CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
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Filed Date: 03/16/2026 05:16 PM
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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Seckel	Karl	

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*

Metropolitan Water District of Southern California

Division, Board, Department, District, if applicable

Your Position

Members of the Board of Directors

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

Agency: SEE ATTACHED LIST Position:

2. Jurisdiction of Office *(Check at least one box)*

- ☐ State
- ☒ Multi-County SEE ATTACHED
- ☐ City of
- ☐ Judge (Supreme, Appellate, Superior Court), Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- ☐ County of
- ☐ Other

3. Type of Statement *(Check at least one box)*

- ☒ **Annual:** The period covered is January 1, 2025, through December 31, 2025.
  -or-
  The period covered is _____/_____/_____, through December 31, 2025.
- ☐ **Assuming Office:** Date assumed _____/_____/_____
- ☐ **Leaving Office:** Date Left _____/_____/_____ *(Check one circle below.)*
  - ◯ The period covered is January 1, 2025, through the date of leaving office.
  - **-or-**
  - ◯ 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 (required)

► ***Total number of pages including this cover page:*** 3

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
- ☐ **Attachment 700-P -** *Prospective Employment (87200 Filers Only)* – schedule attached

-or- ☐ ***None*** **-** *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document)	STREET	CITY	STATE	ZIP CODE
[redacted]				

DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
[redacted]	[redacted]

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 03/16/2026 05:16 PM *(month, day, year)*

Signature [redacted] *(File the originally signed paper statement with your filing official.)*

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE ATTACHMENT

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Karl Seckel

EXPANDED STATEMENT LIST

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
County of Orange - Municipal Water District of Orange County		Board Member / 87200 Filer	Other Municipal Water District of Orange County	Annual	01/01/25 - 12/31/25

DESCRIPTION OF JURISDICTION

Agency: Metropolitan Water District of Southern California

Jurisdiction Type: Multi-county

Description: Los Angeles, Orange, Riverside, San Bernardino, San Diego, Ventura

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
Karl Seckel

► NAME OF BUSINESS ENTITY
Edwards Life Sciences

GENERAL DESCRIPTION OF THIS BUSINESS
Medical equipment

FAIR MARKET VALUE
☒ $2,000 - $10,000 ☐ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
__/__/ 25 ACQUIRED 04 / 15 / 25 DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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☐ $100,001 - $1,000,000 ☐ Over $1,000,000

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IF APPLICABLE, LIST DATE:
__/__/ 25 ACQUIRED __/__/ 25 DISPOSED

Comments: In prior years, I "over-reported" Merrill Lynch Investments which are not required to be reported