CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received

A PUBLIC DOCUMENT

Please type or print in ink.						
NA	ME OF FILER (LAST)	(FIRST)		(MIDDLE)		
R	ENTERIA	CLAUDIA				
1.	Office, Agency, or Court			***		
	Agency Name (Do not use acronyms)					
	WINTERHAVEN WATER DISTRICT					
	Division, Board, Department, District, if applicable		Your Position			
	BOARD		DIRECTOR		E	
	▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)					
	Agency:		Position:		The second secon	
-	Jurisdiction of Office (Check at least one box)					
4.		ie box)				
	State		Judge, Retired J (Statewide Jurisd		lge, or Court Commissioner	
	Multi-County		County of			
	☐ City of		Other SPECI	AL DISTRICT		
3.	Type of Statement (Check at least one box)					
	Annual: The period covered is January 1 20 December 31 202-3		Leaving Office	: Date Left (Check one	J circle.)	
	The period covered is/	, through	The period leaving office -or-		1, 2021, through the date of	
	Assuming Office: Date assumed/_		_ :	covered is leaving office.	, through	
	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:					
1	Schedules attached					
ı	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 at				ments - schedule attached	
-Or- No reportable interests on any schedule						
5.	. Verification					
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Documen	CITY ()		STATE	ZIP CODE	
	PO BOX 787/494 SECOND AVE		RHAVEN	CA	92283	
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS			
	(760) 550-2068 WHAVENCA@GMAIL.COM					
	have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained erein and in any attached schedules is true and complete. I acknowledge this is a public document.					
	I certify under penalty of perjury under the law	certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
	Data Signed 1/18/2023 Signature					
	Date Signed 1/10/2023 (month, day, year)	S	ignature (File the	originally signed paper state	ement with your filing official.)	
	1					