

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Filed Date: 02/08/2024 04:46 PM
SAN: 041100024-STL-0024

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
De La Torre Harvey

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
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, 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 ____/____/____ (Check one circle.)
- or- The period covered is ____/____/____, through December 31, 2022. The period covered is January 1, 2022, through the date of leaving office.
- Assuming Office: Date assumed 12 / 06 / 2023 -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 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 02/08/2024 04:46 PM Signature Harvey De La Torre
(month, day, year) (File the originally signed paper statement with your filing official.)

**SCHEDULE D
Income – Gifts**

Name

Harvey De La Torre

▶ NAME OF SOURCE *(Not an Acronym)*
Dopudja & Wells Consulting, Inc.
 ADDRESS *(Business Address Acceptable)*
6789 Quail Hill Parkway, #421 Irvine, CA 92603
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Water Policy & Engineering Consultants

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 06 / 23</u>	<u>\$ 55</u>	<u>See's Candy</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*

 ADDRESS *(Business Address Acceptable)*

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
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Comments: _____