

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Filed Date: 06/02/2025 03:51 PM
SAN: 072400521-STH-0521

Please type or print in ink.

NAME OF FILER (LAST) Burns (FIRST) Gary (MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Las Virgenes Municipal Water District

Division, Board, Department, District, if applicable

Your Position

Board of Directors

► 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 _____
- City of _____ Other District

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

- Annual: The period covered is January 1, 2024, through December 31, 2024. Leaving Office: Date Left ____/____/____ (Check one circle below.)
- or- The period covered is ____/____/____, through December 31, 2024. The period covered is January 1, 2024, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____ -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)
4232 Las Virgenes Road Calabasas CA 91302
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(818) 251-2122 garyburns4lvmwd@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 06/02/2025 03:51 PM
(month, day, year)

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

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*
Best Best and Krieger
 ADDRESS *(Business Address Acceptable)*
2855 E. Guasti Road, Suite 400, Ontario, CA 91761
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Attorneys

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 04 / 24</u>	<u>\$ 130.44</u>	<u>Dinner</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>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Albert A Webb Associates
 ADDRESS *(Business Address Acceptable)*
3788 McCray St., Riverside CA 92506
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Engineers

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 04 / 24</u>	<u>\$ 130.44</u>	<u>Dinner</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>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Aleshire and Wynder
 ADDRESS *(Business Address Acceptable)*
1 Park Place, Ste 1000, Irvine CA 92614
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Attorney

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 03 / 24</u>	<u>\$ 256.72</u>	<u>Dinner</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>
<u> / / </u>	<u>\$ </u>	<u> </u>
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Comments: _____