

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**  
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Locke, Stephanie			

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

COUNTY OF MONTEREY

Division, Board, Department, District, if applicable

Your Position

Monterey Peninsula Water Management District

Water Demand Manager

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

Agency: \*SEE ATTACHED FOR ADDITIONAL POSITIONS

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 Monterey City of Carmel-by-the-Sea Other Special District**3. Type of Statement (Check at least one box)** **Annual:** The period covered is January 1, 2021 through  
December 31, 2021. **Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one circle)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through  
December 31, 2021. The period covered is January 1, 2021 through the date of  
leaving office. **Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_ 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: 3****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
<i>(Business or Agency Address Recommended - Public Document)</i>				
5 Harris Ct. Building G		Monterey	CA	93940
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS		
( 831 ) 658-5630		locke@mpwmd.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 03/17/2022  
 (month, day, year)

 Signature Stephanie Locke  
 (File the originally signed paper statement with your filing official.)

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**  
**Expanded Statement Attachment**

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Stephanie Locke

\* This table lists all positions including the primary position listed in the Office, Agency, or Court section of the Cover Page.

Agency	Div/Board/Dept/District	Position	Type of Statement	SAN #
City of Carmel-by-the-Sea	Planning Commission	Commissioner	Annual 1/1/2021 - 12/31/2021	01400073-NFH-0073
COUNTY OF MONTEREY	Monterey Peninsula Water Management District	Water Demand Manager	Annual 1/1/2021 - 12/31/2021	01400073-NFH-0073

**SCHEDULE D**  
**Income – Gifts**

▶ NAME OF SOURCE (Not an Acronym)  
 Steve Dallas  
 ADDRESS (Business Address Acceptable)  
 PO Box 663  
 Carmel, CA 93921  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 29 / 21	\$ 90.00	Airshow Ticket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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: \_\_\_\_\_