE
_____% ☐ None

TERM (Months/Years)
_____

SECURITY FOR LOAN
- ☐ None
- ☐ Personal residence
- ☐ Real Property _____ *Street address*

_____ *City*

- ☐ Guarantor _____
- ☐ Other _____ *(Describe)*

Comments: _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

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)
Sherman	Tyler	J.

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
Bear Valley Community Services District

Division, Board, Department, District, if applicable

Your Position
Special Counsel

► 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 (Supreme, Appellate, Superior Court), Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- ☐ Multi-County _____
- ☐ County of _____
- ☐ City of _____
- ☒ Other Kern County

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

- ☐ **Annual:** The period covered is January 1, 2025, through December 31, 2025.
  -or-
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- ☒ **Assuming Office:** Date assumed 10 / 10 / 2025
- ☐ **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.
- ☐ **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
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- ☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached
- ☐ **Attachment 700-P** - *Prospective Employment (87200 Filers Only)* – schedule attached

-or- ☐ ***None*** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document) STREET	CITY	STATE	ZIP CODE
2281 Lava Ridge Court, Suite 300	Roseville	CA	95661

DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
(916) 780-9009	

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 3/19/26 *(month, day, year)*

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

SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Sherman, Tyler J.

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Cole Huber LLP

ADDRESS *(Business Address Acceptable)*
2281 Lava Ridge Ct., Ste. 300, Roseville, CA 95661

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Firm

YOUR BUSINESS POSITION
Associate

GROSS INCOME RECEIVED
- ☐ No Income - Business Position Only
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ■ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- ■ Salary
- ☐ Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
- ☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- ☐ Sale of _____ *(Real property, car, boat, etc.)*
- ☐ Loan repayment
- ☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*

_____ *(Describe)*

- ☐ Other _____ *(Describe)*

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
- ☐ No Income - Business Position Only
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- ☐ Salary
- ☐ Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
- ☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- ☐ Sale of _____ *(Real property, car, boat, etc.)*
- ☐ Loan repayment
- ☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*

_____ *(Describe)*

- ☐ Other _____ *(Describe)*

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, 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

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

INTEREST RATE _____% ☐ None

TERM (Months/Years) _____

SECURITY FOR LOAN
- ☐ None
- ☐ Personal residence
- ☐ Real Property _____ *Street address*

_____ *City*

- ☐ Guarantor _____
- ☐ Other _____ *(Describe)*

Comments: _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

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)
SMITH	DAWN	

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
Bear Valley Community Services District

Division, Board, Department, District, if applicable
~~Board~~ District

Your Position
Public Works Admin Specialist

▶ 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 (Supreme, Appellate, Superior Court), Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- ☐ Multi-County CA
- ☐ County of CA
- ☐ City of TEHACHAPI
- ☒ Other Community Services District

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:*** ____

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
- ☐ **Attachment 700-P** - *Prospective Employment (87200 Filers Only)* – schedule attached

-or- ☒ ***None*** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document) STREET	CITY	STATE	ZIP CODE
28999 S LOWER VALLEY ROAD	TEHACHAPI	CA	93561

DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
(661) 8214428	dsmith@bvcsd.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 03/30/2026 *(month, day, year)*

Signature Dawn Smith
Dawn Smith (Mar 30, 2026 11:22:57 PDT)
(File the originally signed paper statement with your filing official.)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
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A PUBLIC DOCUMENT

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NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Tabor	Claude	A.

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
Bear Valley Community Services District

Division, Board, Department, District, if applicable
Board

Your Position
Vice President

▶ 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 (Supreme, Appellate, Superior Court), Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- ☐ Multi-County _____
- ☐ County of _____
- ☐ City of _____
- ☒ Other Community Services District

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.
- ☐ **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.
- ☐ **Assuming Office:** Date assumed ____/____/_____
- ☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

▶ ***Total number of pages including this cover page:*** _____

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
- ☐ **Attachment 700-P** - *Prospective Employment (87200 Filers Only)* – schedule attached

-or- ☒ ***None*** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document) STREET	CITY	STATE	ZIP CODE
24941 Sunset Way	Tehachapi	Ca	93561

DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
(818) 3245600	claudetabor60@gmail.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 04/04/2026 *(month, day, year)*

Signature Claude A. Tabor Jr. Claude A. Tabor Jr. (Apr 6, 2026 13:13:21 PDT) *(File the originally signed paper statement with your filing official.)*

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
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NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Wiggins	Larry	Jon

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
Bear Valley Community Services District

Division, Board, Department, District, if applicable
~~Board~~ District

Your Position
Genral services supervisor

► 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 (Supreme, Appellate, Superior Court), Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- ☐ Multi-County California
- ☐ County of California
- ☐ City of TEHACHAPI
- ☒ Other Community Services District

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 ____/____/____
- ☐ **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.
- ☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► ***Total number of pages including this cover page:*** _____

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
- ☐ **Attachment 700-P** - *Prospective Employment (87200 Filers Only)* – schedule attached

-or- ☒ ***None*** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document) STREET	CITY	STATE	ZIP CODE
28999 S LOWER VALLEY RD	TEHACHAPI	California	93561

DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
(661) 8098792	lwiggins@bvcsd.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 04 04 2026 *(month, day, year)*

Signature Larry Wiggins
Larry Wiggins (Apr 1, 2026 08:13:02 PDT)
(File the originally signed paper statement with your filing official.)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
WOODS	ERIC	M

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
Bear Valley Community Services District

Division, Board, Department, District, if applicable
Department

Your Position
Administrative Service 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 (Supreme, Appellate, Superior Court), Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- ☐ Multi-County _____
- ☐ County of _____
- ☐ City of _____
- ☒ Other Community Services District

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

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- ☐ **Assuming Office:** Date assumed ____/____/_____
- ☐ **Leaving Office:** Date Left ____/____/_____ *(Check one circle below.)*
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  - ☐ The period covered is ____/____/_____, through the date of leaving office.
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► ***Total number of pages including this cover page:*** _____

Schedules attached

- ☐ **Schedule A-1** - *Investments* – schedule attached
- ☐ **Schedule A-2** - *Investments* – schedule attached
- ☐ **Schedule B** - *Real Property* – schedule attached
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- ☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached
- ☐ **Attachment 700-P** - *Prospective Employment (87200 Filers Only)* – schedule attached

-or- ☒ ***None*** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document) STREET	CITY	STATE	ZIP CODE
28999 South Lower Valley Road	Tehachapi	California	93561

DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
(661) 821-4428	ewoods@bvcsd.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 03/30/2026 *(month, day, year)*

Signature Eric Woods (Mar 30, 2026 11:42:58 PDT) *(File the originally signed paper statement with your filing official.)*