

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

Date Received  
Official Use Only

*A Public Document*

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
Aguilar	Arthur	Joseph	( 323 ) 201-5505	
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE	ZIP CODE
6252 Telegraph Road		Commerce	CA	90040-2512
			OPTIONAL: E-MAIL ADDRESS	

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

Name of Office, Agency, or Court:  
Central Basin Municipal Water District

Division, Board, District, if applicable:

Your Position:  
General Manager

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

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

State

County of Los Angeles

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

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

Other \_\_\_\_\_

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

Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2009.

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

The period covered is January 1, 2009, through the date of leaving office.

-or-

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

Candidate Election Year: \_\_\_\_\_

**4. Schedule Summary**

► Total number of pages including this cover page: 3

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1  Yes – schedule attached  
*Investments (Less than 10% Ownership)*

Schedule A-2  Yes – schedule attached  
*Investments (10% or Greater Ownership)*

Schedule B  Yes – schedule attached  
*Real Property*

Schedule C  Yes – schedule attached  
*Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)*

Schedule D  Yes – schedule attached  
*Income – Gifts*

Schedule E  Yes – schedule attached  
*Income – Gifts – Travel Payments*

-or-

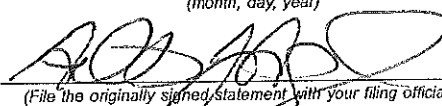
No reportable interests on any schedule

**5. Verification**

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 certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/3/10  
(month, day, year)

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

**SCHEDULE D**  
**Income – Gifts**

▶ NAME OF SOURCE  
 HDR Engineering

ADDRESS (Business Address Acceptable)  
 3230 El Camino Real, Suite 200, Irvine, CA 92602

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Golf - Monarch Golf Course

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 24 / 09	\$ 139.50	Golf Player Fee
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

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

**COVER PAGE**

Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Aguilar		Arthur	Joseph

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

Agency Name  
 Central Basin Municipal Water District

Division, Board, Department, District, if applicable  
 Your Position  
 General Manager

► If filing for multiple positions, list below or on an attachment.

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

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

- |   |  |
|---|--|
| <input type="checkbox"/> State              | <input type="checkbox"/> Judge (Statewide Jurisdiction)          |
| <input type="checkbox"/> Multi-County _____ | <input checked="" type="checkbox"/> County of <u>Los Angeles</u> |
| <input type="checkbox"/> City of _____      | <input type="checkbox"/> Other _____                             |

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

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Annual: The period covered is January 1, 2010, through December 31, 2010.<br>-or-<br>The period covered is ____/____/____, through December 31, 2010. | <input type="checkbox"/> Leaving Office: Date Left ____/____/____<br>(Check one)<br><input type="radio"/> The period covered is January 1, 2010, through the date of leaving office.<br><input type="radio"/> The period covered is ____/____/____, through the date of leaving office. |
| <input type="checkbox"/> Assuming Office: Date ____/____/____   |   |
| <input type="checkbox"/> Candidate: Election Year _____ Office sought, if different than Part 1: _____  |   |

**4. Schedule Summary**

Check applicable schedules or "None."

► Total number of pages including this cover page: 3

- |   |  |
|---|--|
| <input type="checkbox"/> Schedule A-1 - Investments - schedule attached         | <input checked="" type="checkbox"/> Schedule C - Income, Loans, & Business Positions - schedule attached |
| <input type="checkbox"/> Schedule A-2 - Investments - schedule attached         | <input checked="" type="checkbox"/> Schedule D - Income - Gifts - schedule attached                      |
| <input type="checkbox"/> Schedule B - Real Property - schedule attached         | <input type="checkbox"/> Schedule E - Income - Gifts - Travel Payments - schedule attached               |
| -or-<br><input type="checkbox"/> None - No reportable interests on any schedule |  |

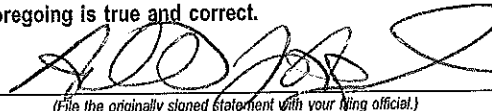
**5. Verification**

MAILING ADDRESS <i>(Business or Agency Address Recommended - Public Document)</i>	STREET	CITY	STATE	ZIP CODE
6252 Telegraph Road		Commerce	CA	90040
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS			
( 323 ) 201-5505	arta@centralbasin.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 03/03/2011  
(month, day, year)

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

**SCHEDULE D**  
**Income – Gifts**

Name  
 Arthur J. Aguilar

▶ NAME OF SOURCE  
HDR Engineering  
 ADDRESS (Business Address Acceptable)  
3230 El Camino Real, Suite 200, Irvine, CA 92602  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
ACWA Fall Conference

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 30 / 10</u>	<u>\$ 75.00</u>	<u>Dinner</u>
<u>12 / 02 / 10</u>	<u>\$ 100.00</u>	<u>Golf</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE  
HDR Engineering  
 ADDRESS (Business Address Acceptable)  
3230 El Camino Real, Suite 200, Irvine, CA 92602  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
CRWUA Conference

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 15 / 10</u>	<u>\$ 45.00</u>	<u>Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE  
Sedgwick, Detert, Moran & Arnold, LLP  
 ADDRESS (Business Address Acceptable)  
Three Park Plaza, 17th Floor, Irvine, CA 92614  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
CRWUA Conference

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 16 / 10</u>	<u>\$ 125.24</u>	<u>Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE  
Pacifica Services  
 ADDRESS (Business Address Acceptable)  
106 South Mentor Avenue, Suite 200, Pasadena, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
ACWA Fall Conference

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 30 / 10</u>	<u>\$ 135.00</u>	<u>Golf</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE  
 \_\_\_\_\_  
 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  
 \_\_\_\_\_  
 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: \_\_\_\_\_

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

Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
	Aguilar	Arthur	Joseph

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

Agency Name  
 Central Basin Municipal Water District

Division, Board, Department, District, if applicable  
 Your Position  
 General Manager

► If filing for multiple positions, list below or on an attachment.

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

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

State  Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County \_\_\_\_\_  County of Los Angeles

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

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

Annual: The period covered is January 1, 2011, through December 31, 2011.

-or-  
 The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2011.

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

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

The period covered is January 1, 2011, through the date of leaving office.

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

Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary**

Check applicable schedules or "None."

► Total number of pages including this cover page: 3

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

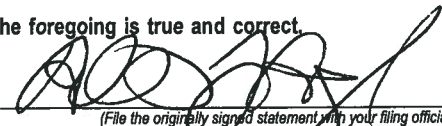
**5. Verification**

MAILING ADDRESS <i>(Business or Agency Address Recommended - Public Document)</i>	STREET	CITY	STATE	ZIP CODE
6252 Telegraph Road	Commerce	CA	90040	
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS (OPTIONAL)			
( 323 ) 201-5505	arta@centralbasin.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 3/5/12  
 (month, day, year)

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

**SCHEDULE D**  
**Income – Gifts**

Name  
Arthur J. Aguilar

▶ NAME OF SOURCE  
HDR Engineering  
 ADDRESS (Business Address Acceptable)  
3230 El Camino Real, Suite 200, Irvine, CA 92602  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
ACWA Fall Conference

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 29 / 11</u>	<u>\$ 84.00</u>	<u>Dinner</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE  
Sedgwick, LLP  
 ADDRESS (Business Address Acceptable)  
3 Park Plaza, 17th Floor, Irvine, CA 92614  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Colorado River Water Users Association Conference

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 14 / 11</u>	<u>\$ 182.49</u>	<u>Dinner</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE  
Willdan Financial Services  
 ADDRESS (Business Address Acceptable)  
27368 Via Industria, Suite 110, Temecula, CA 92590  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 28 / 11</u>	<u>\$ 150.00</u>	<u>Dodgers Ticket</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE  
 \_\_\_\_\_  
 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  
 \_\_\_\_\_  
 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  
 \_\_\_\_\_  
 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: \_\_\_\_\_

**COVER PAGE**

Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
	Aguilar	Arthur	Joseph

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

Agency Name  
 Central Basin Municipal Water District

Division, Board, Department, District, if applicable  
 District

Your Position  
 General Manager

► If filing for multiple positions, list below or on an attachment.

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

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

State  Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County \_\_\_\_\_  County of Los Angeles

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

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

Annual: The period covered is January 1, 2012, through December 31, 2012.

Leaving Office: Date Left 10 / 31 / 2012  
 (Check one)

-or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through  
 The period covered is January 1, 2012, through the date of leaving office.

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**

Check applicable schedules or "None." ► Total number of pages including this cover page: 2

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
<i>(Business or Agency Address Recommended - Public Document)</i>				
6252 Telegraph Road		Commerce	CA	90040
DAYTIME TELEPHONE NUMBER			E-MAIL ADDRESS (OPTIONAL)	
( 323 ) 201-5505				

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 Jan 25 2013  
(month, day, year)

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

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

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name Arthur J. Aguilar

1. INCOME RECEIVED	1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>Central Basin Municipal Water District</u>	NAME OF SOURCE OF INCOME <u>Rebecca Aguilar</u>
ADDRESS (Business Address Acceptable) <u>6252 Telegraph Road Commerce, CA 90040-2512</u>	ADDRESS (Business Address Acceptable) <u>6046 Butterfield Lane, Anaheim, CA 92807</u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Water Wholesaler - Public Agency</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE _____
YOUR BUSINESS POSITION <u>General Manager</u>	YOUR BUSINESS POSITION <u>Retired</u>
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <i>(Real property, car, boat, etc.)</i> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input type="checkbox"/> Other _____ <i>(Describe)</i>	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <i>(Real property, car, boat, etc.)</i> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input checked="" type="checkbox"/> Other <u>CalPERS Retirement</u> <i>(Describe)</i>

**2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from commercial lending institutions, 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* _____	INTEREST RATE _____ % <input type="checkbox"/> None	TERM (Months/Years) _____
ADDRESS (Business Address Acceptable) _____	SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence	
BUSINESS ACTIVITY, IF ANY, OF LENDER _____	<input type="checkbox"/> Real Property _____ <i>Street address</i>	_____
HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	_____	_____
	<input type="checkbox"/> Guarantor _____	_____
	<input type="checkbox"/> Other _____ <i>(Describe)</i>	_____

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