FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Rossi Michael J			Date of Event Retement (Month/) /01/2005		3. Issuer Name and Ticker or Trading Symbol CALIFORNIA WATER SERVICE GROUP [cwt]							
GROUP	(First) NIA WATER S FIRST STREE					onship of Reporting Person(s all applicable) Director Officer (give title below) Vice Preside	10% Owner Other (spec below)	ify	(Monti	th/Day/Year) lividual or Joint/Cable Line) Form filed by	e of Original Filed Group Filing (Check One Reporting Person More than One Reporting	
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)				2. Amount of Securities Beneficially Owned (Instr. 4)				Nature of Indirect Beneficial Ownership (Instr. 5)				
California Water Service Group						297.2	I		401-K			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4)		2. Date Exercisable and Expiration Date (Month/Day/Year)		d 3. Title and Amount of Securities Derivative Security (Instr. 4)		Amount	4. Convers or Exerc Price of Derivati	sion fi cise (I ve (5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiration Date	Title		or Number of Shares	Security	ity			

Explanation of Responses:

<u>Dan L. Stockton for Michael J.</u> <u>Rossi</u>

10/04/2005

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.

 $^{^{\}star}$ If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

^{**} Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).