CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received

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Please type or print in ink.						
NAME OF FILER (LAST)	(FIRST)	*		(MIDDLE)		
RENTERIA	MONIC	A				
1. Office, Agency, or C	Court					
Agency Name (Do not use	acronyms)					
WINTERHAVEN WA	TER DISTRICT					
Division, Board, Departmen	t, District, if applicable		Your Pos	ition		
BOARD			VICE	PRESIDENT		
▶ If filing for multiple posit	ions, list below or on an attachment	(Do not use acro	onyms)		7	
Agency:			_ Position:			
2. Jurisdiction of Offi	Ce (Check at least one box)					
State	State		Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)			
Multi-County			County of			
			Other	SPECIAL DISTRIC	T	
3. Type of Statement	(Check at least one box)					
December 3	overed is January 1 2023through		Leavir	ng Office: Date Left (Check on	ne circle.)	
-or- The period of December 3	covered is	, through	_	e period covered is Janua ving office.	ary 1, 2021, through the date of	
Assuming Office: Da		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 Schedules attache	• •	al number of p	ages inc	luding this cover pa	age:	
Cabadula Calarana Japana Projitinga - pohodula attac						
Schedule A-1 - Investments - 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			
Tollegale Danes	7 roporty Somedare dissorted					
-or- No reportable interests on any schedule						
5. Verification						
MAILING ADDRESS (Business or Agency Address Red	STREET	CITY		STATE	ZIP CODE	
PO BOX 787/494 S	-	WINTERH	AVEN	CA	92283	
DAYTIME TELEPHONE NUMBER			IL ADDRESS			
(760) 550-2068 WHAVENCA@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	1/18/2023	Signa	ture	W 2		
	(month, day, year)			(File the originally signed paper s	datement with your filing official.)	