

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)		
Powers	Timothy		Wayne		
1. Office, Agency, or Court					
Agency Name (Do not use acronyms)				_	
Aromas Water District					
Division, Board, Department, District, if app	olicable	Your Po	sition		
Boay	Director				
► If filing for multiple positions, list below	or on an attachment. (Do not	use acronyms)			
Agency:	ency:		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		County of			
City of Aromas					
3. Type of Statement (Check at leas	st one box)				
Annual: The period covered is Janua December 31, 2023.	ary 1, 2023, through	Leav	ing Office: Date Left/_ (Check one circl		
The period covered is December 31, 2023.	/, through	•	he period covered is January 1, 2 fleaving office.	2023, through the date	
Assuming Office: Date assumed		□ T	he period covered is/ e date of leaving office.	/, through	
Candidate: Date of Election	and office soug	ht, if different than	Part 1:		
4. Schedule Summary (required)	► Total numb	er of pages in	cluding this cover page:		
Schedules attached					
Schedule A-1 - Investments – sch	edule attached	Schedule C -	Income, Loans, & Business Pos	itions - schedule attached	
Schedule A-2 - Investments – schedule attached Schedule D - Income – Gifts – schedule attached					
Schedule B - Real Property – sch	edule attached	Schedule E -	Income – Gifts – Travel Paymen	nts – schedule attached	
-or- None - No reportable inter	rests on any schedule				
5. Verification	osto on any concurre				
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public	CITY		STATE	ZIP CODE	
1159 Carr Ave	Aron	nas	California	95004	
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS			
(831) 713-7737		timothypov	werspowers@gmail.com		
I have used all reasonable diligence in pre herein and in any attached schedules is tr				dge the information contained	
I certify under penalty of perjury under		•			
Date Signed 3/26/2024		Signature	JV V		
(month, day, year)		Jigilatule	(File the originally signed paper statement v	with your filing official.)	