

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE**
A PUBLIC DOCUMENT



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Coradeschi Richard A

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Las Virgenes - Triunfo Joint Powers Authority

Division, Board, Department, District, if applicable

Board of Directors

Your Position

Director - Las Virgenes

► 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 Los Angeles/Ventura

County of _____

City of _____

Other _____

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

Annual: The period covered is January 1, 2023, through
December 31, 2023.

Leaving Office: Date Left ____/____/_____
(Check one circle.)

-or-

The period covered is ____/____/_____, through
December 31, 2023.

The period covered is January 1, 2023, through the date
of leaving office.

-or-

Assuming Office: Date assumed ____/____/_____
and office sought, if different than Part 1: _____

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: 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

(Business or Agency Address Recommended - Public Document)

4232 Las Virgenes Road

Calabasas

CA

91302

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

(818) 251-2100

acoradeschi@lvmwd.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 3/20/24
(month, day, year)

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

**SCHEDULE D
Income – Gifts**

CALIFORNIA FORM 700	
FAIR POLITICAL PRACTICES COMMISSION	
Name	
Richard Coradeschi	

▶ NAME OF SOURCE (Not an Acronym)
Aleshire & Wynder LLP

ADDRESS (Business Address Acceptable)
2659 Townsgate Rd., Suite 226, Westlake Village CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Attorney

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 9 / 23	\$ 263.68	dinner
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)
Best Best & Krieger LLP

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Attorney

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 29 / 23	\$ 61.88	dinner
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)
Metropolitan Water District of Southern California

ADDRESS (Business Address Acceptable)
700 North Alameda Street, Los Angeles, CA 90012

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Water Supplier

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 6 / 23	\$ 11.37	Hat, journal, pen, pin
5 / 17 / 23	\$ 11.50	Hat, journal, pen, pin
9 / 8 / 23	\$ 11.50	Hat, journal, pen, pin

▶ 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)
Metropolitan Water District of Southern California

ADDRESS (Business Address Acceptable)
700 North Alameda Street, Los Angeles, CA 90012

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Water Supplier

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 1 / 23	\$ 11.50	Hat, journal, pen, pin
	\$	
	\$	

▶ 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: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
 Richard Coradeschi

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)
 Metropolitan Water District of Southern California

ADDRESS (Business Address Acceptable)
 700 North Alameda Street

CITY AND STATE
 Los Angeles, CA 90012

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Water Supplier

DATE(S): 1/6/23 - 1/9/23 AMT: \$ 521.11
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description Travel, meals, lodging

▶ If Gift, Provide Travel Destination Hoover Dam/Colorado River Aqueduct

▶ NAME OF SOURCE (Not an Acronym)
 Metropolitan Water District of Southern California

ADDRESS (Business Address Acceptable)
 700 North Alameda Street

CITY AND STATE
 Los Angeles, CA 90012

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Water Supplier

DATE(S): 5/17/23 - 5/17/23 AMT: \$ 30.04
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description Food and beverage

▶ If Gift, Provide Travel Destination Jensen Treatment Plant, Pure Water SoCal, Venice PCS

▶ NAME OF SOURCE (Not an Acronym)
 Metropolitan Water District of Southern California

ADDRESS (Business Address Acceptable)
 700 North Alameda Street

CITY AND STATE
 Los Angeles, CA 90012

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 9/8/23 - 9/12/23 AMT: \$ 953.54
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description Travel, meals, lodging

▶ If Gift, Provide Travel Destination State Water Project Inspection Trip

▶ NAME OF SOURCE (Not an Acronym)
 Metropolitan Water District of Southern California

ADDRESS (Business Address Acceptable)
 700 North Alameda Street

CITY AND STATE
 Los Angeles, CA 90012

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 11/1/23 - 11/1/23 AMT: \$ 35.14
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description Food and beverage

▶ If Gift, Provide Travel Destination Santa Rosa Plateau/ Diamond Valley Lake Inspection Trip

Comments: _____