CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received
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Ple	ease type or prii	nt in ink.				
NAI	ME OF FILER (LAS	ST) (FIRST)	(MIDDLE)		
Ca	apron	Seth	1	Thompson	n ·	
1.	Office, Ager	office, Agency, or Court				
Agency Name (Do not use acronyms) Aromas Water District						
	Division, Board,	Department, District, if applicable		Your Position		
	Board of Dir	ectors		Directors		
▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)						
I mility to manaple positions, for solution of our air accomment. (See Not see accomplise)						
	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	San Benito and Monterey Cour	nties	County of		
		. 4		Other		
3. Type of Statement (Check at least one box)						
	D	he period covered is January 1, 2023, threecember 31, 2023.	ough	Leaving Office: Date Left(Check one of		
		he period covered is//_ecember 31, 2023.	, through	The period covered is January of leaving office.	1, 2023, through the 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:					X X	
A						
4.		Schedule Summary (required) Total number of pages including this cover page: Schedules attached				
				Schedule C - Income, Loans, & Business	Positions — schedule attached	
		e A-1 - Investments - schedule attached e A-2 - Investments - schedule attached		Schedule D - Income - Gifts - schedule a		
			L	Schedule E - Income - Gifts - Travel Payr		
	Ochedul	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		CITY	STATE	ZIP CODE	
	(Business or Agency 388 Blohm	Address Recommended - Public Document)	Aromas	CA	95004	
	DAYTIME TELEPHO		711011100	EMAIL ADDRESS		
	(831) 72	6-3155	e e	awdcapron@gmail.com		
	I have used all r	e used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained in any attached schedules is true and complete. I acknowledge this is a public document.				
		certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
Date Signed March 12, 2024 Signature				gnature		
		(month, day, year)	_	(File the originally signed paper statem	nent with your filing official.)	