

STATEMENT OF ECONOMIC INTERESTS

 Date Initial Filing Received
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COVER PAGE

1327939

Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Pakpour, Joubin			

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

SAN MATEO COUNTY

Division, Board, Department, District, if applicable

Mid Peninsula Water District

Your Position

District Engineer

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)☐ State☐ Multi-County _____☐ City of _____☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)☒ County of San Mateo☐ Other _____**3. Type of Statement (Check at least one box)**☒ **Annual:** The period covered is January 1, 2020 through
December 31, 2020

-or-

The period covered is ____/____/____, through
December 31, 2020☐ **Assuming Office:** Date assumed ____/____/____☐ **Leaving Office:** Date Left ____/____/____
(Check one circle)☐ The period covered is January 1, 2020 through the date of
leaving office.☐ 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 (must complete)**► Total number of pages including this cover page: 4**Schedules attached**☒ **Schedule A-1 - Investments** – schedule attached☒ **Schedule A-2 - Investments** – schedule attached☐ **Schedule B - Real Property** – schedule attached☒ **Schedule C - Income, Loans, & Business Positions** – schedule attached☐ **Schedule D - Income – Gifts** – schedule attached☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or-

☐ **None - No reportable interests on any schedule****5. Verification**

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document)				
3 Dairy Ln		Belmont	CA	94002
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS		
(650) 591-8941		jpakpour@pcgengr.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 01/07/2021
 (month, day, year)

 Signature Joubin Pakpour
 (File the originally signed paper statement with your filing official.)

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM	700
FAIR POLITICAL PRACTICES COMMISSION	
Name	
Pakpour, Joubin	

▶ 1. BUSINESS ENTITY OR TRUST

Pakpour Consulting Group, Inc.

Name
5776 Stoneridge Mall Rd. Suite 320
Pleasanton, CA 94588

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS

Consulting Civil Engineers

FAIR MARKET VALUE**IF APPLICABLE, LIST DATE:**☐ \$0 - \$1,999☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☒ \$100,001 - \$1,000,000☐ Over \$1,000,000

____/____/20 ____/____/20
ACQUIRED DISPOSED

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☒ Majority Shareholder
Other
YOUR BUSINESS POSITION President**▶ 1. BUSINESS ENTITY OR TRUST**

Name

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS**FAIR MARKET VALUE****IF APPLICABLE, LIST DATE:**☐ \$0 - \$1,999☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☐ Over \$1,000,000

____/____/20 ____/____/20
ACQUIRED DISPOSED

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☐ Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)☐ \$0 - \$499☐ \$10,001 - \$100,000☐ \$500 - \$1,000☒ OVER \$100,000☐ \$1,001 - \$10,000**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**☐ \$0 - \$499☐ \$10,001 - \$100,000☐ \$500 - \$1,000☐ OVER \$100,000☐ \$1,001 - \$10,000**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE** (Attach a separate sheet if necessary.)
☐ None or ☒ Names listed below
Pakpour Consulting Group, Inc.
▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
☐ None or ☐ Names listed below
▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE**IF APPLICABLE, LIST DATE:**☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☐ Over \$1,000,000

____/____/20 ____/____/20
ACQUIRED DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____
Yrs. remaining

☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached
▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE**IF APPLICABLE, LIST DATE:**☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☐ Over \$1,000,000

____/____/20 ____/____/20
ACQUIRED DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____
Yrs. remaining

☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Pakpour, Joubin
▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME
Pakpour Consulting Group, Inc.
ADDRESS (Business Address Acceptable)
5776 Stoneridge Mall Rd. Suite 320
Pleasanton, CA 94588
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Consulting Civil Engineers
YOUR BUSINESS POSITION
President
GROSS INCOME RECEIVED ☐ No Income - Business Position Only

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☒ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☒ Salary ☐ Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)

☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

(Describe)

☐ Other _____
(Describe)

▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION
GROSS INCOME RECEIVED ☐ No Income - Business Position Only

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☐ Salary ☐ Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)

☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

(Describe)

☐ Other _____
(Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*
ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER
HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

INTEREST RATE

_____% ☐ None

TERM (Months/Years)
SECURITY FOR LOAN
☐ None

☐ Personal residence

☐ Real Property _____
Street address

City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____