CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

1376169

Please type or print in ink.				
NAME OF FILER (LAST)	(FIRST) (MIDDLE)			
SCHMIDT, BRIAN				
1. Office, Agency, or Court				
Agency Name (Do not use acronyms)				
San Mateo County				
Division, Board, Department, District, if applicable	Your Position			
Mid Peninsula Water District	Director			
▶ If filing for multiple positions, list below or on an attachment. (Do n				
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	•			
City of				
2. Type of Statement (Check at least are head				
3. Type of Statement (Check at least one box)				
Annual: The period covered is January 1, 2020 through December 31, 2020	Leaving Office: Date Left/(Check one circle)			
-or- The period covered is/, through	○ The period covered is January 1, 2020 through the date of			
December 31, 2020	leaving office.			
Assuming Office: Date assumed	The period covered is/, through the date of leaving office.			
Candidate:Date of Election and office sough	pht, if different than Part 1:			
4. Calcadula Cumanami (must a amulata)				
 Schedule Summary (must complete)	ber of pages including this cover page:3			
	_			
▼ Schedule A-1 - Investments – schedule attached	X 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 attached			
-or-				
☐ None - No reportable interests on any schedule				
5. Verification				
MAILING ADDRESS STREET CI (Business or Agency Address Recommended - Public Document)	ITY STATE ZIP CODE			
	Belmont CA 94002			
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS			
(650) 591-8941	bschmidt@midpeninsulawater.org			
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information 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 C	California that the foregoing is true and correct.			
D.4. C	Other Access DDTAN COUNTRY			
Date Signed 03/31/2021 (month, day, year)	Signature BRIAN SCHMIDT (File the originally signed paper statement with your filing official.)			

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION		
Name		
SCHMIDT, BRIAN		

	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY	
	Johnson & Johnson		
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS	
	Diversified pharmaceutical		
	FAIR MARKET VALUE	FAIR MARKET VALUE	
	\$2,000 - \$10,000 \textbf{X} \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000	
	\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000	
	NATURE OF INVESTMENT	NATURE OF INVESTMENT	
	X Stock Other	Stock Other	
	(Describe) Partnership Oncome Received of \$0 - \$499 Oncome Received of \$500 or More (Report on Schedule C)	(Describe) ☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Repo	rt on Schedule C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:	
	/ /20 / /20	, , 20 , , 20	
	ACQUIRED DISPOSED	ACQUIRED DISPOSED	
_	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY	
	TWINE OF BOOMESO ENTITY	P IVANIE OF BOOKESO ENTITY	
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS	
	FAIR MARKET VALUE	FAIR MARKET VALUE	
	\$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000	
	S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000	
	NATURE OF INVESTMENT	NATURE OF INVESTMENT	
	Stock Other (Describe)	Stock Other (Describe)	
	Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499	
	○ Income Received of \$500 or More (Report on Schedule C)	○ Income Received of \$500 or More (Repo	rt on Schedule C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:	
	, , 20 , , 20	/ /20 / /20	
	ACQUIRED DISPOSED	ACQUIRED DISPOSED	
_	7.0201.25		
•	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY	
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS	
	GENERAL DESCRIPTION OF THIS BOOMESS	GENERAL DECORN FION OF THIS BOSINESS	
	FAIR MARKET VALUE	FAIR MARKET VALUE	
	\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000	
	\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000	
	NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other	
	(Describe)	(Describe)	<u></u>
	☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)	☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Repo	rt on Schedule C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:	
	, , 20 , , 20	, , 20 , , 20	
	ACQUIRED DISPOSED	ACQUIRED DISPOSED	
	'		
_	ammants:		

SCHEDULE C Income, Loans, & Business **Positions**(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION		
Name		
SCHMIDT, BRIAN		

1. INCOME RECEIVED	► 1. INCOME RECEIVED	
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME	
Mid-Peninsula Water District	Green Foothills ADDRESS (Business Address Acceptable)	
ADDRESS (Business Address Acceptable)		
3 Dairy Lane	3921 E Bayshore Rd	
Belmont, CA 94002 BUSINESS ACTIVITY, IF ANY, OF SOURCE	Palo Alto, CA 94303 BUSINESS ACTIVITY, IF ANY, OF SOURCE	
water utility	Environmental Non-Profit	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION	
Director	Interim Legislative Advocate	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position O	
\$500 - \$1,000 \times \text{\$1,000}	\$500 - \$1,000 \$1,000	
\$10,001 - \$100,000 OVER \$100,000	X \$10,001 - \$100,000 OVER \$100,000	
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED	
X Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	☐ 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.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	
Sale of	Sale of	
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)	
Loan repayment	Loan repayment	
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more	
(Describe)	(Describe)	
_		
Other(Describe)	Other(Describe)	
a retail installment or credit card transaction, made in the	lending institution, or any indebtedness created as part of ne lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's s:	
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)	
	%	
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN	
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence	
	Real Property	
HIGHEST BALANCE DURING REPORTING PERIOD	Street address	
<u>\$500 - \$1,000</u>	City	
\$1,001 - \$10,000		
\$10,001 - \$100,000	Guarantor	
OVER \$100,000		
	Other	
	Other(Describe)	
Comments:	Other(Describe)	