

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

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Ple	ase type or print in ink.						
IAN	ME OF FILER (LAST)	(FIRST)		(MIDDLE	E)		
No	orton	Kenneth		Way	ne		
	Office, Agency, or Court						
	Agency Name (Do not use acronyms)						
	Aromas Water District						
	vision, Board, Department, District, if applicable		You	Your Position			
	Board of Directors		Di	rector			
	► If filing for multiple positions, list below of	ultiple positions, list below or on an attachment. (Do not use ac			acronyms)		
	Agency:		Po	sition:			
2.	Jurisdiction of Office (Check at least one box)						
	State	,		Judge, Retired Judge, Pro Tem Judge, or Court Commissioner			
				(Statewide Jurisdiction)			
	Multi-County San Benito		C	ounty of			
	City of						
2							
3.	,			and a Office Data Laft	1		
	Annual: The period covered is Janua December 31, 2023.	ry 1, 2023, through		.eaving Office: Date Left . (Chec	k one circle.)		
	The period covered is 01 December 31, 2023.	<u></u>		The period covered is January of leaving office.	anuary 1, 2023, through t	he date	
	Assuming Office: Date assumed			The period covered is the date of leaving office		, through	
	Candidate: Date of Election and office sought, if different than Part 1:						
÷.	Schedule Summary (required) Total number of pages including this cover page: Schedules attached						
	Schedule A-1 - Investments – schedule attached Schedule C - Income, Loans, & Business Positions – schedule attached					ule attached	
	Schedule A-2 - Investments — schedule attached Schedule D - Income — Gifts — schedule attached						
	Schedule B - Real Property - sche	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 (Business or Agency Address Recommended - Public I	CITY Document)		STATE	ZIP CODE		
	398 Seely Ave	Aron	nas	CA	95004		
	DAYTIME TELEPHONE NUMBER		EMAIL ADDI	RESS			
	(831) 227-3530						
	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 laws of the State of California that the foregoing is true and correct.						
	V (IIA) Att						
	Date Signed 04/01/2024 (month, day, year)		Signature _	(File the originally signed pa	aper statement with your filing officia	il.)	
	(month, day, your)			, ogo. po	, , , , , , , , , , , , , , , , , , , ,		