

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or print in ink.

	заѕе туре от ринт ин инк.						
NAME OF FILER (LAST)		(FIRST)			(MIDDLE)		
Di	avis		Darel		\	/	
1.	Office, Agency, or Cou	rt					
	Agency Name (Do not use acronyms)						
	Crestline Village Water District						
	Division, Board, Department, Di	ivision, Board, Department, District, if applicable		Your Position			
	Board of Directors			President			
If filing for multiple positions, list below or on an attachment. (Do not use according)							
▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)							
	Agency:			Position:			
2.	Jurisdiction of Office	risdiction of Office (Check at least one box)					
	State		☐ Judge or Court Commissioner (Statewide Jurisdiction)			tatewide Jurisdiction)	
	Multi-County						
	City of						
				U Otner			
3. Type of Statement (Check at least one box)							
	✓ Annual: The period cover	ed is January 1, 2013, thr	ouah	Leaving Office:	Date Left		
	December 31, 2013.			(Check one)			
	-or- The period cover	ed is/	, through	○ The period c	overed is Janua	ry 1, 2013, through the date of	
	December 31, 20		3	leaving office).		
Assuming Office: Date assumed/				○ The period covered is/, through			
the date of leaving of					eaving office.		
	Candidate: Election year and office sought, if different than Part 1:						
4.	Schedule Summary						
٠.	Check applicable schedules or "None." □ Schedule A-1 - Investments – schedule attached □ Schedule A-2 - Investments – schedule attached □ Schedule B - Real Property – schedule attached □ Schedule E - Income – Gifts – schedule attached □ Schedule E - Income – Gifts – Travel Payments – schedule attached □ Schedule E - Income – Gifts – Travel Payments – schedule attached □ Schedule E - Income – Gifts – Travel Payments – schedule attached □ Schedule E - Income – Gifts – Travel Payments – schedule attached □ Schedule E - Income – Gifts – Travel Payments – schedule attached						
	<u> </u>						
Э.	Verification MAILING ADDRESS STI	REET	CITY		STATE	ZIP CODE	
	(Business or Agency Address Recomme		CITT		SIAIE	ZIP CODE	
	PO Box 3347		Crestline		CA	923253347	
	DAYTIME TELEPHONE NUMBER			E-MAIL ADDRESS (OPTIONAL)			
	909) 338-1727						
	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information containe 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 Signature						
(month, day, year) (File the originally signed state					originally signed staten	nent with your filing official.)	