CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received
Official Use Only

Filed Date: 06/06/2019 12:40 PM
SAN: 041100024-STL-0024

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
McVicker	Robert	R.

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
Municipal Water District of Orange County

Division, Board, Department, District, if applicable: Division 3

Your Position: Board Member

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

Agency: _____ Position: _____

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

- ☐ State
- ☐ Multi-County _____
- ☐ City of _____
- ☐ Judge 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, 2018, through December 31, 2018.

-or-

The period covered is ____/____/_____, through December 31, 2018.

☒ **Assuming Office:** Date assumed 06 / 05 / 2019

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

○ The period covered is January 1, 2018, 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 (must complete) ► *Total number of pages including this cover page:* 1

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 (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
P.O. Box 20895	Fountain Valley	CA	92728-0895

DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
(714) 963-3058	h2oengr53@verizon.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 06/06/2019 12:40 PM
(month, day, year)

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