

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT

Filed Date: 02/03/2023 09:51 AM  
SAN: 041100024-STL-0024

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Seckel Karl W.

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 4 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  Judge, Retired Judge, Pro Tem 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, 2022, through December 31, 2022.  Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
-or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through (Check one circle.)  
 Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_\_.  The period covered is January 1, 2022, 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: 5

Schedules attached

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  
(Business or Agency Address Recommended - Public Document)  
18700 Ward Street Fountain Valley CA 92708  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 714 ) 593-5036

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 02/03/2023 09:51 AM  
(month, day, year)

Signature Karl W. Seckel  
(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.

Name

Karl Seckel

▶ NAME OF BUSINESS ENTITY  
Merrill Lynch Wealth Management

GENERAL DESCRIPTION OF THIS BUSINESS  
Investment Funds

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 IRA, Mutual Funds  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
     /      / 22           /      / 22  
 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:  
     /      / 22           /      / 22  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Edwards Life Sciences

GENERAL DESCRIPTION OF THIS BUSINESS  
Medical equipment

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:  
01 / 15 / 22           /      / 22  
 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:  
     /      / 22           /      / 22  
 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:  
     /      / 22           /      / 22  
 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:  
     /      / 22           /      / 22  
 ACQUIRED                      DISPOSED

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

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

Name  
**Karl Seckel**

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
1961 Aliso Ave

CITY  
Costa Mesa

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000      \_\_\_\_\_/\_\_\_\_\_/22      \_\_\_\_\_/\_\_\_\_\_/22  
 \$10,001 - \$100,000      \_\_\_\_\_/\_\_\_\_\_/22      \_\_\_\_\_/\_\_\_\_\_/22  
 \$100,001 - \$1,000,000      ACQUIRED      DISPOSED  
 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      \_\_\_\_\_/\_\_\_\_\_/22      \_\_\_\_\_/\_\_\_\_\_/22  
 \$10,001 - \$100,000      \_\_\_\_\_/\_\_\_\_\_/22      \_\_\_\_\_/\_\_\_\_\_/22  
 \$100,001 - \$1,000,000      ACQUIRED      DISPOSED  
 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 a commercial lending institution 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: Residence

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

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name Karl Seckel

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Stussy

ADDRESS (Business Address Acceptable)  
17426 Daimler Ave, Irvine, 92614

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Clothing manufacturing

YOUR BUSINESS POSITION  
Income from wife's employment

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)

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*	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)		
_____		
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> Real Property _____	_____
<input type="checkbox"/> \$500 - \$1,000	Street address	
<input type="checkbox"/> \$1,001 - \$10,000	_____	_____
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Guarantor _____	City
<input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Other _____	
	(Describe)	

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

**SCHEDULE D**  
**Income – Gifts**

Name  
 Karl Seckel

▶ NAME OF SOURCE *(Not an Acronym)*  
 Best, Best & Kreiger, Attorneys

ADDRESS *(Business Address Acceptable)*  
 2855 E. Guasti Road, Suite 400, Ontario, CA 91761

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 15 / 22	\$ 37.32	Drinks at speakers' dinner function OC Water Summit
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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: \_\_\_\_\_