

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE



Please type or print in ink.

### A PUBLIC DOCUMENT

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Bracco	Marc	Andrew-Davis
1. Office, Agency, or Court		
Agency Name (Do not use acronyms) San Bernardino County Employees' Retir	ement Association	n
Division, Board, Department, District, if applicable		Your Position
Division, board, bepartment, bistriot, il applicable		Trustee - Safety
▶ If filing for multiple positions, list below or on an atta	achment. (Do not use	acronyms)
Agency:		Position:
2. Jurisdiction of Office (Check at least one be		
☐ State		☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County		San Bernardino  County of
City of		Other
3. Type of Statement (Check at least one box)		<del></del>
Annual: The period covered is January 1, 2018, December 31, 2018.	through	Leaving Office: Date Left/(Check one circle.)
The period covered is/		O The period covered is January 1, 2018, through the date of -or-
★ Assuming Office: Date assumed	2019	The period covered is/, through the date of leaving office.
Candidate: Date of Election	and office sought, if	f different than Part 1:
4. Schedule Summary (must complete)	► Total number of	of pages including this cover page:1
Schedules attached		
Schedule A-1 - Investments - schedule attache	ed 🔲	Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments - schedule attache	ed 🔲	Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property - schedule attache	ed 🔲	Schedule E - Income - Gifts - Travel Payments - schedule attached
-or- ☑ None - No reportable interests on an	y schedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE
and the second of the second o		
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
		mbracco@sbcsd.org
I have used all reasonable diligence in preparing this sta herein and in any attached schedules is true and comp		ed this statement and to the best of my knowledge the information contained is is a public document.
I certify under penalty of perjury under the laws of	the State of California	a that the foregoing is true and correct.
03/07/2019  Date Signed	Sig	nature
(month, day, year)		(File the originally signed paper statement with your filing official.)



# STATEMENT OF ECONOMIC INTERESTS COVER PAGE



Please type or print in ink.

A PUBLIC DOCUMENT

NA	AME OF FILER (LAST) (FI	IRST)	(MIDDLE)	
	FIORINO	ouis		
1.	. Office, Agency, or Court	W.S.		
	Agency Name (Do not use acronyms)			
	SAN BERNAR din O Cound  Division, Board, Department, District, if applicable	y Emple	yees Retionement Association	
		9		
	Board		TRUSTER	
	▶ If filing for multiple positions, list below or on an attachment	. (Do not use acron	yms)	
	Agency:		Position:	
2.	. Jurisdiction of Office (Check at least one box)			
	☐ State		Judge or Court Commissioner (Statewide Jurisdiction)	
	Multi-County		County of	
	City of		Other Special District	
_				
3.	Type of Statement (Check at least one box)			
	Annual: The period covered is January 1, 2018, through December 31, 2018.		Leaving Office: Date Left//(Check one circle.)	
	The period covered is//	_, through	<ul> <li>The period covered is January 1, 2018, through the date of leaving office.</li> </ul>	
	Assuming Office: Date assumed//	_	The period covered is, through the date of leaving office.	
	Candidate: Date of Election and c	office sought, if differen	ent than Part 1:	
4.	Schedule Summary (must complete) ► Tota	al number of page	ges including this cover page:	
	Schedules attached		yee moreong and core, page,	
	Schedule A-1 - Investments - schedule attached	□ Sched	ule C - Income, Loans, & Business Positions – schedule attached	
	Schedule A-2 - Investments – schedule attached		ule D - Income - Gifts - schedule attached	
	Schedule B - Real Property – schedule attached	Sched	ule E - Income - Gifts - Travel Payments - schedule attached	
<b>-</b> C	or- 🗀 None - No reportable interests on any sched	dule		
j. '	Verification			
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE	
	Seemes of rigorof read to commend of a blind Seemenly			
i	DAYTIME TELEPHONE NUMBER	EMAIL AI	~ 4.711	12
	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 at	_		
	I certify under penalty of perjury under the laws of the State	e of California that i	ne foregoind is true and correct.	
	Date Signed 3/29/19	Signature	(File the originally signed paper statement with your filing official.)	
	transition and total		Is no are different adjusted balance and and the land outcom?	

## 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 Louis FIDEINO

Do not attach brokerage	or imaricial statements.
NAME OF BUSINESS ENTITY  CITIGROUP INC	NAME OF BUSINESS ENTITY  EXXON MODIL
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINES'S
TINANCIAL Institution	ENERGY Production + EXPLORATION
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000
NATURE OF INVESTMENT Stock Other (Describe)	NATURE OF INVESTMENT Stock Other (Describe)
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 (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/	
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
KETAIL HOME Improvement	Petro Chemical Manufischusen
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000   \$10,000 - \$100,000   \$100,001 - \$1,000,000   Over \$1,000,000	\$2,000 - \$10,000   \$\infty\) \$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 Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
120	(A)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/	//_18// 18 ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
J. P. MONGAN ("has & GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
TINANCIAL Institution	ENERGY Production + Exploration
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000 \$\ \$100,001 - \$1,000,000 \$\ \end{array}\$	\$2,000 - \$10,000 \$10,000 \$100,000 \$100,000 \$100,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/	//_18/18

Comments: \_

## Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized. Do not attach brokerage or financial statements

CALIFORNIA FORM <b>700</b>
FAIR POLITICAL PRACTICES COMMISSION
Name Louis FLORINO
. ~ .

Do not attach brokerage o	
TEMPLETON EMERGING MarkeTS GENERAL DESCRIPTION OF THIS BUSINESS	NAME OF BUSINESS ENTITY  ZWOIG FUND  GENERAL DESCRIPTION OF THIS BUSINESS
Glubal Closed End Fund  FAIR MARKET VALUE  \$2,000 - \$10,000   \$10,001 - \$100,000  \$100,001 - \$1,000,000   Over \$1,000,000	CLOSED END FUND  FAIR MARKET VALUE  \$2,000 - \$10,000
NATURE OF INVESTMENT  Stock Other (Describe)  Partnership O Income Received of \$0 - \$499  Income Received of \$500 or More (Report on Schedule C)	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:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED  NAME OF BUSINESS ENTITY  ENSTAR GROUP LTJ.  GENERAL DESCRIPTION OF THIS BUSINESS	ACQUIRED DISPOSED  NAME OF BUSINESS ENTITY  BANK OF A WERICA  GENERAL DESCRIPTION OF THIS BUSINESS
Property Causality Group  FAIR MARKET VALUE  \$\frac{1}{52,000} - \\$10,000 \qquad \\$100,001 - \\$100,000  \[ \] \$\frac{1}{5100,001} - \\$1,000,000	FAIR MARKET VALUE  \$2,000 - \$10,000
NATURE OF INVESTMENT  Stock Other (Describe)  Partnership O Income Received of \$0 - \$499  Income Received of \$500 or More (Report on Schedule C)	NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE: /	IF APPLICABLE, LIST DATE:
NAME OF BUSINESS ENTITY  WZLLS FARCED  GENERAL DESCRIPTION OF THIS BUSINESS  FING NCIAL INSTITUTION  FAIR MARKET VALUE  \$2,000 - \$10,000  \$10,000  \$10,000  \$100,000  \$100,000  \$100,000	FAIR MARKET VALUE  \$2,000 - \$10,000
NATURE OF INVESTMENT  Stock    Other	NATURE OF INVESTMENT  Stock Other (Describe)  Partnership O Income Received of \$0 - \$499  Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE: //_18//_18  ACQUIRED DISPOSED

## Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized. Do not attach brokerage or financial statements.

1	FIDEINO
ivame	

FAIR POLITICAL PRACTICES COMMISSION

CALIFORNIA FORM

APOLLO GLOBAL Management	HOWAN Drulling Con DORAtion GENERAL DESCRIPTION OF THIS BUSINESS
PRIVATE Equity INVESTMENTS  FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000  \$100,001 - \$1,000,000 Over \$1,000,000	ENONGY EXPLORATION  FAIR MARKET VALUE  \$2,000 - \$10,000  \$100,001 - \$1,000,000  Over \$1,000,000
NATURE OF INVESTMENT  Stock Other (Describe)  Partnership Oncome Received of \$0 - \$499 Oncome Received of \$500 or More (Report on Schedule C)	NATURE OF INVESTMENT  Stock Other  (Describe)  Partnership O Income Received of \$0 - \$499  O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	ĮF APPLICABLE, LIST DATE:
	//
MORGAN STANLOY  GENERAL DESCRIPTION OF THIS BUSINESS  TINANCIAL TINSTITUTESA	► NAME OF BUSINESS ENTITY  GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE  \$2,000 - \$10,000  \$100,001 - \$1,000,000  Over \$1,000,000	FAIR MARKET VALUE  \$2,000 - \$10,000
NATURE OF INVESTMENT    Stock	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: //_18//_18  ACQUIRED DISPOSED	IF APPLICABLE, LIST DATE:
ENTER PRISE Products GENERAL DESCRIPTION OF THIS BUSINESS	► NAME OF BUSINESS ENTITY  GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE  \$2,000 - \$10,000	FAIR MARKET VALUE  \$2,000 - \$10,000
NATURE OF INVESTMENT  Stock Other (Describe)  Partnership O Income Received of \$0 - \$499  Income Received of \$500 or More (Report on Schedule C)	NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE: //_18//_18  ACQUIRED DISPOSED	IF APPLICABLE, LIST DATE: //_18//18  ACQUIRED DISPOSED
Comments:	(K

### **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
Lows Ficking

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 GENERAL DESCRIPTION OF THIS BUSINESS FAIR MARKET VALUE FAPPLICABLE, LIST DATE: So - 31,000 Over \$1,000,000 ACQUIRED DISPOSED ASSESSOR FACE PROPERTION OVER \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000 ACQUIRED DISPOSED ASSESSOR FACE PROPERTY Name of Business Edity, If Investment, or Assessor's Parcel Number or Street Address of Real Property Assessor's Parcel Number or Street Address of Real Property Assessor's Parcel Number or Street Address of Real Property Assessor's Parcel Number or Street Address of Real Property Assessor's Parcel Number or Street Address of Real Property Assessor's Parcel Number or Street Address of Real Property Assessor's Parcel Number or Street Address of Real Property Assessor's Parcel Number or Street Address of Real Property Assessor's Parcel Number or Street Address of Real Property Assessor's Parcel Number or Street Address of Real Property Assessor's Parcel Number or Street Address of Real Property Assessor's Parcel Number or Street Address of Real Property Assessor's Parcel Number or Street Address of Real Property Assessor's Parcel Number or Street Address of Real Property Assessor's Parcel Number or Street Address of Real Pro	► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Additions (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		
Check one	Name 1 / / A	Name
Trust, go to 2	Address (Business Address Acceptable)	Address (Business Address Acceptable)
GENERAL DESCRIPTION OF THIS BUSINESS  FAIR MARKET VALUE		Check one
FAIR MARKET VALUE	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
So - 31,989	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
So - 31,989		
\$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$10,001 - \$100,000   ACQUIRED   DISPOSED     \$10,001 - \$100,000   ACQUIRED   DISPOSED   Acquired   A	1 40 11	
Over \$1,000,000   NATURE OF INVESTMENT   Partnership   Sole Proprietorship   Oliner   VOUR BUSINESS POSITION   Partnership   Sole Proprietorship   Oliner   VOUR BUSINESS POSITION   VOUR BUSINESS	\$10,001 - \$100,000 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 12 THE ENTITY/TRUST)     30 - \$489		
Partnership   Sole Proprietorship   Other		
VOUR BUSINESS POSITION	Destrophia Colo Bernistantia C	Destroyation Cole Descriptoration C
2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME 10 THE ENTITY/TRUST)  2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME 10 THE ENTITY/TRUST)  3. 1. 4. SHARE OF THE GROSS INCOME 10 THE ENTITY/TRUST)  3. 1. 5. 4. 5. 4. 5. 5. 4. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.	Other	Other
SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)  \$ 0 - \$499  \$ 10,001 - \$100,000  \$ 500 - \$1,000  \$ 500 - \$1,000  \$ \$ 1,001 - \$100,000  \$ \$ 1,001 - \$10,000  \$ \$ 1,001 - \$10,000  \$ \$ 1,001 - \$10,000  \$ \$ 1,001 - \$10,000  \$ 1	YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
\$500 - \$1,000   OVER \$100,000   S\$00 - \$1,000   OVER \$100,000   S\$00 - \$1,000   S\$00 OR MORE (Attach a separate sheet if necessary)   None or   Names listed below   Names listed below   None or   Names listed below   Na	▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	
\$1,001 - \$10,000  3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attrich 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  Assessor's Parcel Number or Street Address of Real Property  FAIR MARKET VALUE FAPPLICABLE, LIST DATE: \$2,000 - \$10,000  \$10,001 - \$10,000  \$10,001 - \$10,000  ACQUIRED DISPOSED  NATURE OF INTEREST  Property Ownership/Deed of Trust Stock Partnership  Leasehold Tyrs. remaining Other  Check box if additional schedules reporting investments or real property  Check box if additional schedules reporting investments or real property    \$1,001 - \$10,000   \$1,001 - \$10,000   \$1,001 - \$10,000   \$1,001 - \$10,000   \$1,001 - \$10,000   \$1,001 - \$10,000   \$1,001 - \$1,000	□ \$0 - \$499     □ \$10,001 - \$100,000	□ \$0 - \$499 □ \$10,001 - \$100,000
> 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		
NOOME OF \$10,000 OR MORE (Attach a separate street 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 - \$1,00,000   \$10,001 - \$1,00,000      \$10,001 - \$1,00,000   ACQUIRED   DISPOSED      Over \$1,000,000   ACQUIRED   DISPOSED      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 - \$1,000,000   \$10,001 - \$1,000,000      \$100,001 - \$1,000,000   ACQUIRED   DISPOSED      Over \$1,000,000   ACQUIRED   DISPOSED      Leasehold   Yrs. remaining   Other      Check box if additional schedules reporting investments or real property      Check box if additional schedules reporting investments or real property		
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 \$10,001 - \$1,000,000 ACQUIRED DISPOSED  Over \$1,000,000  NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership  Leasehold Trist Stock Partnership  Check box if additional schedules reporting investments or real property  Leasehold Check box if additional schedules reporting investments or real property  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  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 ACQUIRED DISPOSED  NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership  Leasehold Trust Stock Partnership  Check box if additional schedules reporting investments or real property	None or Names listed below	☐ None or ☐ Names listed below
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 \$10,001 - \$1,000,000 ACQUIRED DISPOSED  Over \$1,000,000  NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership  Leasehold Trist Stock Partnership  Check box if additional schedules reporting investments or real property  Leasehold Check box if additional schedules reporting investments or real property  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  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 ACQUIRED DISPOSED  NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership  Leasehold Trust Stock Partnership  Check box if additional schedules reporting investments or real property		
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 \$10,001 - \$1,000,000 ACQUIRED DISPOSED  Over \$1,000,000  NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership  Leasehold Trist Stock Partnership  Check box if additional schedules reporting investments or real property  Leasehold Check box if additional schedules reporting investments or real property  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  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  The Assessor's Parcel Number or Street Address of Real Property  Description 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 - \$1,00,000 \$100,001 - \$1,00,000 \$100,001 - \$1,000,0		
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 \$10,001 - \$1,000,000 ACQUIRED DISPOSED  Over \$1,000,000  NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership  Leasehold Trist Stock Partnership  Check box if additional schedules reporting investments or real property  Leasehold Check box if additional schedules reporting investments or real property  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  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  The Assessor's Parcel Number or Street Address of Real Property  Description 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 - \$1,00,000 \$100,001 - \$1,00,000 \$100,001 - \$1,000,0		
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 \$10,001 - \$1,000,000 ACQUIRED DISPOSED  Over \$1,000,000  NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership  Leasehold Trist Stock Partnership  Check box if additional schedules reporting investments or real property  Leasehold Check box if additional schedules reporting investments or real property  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  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  The Assessor's Parcel Number or Street Address of Real Property  Description 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 - \$1,00,000 \$100,001 - \$1,00,000 \$100,001 - \$1,000,0	A INVESTMENTS AND INTERESTS IN DEAL DRODERTY HELD OR	A INVESTMENTS AND INTERESTS IN DEAL PROPERTY HELD OR
INVESTMENT	LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST	
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		
Description of Business Activity or City or Other Precise Location of Real Property  FAIR MARKET VALUE  \$2,000 - \$10,000  \$10,001 - \$100,000  \$10,001 - \$1,000,000  ACQUIRED  DISPOSED  Description of Business Activity or City or Other Precise Location of Real Property  FAIR MARKET VALUE  \$2,000 - \$10,000  \$10,001 - \$100,000  \$10,001 - \$100,000  ACQUIRED  DISPOSED  DISPOSED  NATURE OF INTEREST  Property Ownership/Deed of Trust  Stock  Partnership  Leasehold  Tyrs. remaining  Check box if additional schedules reporting investments or real property  Description of Business Activity or City or Other Precise Location of Real Property  FAIR MARKET VALUE  \$2,000 - \$10,000  \$10,001 - \$100,000  \$10,001 - \$100,000  ACQUIRED  DISPOSED  NATURE OF INTEREST  Property Ownership/Deed of Trust  Stock  Partnership  Leasehold  Tyrs. remaining  Check box if additional schedules reporting investments or real property	INVESTMENT   REAL PROPERTY	INVESTMENT     REAL PROPERTY
Description of Business Activity or City or Other Precise Location of Real Property  FAIR MARKET VALUE  \$2,000 - \$10,000  \$10,001 - \$100,000  \$10,001 - \$1,000,000  ACQUIRED  DISPOSED  Description of Business Activity or City or Other Precise Location of Real Property  FAIR MARKET VALUE  \$2,000 - \$10,000  \$10,001 - \$100,000  \$10,001 - \$100,000  ACQUIRED  DISPOSED  DISPOSED  NATURE OF INTEREST  Property Ownership/Deed of Trust  Stock  Partnership  Leasehold  Tyrs. remaining  Check box if additional schedules reporting investments or real property  Description of Business Activity or City or Other Precise Location of Real Property  FAIR MARKET VALUE  \$2,000 - \$10,000  \$10,001 - \$100,000  \$10,001 - \$100,000  ACQUIRED  DISPOSED  NATURE OF INTEREST  Property Ownership/Deed of Trust  Stock  Partnership  Leasehold  Tyrs. remaining  Check box if additional schedules reporting investments or real property	Name of Business Entity, if Investment, or	Name of Business Entity, if Investment, or
City or Other Precise Location of Real Property  FAIR MARKET VALUE	Assessor's Parcel Number or Street Address of Real Property	Assessor's Parcel Number or Street Address of Real Property
FAIR MARKET VALUE   S2,000 - \$10,000   S10,001 - \$100,000   S10,001 - \$1,000,000   S10,001	Description of Business Activity or	Description of Business Activity or
\$2,000 - \$10,000       \$2,000 - \$10,000       \$2,000 - \$10,000       \$100,001 - \$100,000       \$100,001 - \$100,000       \$100,001 - \$100,000       \$100,001 - \$100,000       \$100,001 - \$100,000       \$100,001 - \$100,000       \$100,001 - \$100,000       \$100,001 - \$100,000       \$100,001 - \$100,000       \$100,001 - \$100,000       \$100,001 - \$100,000       \$100,001 - \$100,000       \$100,001 - \$100,000       \$100,001 - \$100,000       \$100,001 - \$100,000       \$100,001 - \$100,000       \$100,001 - \$10,000       \$100,001 - \$100,000       \$100,001 - \$100,000       \$100,001 - \$100,000       \$100,001 - \$100,000       \$100,001 - \$100,000       \$100,001 - \$100,000       \$100,001 - \$100,000       \$100,001 - \$100,000       \$100,001 - \$100,000       \$100,001 - \$100,000       \$100,001 - \$10,000       \$100,001 - \$100,000       \$100,001 - \$100,000       \$100,001 - \$100,000       \$100,001 - \$100,000       \$100,001 - \$100,000       \$100,001 - \$100,000       \$100,001 - \$100,000       \$100,001 - \$100,000       \$100,001 - \$100,000       \$100,001 - \$100,000       \$100,001 - \$10,000       \$100,001 - \$100,000       \$100,001 - \$100,000       \$100,001 - \$100,000       \$100,001 - \$100,000       \$100,001 - \$100,000       \$100,001 - \$100,000       \$100,001 - \$100,000       \$100,001 - \$100,000       \$100,001 - \$100,000       \$100,001 - \$100,000       \$100,001 - \$10,000       \$100,001 - \$100,000       \$100,001 - \$100,000       \$100,001 - \$100,000       \$100,001 - \$100,000       \$100,001 - \$100,000 <t< td=""><td>City or Other Precise Location of Real Property</td><td></td></t<>	City or Other Precise Location of Real Property	
\$10,001 - \$100,000		
Over \$1,000,000  NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership  Leasehold Yrs. remaining Other Tyrs. remaining Check box if additional schedules reporting investments or real property  Over \$1,000,000  NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership  Leasehold Yrs. remaining Other  Check box if additional schedules reporting investments or real property	\$10,001 - \$100,000//18//18	1= 000000000000000000000000000000000000
NATURE OF INTEREST  Property Ownership/Deed of Trust  Stock  Partnership  NATURE OF INTEREST  Property Ownership/Deed of Trust  Stock  Partnership  Leasehold  Yrs. remaining  Other  Check box if additional schedules reporting investments or real property	1100,001 11,000,000	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
☐ Property Ownership/Deed of Trust       ☐ Stock       ☐ Partnership         ☐ Leasehold       ☐ Other       ☐ Leasehold       ☐ Other         ☐ Check box if additional schedules reporting investments or real property       ☐ Check box if additional schedules reporting investments or real property		1=
Yrs. remaining  Yrs. remaining  Yrs. remaining  Check box if additional schedules reporting investments or real property		<u> </u>
	Leasehold Other	Leasehold Other

Comments:\_

## **SCHEDULE B** Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Louis FIORINO

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
N/A	CITY
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000   \$10,001 - \$100,000   ACQUIRED   DISPOSED   Over \$1,000,000	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000   10,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust	Ownership/Deed of Trust Easement
Leasehold	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	S0 - \$499 S500 - \$1,000 S1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source income of \$10,000 or more.	of SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
	-
	blic without regard to your official status. Personal loans and
business on terms available to members of the pu	blic without regard to your official status. Personal loans and
business on terms available to members of the pulloans received not in a lender's regular course of k	blic without regard to your official status. Personal loans and business must be disclosed as follows:
business on terms available to members of the pulloans received not in a lender's regular course of k  NAME OF LENDER*	blic without regard to your official status. Personal loans and business must be disclosed as follows:  NAME OF LENDER*
business on terms available to members of the pulloans received not in a lender's regular course of k  NAME OF LENDER*  ADDRESS (Business Address Acceptable)	blic without regard to your official status. Personal loans and business must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)
business on terms available to members of the pulloans received not in a lender's regular course of k  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER	NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER
business on terms available to members of the pulloans received not in a lender's regular course of k  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  TERM (Months/Years)	blic without regard to your official status. Personal loans and business must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)
business on terms available to members of the pulloans received not in a lender's regular course of the NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  Whose  None	blic without regard to your official status. Personal loans and business must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)  Whose
business on terms available to members of the pulloans received not in a lender's regular course of k  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)	blic without regard to your official status. Personal loans and business must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)  ———————————————————————————————————

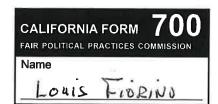
### SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name	
Louis FIORINO	

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED	
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME	
N/A		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
W		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
	333,1233,131,111,131,31,333,102	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION	
TOUR BOOMESO TOOMON	TOUR BUSINESS POSITION	
•		
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only	
\$500 - \$1,000	☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000	
☐ \$10,001 - \$100,000 ☐ OVER \$100,000	S \$10,001 - \$100,000 OVER \$100,000	
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED	
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	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.)	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)	
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERI	OD	
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*	INTEREST RATE TERM (Months/Years)	
ADDRESS (Business Address Acceptable)	%	
	SECURITY FOR LOAN	
BUSINESS ACTIVITY, IF ANY, OF LENDER	☐ None ☐ Personal residence	
	_	
	Real PropertyStreet address	
HIGHEST BALANCE DURING REPORTING PERIOD	Circle distribution	
<u>\$500 - \$1,000</u>	City	
\$1,001 - <b>\$10,</b> 000		
\$10,001 - \$100,000	Guarantor	
OVER \$100,000		
	Other(Describe)	
	. —	
Comments:		

### SCHEDULE D Income – Gifts



RCE (Not an Acronym,	)
iness Address Accepta	ible)
IVITY, IF ANY, OF SOI	URCE
) VALUE	DESCRIPTION OF GIFT(S)
_ \$	-
\$	
\$	-
RCE (Not an Acronym)	
ness Address Acceptal	ble)
VITY, IF ANY, OF SOU	JRCE
) VALUE	DESCRIPTION OF GIFT(S)
_ \$	
_ \$	
s	
CE (Not an Acronym)	
ess Address Acceptab	ole)
/ITY, IF ANY, OF SOU	JRCE
VALUE	DESCRIPTION OF GIFT(S)
<b>\$</b>	1
s	V
. \$	s <del>=</del>
	\$\$

# SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Louis FIORINO

- · Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.

· For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
N/A	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):	DATE(S):// AMT: \$
▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income	► MUST CHECK ONE: ☐ Gift -or- ☐ Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
► If Gift, Provide Travel Destination	▶ If Gift, Provide Travel Destination
► NAME OF SOURCE (Not an Acronym)	▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):/	DATE(S):/ / AMT: \$
MUST CHECK ONE: Gift -or- Income	► MUST CHECK ONE: ☐ Gift -or- ☐ Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
If Gift, Provide Travel Destination	▶ If Gift, Provide Travel Destination
Comments:	J/2

#### **Restrictions and Prohibitions**

The Political Reform Act (Gov. Code Sections 81000-91014) requires most state and local government officials and employees to publicly disclose their personal assets and income. They also must disqualify themselves from participating in decisions that may affect their personal economic interests. The Fair Political Practices Commission (FPPC) is the state agency responsible for issuing the attached Statement of Economic Interests, Form 700, and for interpreting the law's provisions.

#### **Gift Prohibition**

Gifts received by most state and local officials, employees, and candidates are subject to a limit. In 2017 and 2018, the gift limit was \$470 from a single source during a calendar year. In 2019-2020, the gift limit increased to \$500 from a single source during a calendar year.

In addition, state officials, state candidates, and certain state employees are subject to a \$10 limit per calendar month on gifts from lobbyists and lobbying firms registered with the Secretary of State. See Reference Pamphlet, page 10.

State and local officials and employees should check with their agency to determine if other restrictions apply.

#### Disqualification

Public officials are, under certain circumstances, required to disqualify themselves from making, participating in, or attempting to influence governmental decisions that will affect their economic interests. This may include interests they are not required to disclose. For example, a personal residence is often not reportable, but may be grounds for disqualification. Specific disqualification requirements apply to 87200 filers (e.g., city councilmembers, members of boards of supervisors, planning commissioners, etc.). These officials must publicly identify the economic interest that creates a conflict of interest and leave the room before a discussion or vote takes place at a public meeting. For more information, consult Government Code Section 87105, Regulation 18707, and the Guide to Recognizing Conflicts of Interest at www.fppc.ca.gov.

#### **Honorarium Ban**

Most state and local officials, employees, and candidates are prohibited from accepting an honorarium for any speech given, article published, or attendance at a conference, convention, meeting, or like gathering. (See Reference Pamphlet, page 10.)

#### **Loan Restrictions**

Certain state and local officials are subject to restrictions on loans. (See Reference Pamphlet, page 14.)

#### **Post-Governmental Employment**

There are restrictions on representing clients or employers before former agencies. The provisions apply to elected state officials, most state employees, local elected officials, county chief administrative officers, city managers, including the chief administrator of a city, and general managers or chief administrators of local special districts and JPAs. The FPPC website has fact sheets explaining the provisions.

#### Late Filing

The filing officer who retains originally-signed or electronically filed statements of economic interests may impose on an individual a fine for any statement that is filed late. The fine is \$10 per day up to a maximum of \$100. Late filing penalties may be reduced or waived under certain circumstances.

Persons who fail to timely file their Form 700 may be referred to the FPPC's Enforcement Division (and, in some cases, to the Attorney General or district attorney) for investigation and possible prosecution. In addition to the late filing penalties, a fine of up to \$5,000 per violation may be imposed.

For assistance concerning reporting, prohibitions, and restrictions under the Act:

- Email questions to advice@fppc.ca.gov.
- Call the FPPC toll-free at (866) 275-3772.

## Form 700 is a Public Document Public Access Must Be Provided

Statements of Economic Interests are public documents. The filing officer must permit any member of the public to inspect and receive a copy of any statement.

- Statements must be available as soon as possible during the agency's regular business hours, but in any event not later than the second business day after the statement is received. Access to the Form 700 is not subject to the Public Records Act procedures.
- No conditions may be placed on persons seeking access to the forms.
- No information or identification may be required from persons seeking access.
- Reproduction fees of no more than 10 cents per page may be charged.

## Questions and Answers Continued

- Q. I am the sole owner of my business. Where do I disclose my income on Schedule A-2 or Schedule C?
- A. Sources of income to a business in which you have an ownership interest of 10% or greater are disclosed on Schedule A-2. (See Reference Pamphlet, page 8.)
- Q. My husband is a partner in a four-person firm where all of his business is based on his own billings and collections from various clients. How do I report my community property interest in this business and the income generated in this manner?
- A. If your husband's investment in the firm is 10% or greater, disclose 100% of his share of the business on Schedule A-2, Part 1 and 50% of his income on Schedule A-2, Parts 2 and 3. For example, a client of your husband's must be a source of at least \$20,000 during the reporting period before the client's name is reported.
- Q. How do I disclose my spouse's or registered domestic partner's salary?
- A. Report the name of the employer as a source of income on Schedule C.
- Q. I am a doctor. For purposes of reporting \$10,000 sources of income on Schedule A-2, Part 3, are the patients or their insurance carriers considered sources of income?
- A. If your patients exercise sufficient control by selecting you instead of other doctors, then your patients, rather than their insurance carriers, are sources of income to you. (See Reference Pamphlet, page 14.)
- Q. I received a loan from my grandfather to purchase my home. Is this loan reportable?
- A. No. Loans received from family members are not reportable.
- Q. Many years ago, I loaned my parents several thousand dollars, which they paid back this year. Do I need to report this loan repayment on my Form 700?
- A. No. Payments received on a loan made to a family member are not reportable.

#### **Real Property Disclosure**

- Q. During this reporting period we switched our principal place of residence into a rental. I have full disclosure and the property is located in my agency's jurisdiction, so it is now reportable. Because I have not reported this property before, do I need to show an "acquired" date?
- A. No, you are not required to show an "acquired" date because you previously owned the property. However, you may want to note in the "comments" section that the property was not previously reported because it was used exclusively as your residence. This would be for informational purposes only; it is not a requirement.
- Q. I am a city manager, and I own a rental property located in an adjacent city, but one mile from the city limit. Do I need to report this property interest?
- A. Yes. You are required to report this property because it is located within 2 miles of the boundaries of the city you manage.
- Q. Must I report a home that I own as a personal residence for my daughter?
- A. You are not required to disclose a home used as a personal residence for a family member unless you receive income from it, such as rental income.
- Q. I am a co-signer on a loan for a rental property owned by a friend. Since I am listed on the deed of trust, do I need to report my friend's property as an interest in real property on my Form 700?
- A. No. Simply being a co-signer on a loan for property does not create a reportable interest in real property for you.

#### Gift Disclosure

- Q. If I received a reportable gift of two tickets to a concert valued at \$100 each, but gave the tickets to a friend because I could not attend the concert, do I have any reporting obligations?
- A. Yes. Since you accepted the gift and exercised discretion and control of the use of the tickets, you must disclose the gift on Schedule D.

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## 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	•	

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
3 2	951
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,000 \$100,000 \$100,000 \$100,000 \$100,000 \$1000,000	\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 \$0ver \$1,000,000
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
(Describe) ☐ Partnership ◯ Income Received of \$0 - \$499	(Describe) Partnership O Income Received of \$0 - \$499
○ Income Received of \$500 or More (Report on Schedule C)	○ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ <u>/ 18</u> / <u>/ 18</u>	
ACQUIRED DISPOSED  ► NAME OF BUSINESS ENTITY	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000 ☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000	\$2,000 - \$10,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other
Partnership O Income Received of \$0 - \$499	(Describe)  Partnership O Income Received of \$0 - \$499
○ Income Received of \$500 or More (Report on Schedule C)	○ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	S 100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
(Describe)  Partnership () Income Received of \$0 - \$499	(Describe)  Partnership (Income Received of \$0 - \$499)
○ Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
// <u>18</u> // <u>18</u>	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Comments:	

## 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		
	3.50	

► NAME OF BUSINESS ENTITY	L A MANE OF BUSINESS ENTER
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	×
FAIR MARKET VALUE	FAID MADIVET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	FAIR MARKET VALUE
\$100,001 - \$1,000,000 Over \$1,000,000	\$2,000 - \$10,000
	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe) Partnership (Income Received of \$0 - \$499	(Describe) Partnership () Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
// 18// 18	/ <u>/ 18</u> // 18_
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTIFY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
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	NATURE OF INVESTMENT
Stock (Describe)	Stock Other (Describe)
Partnership O Income Received of \$0 - \$499	Partnership () income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
~	a g
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	<u> </u>
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
MANIE OF BOSINESS ENTITY	I WANTE OF BOSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$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 BRICOTAGUE	
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)	O Income Received of \$500 or More (Report on Schedule C)
2	
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//18//18	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
	I SIGN OULD
190	
Comments:	

## Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized. Do not attach brokerage or financial statements

CALIFORNIA FORM (UU		
FAIR POLITICAL PRACTICES COMMISSION		
Name		
2		

-	Do not allacit brokerage of	manda statements.
<b>&gt;</b>	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
:19	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINES'S
		er .
8	FAIR MARKET VALUE	FAIR MARKET VALUE
	\$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
į	\$100,001 - \$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 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:	(F APPLICABLE, LIST DATE:
_	ACQUIRED DISPOSED .	ACQUIRED DISPOSED
<b>&gt;</b>	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
(	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	EAID MADKET VALUE	EAUD MADINES VALUE
	FAIR MARKET VALUE	FAIR MARKET VALUE
, 	_  \$2,000 - \$10,000	\$2,000 - \$10,000
	NATURE OF INVESTMENT	
İ	NATURE OF INVESTMENT  Stock Other	NATURE OF INVESTMENT Stock Other
Г	— (Describe)  Partnership	(Describe)  Partnership () Income Received of \$0 - \$499
L	O Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
	e	e s
I	F APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
-	/ / 18 / / 18 ACQUIRED DISPOSED	
<b>▶</b> N	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
ā	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
0=		
F	AIR MARKET VALUE	FAIR MARKET VALUE
	\$2,000 - \$10,000\$10,001 - \$100,000	\$2,000 - \$10,000
	3100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
N	ATURE OF INVESTMENT	NATURE OF INVESTMENT
	Stock Other(Describe)	Stock Other(Describe)
Γ	Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
_	O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF	F APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
_		
	ACQUIRED DISPOSED	ACQUIRED DISPOSED
Con	iments:	



# STATEMENT OF ECONOMIC INTERESTS COVER PAGE



Please type or print in ink.

### A PUBLIC DOCUMENT

VAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Flynn	Sean	Masaki
Office, Agency, or Court		
Agency Name (Do not use acronyms)		
San Bernardino County Emplo		ociation
Division, Board, Department, District, If	applicable	Your Position
		Trustee
▶ If filling for multiple positions, list bek	ow or on an attachment. (Do	not use acronyms)
Agency:		Position;
Jurisdiction of Office (Check	at least one box)	
☐ State		☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County		
City of		
Type of Statement (Check at k	east one box)	
Annual: The period covered is January December 31, 2018.	nuary 1, 2018, through	Leaving Office: Dale Left/
	, thro	ough O The period covered is January 1, 2018, through the date of earlies of earlies.
Assuming Office: Date assumed		O The period covered is through the date of leaving office.
Candidate: Date of Election	and office s	ought, if different than Part 1:
Schedule Summary (must of Schedules attached  Schedule A-1 - Investments - s Schedule A-2 - Investments - s Schedule B - Real Property - s	schedule attached 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 int	erests on any schedule	
Verification		
MAILING ADDRESS STREET	Cit	TY STATE ZIP CODE
(Business or Agency Address Recommended - Pub	my producting it	
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
		sflynn@scrippscollege.edu
I have used all reasonable diligence in principle and in any attached schedules is	reparing this statement. I have true and complete. I acknowle	reviewed this statement and to the best of my knowledge the information contained ledge this is a public document
I certify under penalty of perjury under	er the laws of the State of Ca	alifornia that the foregoist is fore and correct
Date Signed April 5, 2019		Signature
(month, day, yea	7	(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)

CA	LIFORNIA FORM 700
Nan	ne
_	

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Impact Econometrics, LLC	
Name 1030 Columbia Ave. #4074, Claremont, CA 91711	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one  Trust, go to 2  Business Entity, complete the box, then go to 2	Check one Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS ECONOMIC Consulting/Publishing	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:  \$ 0 - \$1,999   \$2,000 - \$10,000  /18	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$0 - \$1,999   \$2,000 - \$10,000  /18  /18  /18
NATURE OF INVESTMENT Partnership Sole Proprietorship X LLC Other	NATURE OF INVESTMENT Partnership Sole Proprietorship
YOUR BUSINESS POSITION President	YOUR BUSINESS POSITION
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>10</u> THE ENTITY/TRUST)	2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME IO THE ENTITY/TRUST)
☐ \$0 - \$499 ☐ \$10,001 - \$100,000 ☐ \$500 - \$1,000 ☒ OVER \$100,000 ☐ \$1,001 - \$10,000	\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000
None or Names listed below  McGraw-Hill Education	3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF THE INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)  None or Names listed below
LEASED BY THE BUSINESS ENTITY OR TRUST  Check one box:  REAL PROPERTY  REAL PROPERTY	LEASED BY THE BUSINESS ENTITY OR TRUST  Check one box:  REAL PROPERTY  REAL PROPERTY
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of 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	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000     \$10,001 - \$100,000     18
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Pertnership
Lessehold Vrs remaining Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments: I am the sole member of this LLC	

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

CALIFORNIAFORM	700
Name	

▶ 1 INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Impact Econometrics LLC	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1030 Columbia Ave. #4074 Claremont, CA 91711	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Economic Consulting/Publishing	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
President	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
S500 - \$1,000 S1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
☐ \$10,001 - \$100,000 🗵 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Selary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less then 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
(Dascribe)	(Describe)
Other	Other
(Describe)	(Describe)
	ending institution, or any indebtedness created as part of e lender's regular course of business on terms available to us. Personal loans and loans received not in a lender's
NAME OF LENDER*	INTEREST RATE TERM (Months/Yeers)
	% None
ADDRESS (Business Address Acceptable)	
400	SECURITY FOR LOAN  None  Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
and the second s	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street eddress
<b>500 - \$1,000</b>	City
\$1,001 - \$10,000	
\$10,001 - \$100,000	Guarantor
OVER \$100,000	C) Other
	Other(Describe)
Comments: I receive both a salary as an employee as well	as pass-through income as and LLC member.

### CALIFORNIA FORM 7 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

## STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

**RECEIVED** MAR 2 9 2019 **SBCERA** 

**Date Initial Filing** Received
Official Use Only

> E-Filed 03/28/2019 10:58:19

> Filing ID: 178519621

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST) (IMIDDLE)
Johnson Jr., John Milton	
I. Office, Agency, or Court	
Agency Name (Do not use acronyms)	
COUNTY OF SAN BERNARDINO	
Division, Board, Department, District, if applicable	Your Position Assistant Auditor-Controller/Treasurer/Tax
Auditor-Controller/Treasurer/Tax Collector	Collector
▶ If filing for multiple positions, list below or on an attachment. (Do no	ot use acronyms)
Agency: _*SEE ATTACHED FOR ADDITIONAL POSITIONS	Position:
. Jurisdiction of Office (Check at least one box)	
☐ State	☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County	X County of San Bernardino
City of	Other
. Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2018, through December 31, 2018	X Leaving Office: Date Left 01 04 /2019 See attached (Check one circle)
-or- The period covered is/, through	The period covered is January 1, 2018, through the date
December 31, 2018	of leaving office.
Assuming Office: Date assumed/	O The period covered is, through the date of leaving office.
Candidate:Date of Election and office sought	t, if different than Part 1:
4. Schedule Summary (must complete)   ▶ Total number	er of pages including this cover page:7
X Schedule A-1 - Investments - schedule attached	X Schedule C - Income, Loans, & Business Positions – 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	
. Verification	
MAILING ADDRESS STREET CITY (Business or Agency Address Recommended - Public Document)	Y STATE ZIP CODE
Dusiness of Agency Audiess Necommended - Fability Documenty	
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS
	john.johnson@atc.sbcounty.gov
I have used all reasonable diligence in preparing this statement. I have herein and in any attached schedules is true and complete. I acknowle	reviewed this statement and to the best of my knowledge the information contained edge this is a public document.
I certify under penalty of perjury under the laws of the State of Ca	lifornia that the foregoing is true and correct.
Date Signed 03/28/2019 (month, day, year)	SignatureJohn Milton Johnson Jr.  (File the originally signed paper-statement with your filling official.)

# STATEMENT OF ECONOMIC INTERESTS COVER PAGE Expanded Statement Attachment

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

John Milton Johnson Jr.

\* This table lists all positions including the primary position listed in the Office, Agency, or Court section of the Cover Page.

Agency	Division/Board/Dept/District	Position	Type of Statement
COUNTY OF SAN BERNARDINO	Auditor-Controller/Treasurer/Tax Collector	Assistant Auditor- Controller/Treasurer/Ta x Collector	Leaving Office 1/4/2019
San Bernardino County Employees Association	Board of Directors	Treasurer's Alternate	Annual 1/1/2018 - 12/31/2018

### 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
Johnson Jr., John Milton

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Service Now Inc.	Amazon.COM Inc.
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Enterprise IT Software	Retail
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 X \$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 (Describe)	X Stock Other(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	04 / 25 / 18 / 18
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Facebook Inc.	Shopify Incorporated
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Social Media	Cloud Based Commerce Platform
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	X \$2,000 - \$10,000 S10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other (Describe)	X Stock Other (Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	○ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	<u></u>
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
Microsoft Inc.	Twitter Inc.
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Computer Software	Social Media
FAIR MARKET VALUE	FAIR MARKET VALUE
S2,000 - \$10,000 X \$10,001 - \$100,000	X \$2,000 - \$10,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other	X Stock Other
Coescribe)  Partnership O Income Received of \$0 - \$499	(Describe)  Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	06 / 06 / 18/ <b>18</b>
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Commonte:	5520

### 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
Johnson Jr., John Milton

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Alibaba	Ring Central Class A Inc.
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Global Internet Retail	Communications Software
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 X \$10,001 - \$100,000	X \$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
∑ Stock ☐ Other(Describe)	X Stock Other (Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Apple Inc.	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Technology	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$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 (Describe)	Stock Other (Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FUR MARKET MALE	
FAIR MARKET VALUE  \$2,000 - \$10,000  \$10,001 - \$100,000	FAIR MARKET VALUE  \$2,000 - \$10,000  \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 \$100,000
	-
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
// <u>//</u>	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Comments:	

Comments:\_

# 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
Johnson Jr., John Milton

▶ 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Orange Show Properties Trust	MarieF.Johnson DBA Raymond James
Name 236 W. Orange Show RD #101 San Bernardino , CA 92408	Name 236 W. Orange Show Rd., Unit 101 San Bernardino , CA 92408
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one  Trust, go to 2 Business Entity, complete the box, then go to 2	Check one  Trust, go to 2  Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	Financial Services
FAIR MARKET VALUE  \$0 - \$1,999  \$2,000 - \$10,000  \$10,001 - \$100,000  \$100,001 - \$1,000,000  Over \$1,000,000	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$0 - \$1,999   \$2,000 - \$10,000   \$10,001 - \$100,000   ACQUIRED   DISPOSED   DISPOSED   Over \$1,000,000   Over \$1,000,000   DISPOSED   DISPO
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Partnership Sole Proprietorship Other	☐ Partnership
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION Spouse Owned
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)	▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
□ \$0 - \$499	\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 \$1,000 \$1,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	➤ 3, LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
X None or Names listed below	None or X Names listed below
	Fees&Commissions - Raymond James Financial
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	INVESTMENT REAL PROPERTY
236 W. Orange Show Road #101	
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
San Bernardino, CA 92408	Description of Business Activity or
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	City or Other Precise Location of Real Property
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000   \$10,001 - \$100,000   \$100,001 - \$1,000,000   ACQUIRED   DISPOSED
NATURE OF INTEREST    Property Ownership/Deed of Trust   Stock   Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

## **SCHEDULE B** Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Johnson Jr., John Milton

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
236 W. Orange Show Red #101 APN: 0141-281-47-0000	
CITY	CITY
Gar Davidia GR 00400	
San Bernardino , CA 92408  FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000	\$2.000 - \$10.000
\$10,001 - \$100,000// <u>18</u> /18	\$10,001 - \$100,000
X \$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
X Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499	□ \$0 - \$499 □ \$500 - \$1,000 □ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater	SOURCES OF RENTAL INCOME: If you own a 10% or greater
interest, list the name of each tenant that is a single source of	interest, list the name of each tenant that is a single source of
income of \$10,000 or more.	income of \$10,000 or more.
X None	None
	11
	<u> </u>
You are not required to report loans from a commerci	al lending institution made in the lender's regular course of
	al lending institution made in the lender's regular course of
	without regard to your official status. Personal loans and
business on terms available to members of the public	without regard to your official status. Personal loans and
business on terms available to members of the public loans received not in a lender's regular course of bus	without regard to your official status. Personal loans and iness must be disclosed as follows:
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER*	without regard to your official status. Personal loans and iness must be disclosed as follows:  NAME OF LENDER*
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER*	without regard to your official status. Personal loans and iness must be disclosed as follows:
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER*  ADDRESS (Business Address Acceptable)	without regard to your official status. Personal loans and iness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER*  ADDRESS (Business Address Acceptable)	without regard to your official status. Personal loans and iness must be disclosed as follows:  NAME OF LENDER*
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER	without regard to your official status. Personal loans and iness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  NTEREST RATE  TERM (Months/Years)	without regard to your official status. Personal loans and iness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER	without regard to your official status. Personal loans and iness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER
business on terms available to members of the public loans received not in a lender's regular course of bus  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  NTEREST RATE  TERM (Months/Years)  None	without regard to your official status. Personal loans and iness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)
business on terms available to members of the public loans received not in a lender's regular course of bus  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  NTEREST RATE  TERM (Months/Years)  None	without regard to your official status. Personal loans and iness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years) % None
business on terms available to members of the public loans received not in a lender's regular course of bus  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  NTEREST RATE  TERM (Months/Years)  Whone  HIGHEST BALANCE DURING REPORTING PERIOD	without regard to your official status. Personal loans and iness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)  Whone  HIGHEST BALANCE DURING REPORTING PERIOD
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  NTEREST RATE  TERM (Months/Years)  Whone  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$10,001 - \$100,000  OVER \$100,000	without regard to your official status. Personal loans and iness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)  Whighest Balance during reporting period  Stoo - \$1,000 \$10,001 - \$10,000
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  NTEREST RATE  TERM (Months/Years)  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$1,001 - \$10,000	without regard to your official status. Personal loans and iness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)  Whone  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000 \$1,001 - \$10,000

### SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Johnson Jr., John Milton

NAME OF SOURCE OF INCOME	▶ 1, INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Marie F. Johnson	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
236 W. Orange Show Rd #101 San Bernardino, CA 92408	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Financial Services	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Spouse's Business	·
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Onl
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 X OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary X Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)	(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)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	IOD
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
members of the public without regard to your official sta regular course of business must be disclosed as follows	atus. Personal loans and loans received not in a lender's
	5:
NAME OF LENDER*	S: INTEREST RATE TERM (Months/Years)
NAME OF LENDER*	
NAME OF LENDER*  ADDRESS (Business Address Acceptable)	INTEREST RATE TERM (Months/Years) % None
	INTEREST RATE TERM (Months/Years)
	INTEREST RATE TERM (Months/Years) % None
ADDRESS (Business Address Acceptable)	INTEREST RATE TERM (Months/Years)  ———————————————————————————————————
ADDRESS (Business Address Acceptable)	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$1,001 - \$10,000	INTEREST RATE TERM (Months/Years)
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	INTEREST RATE TERM (Months/Years)
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	INTEREST RATE TERM (Months/Years)
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	INTEREST RATE TERM (Months/Years)

### CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION **AMENDMENT**

### STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

MAR 2 9 2019

RECEIVED

Date Initial Filing Received Official Use Only

> E-Filed 03/29/2019 09:21:37

Filing ID:

#### **SBCERA** 178594038 Please type or print in ink. (FIRST) NAME OF FILER (MIDDLE) (LAST) Johnson Jr., John Milton 1. Office, Agency, or Court Agency Name (Do not use acronyms) COUNTY OF SAN BERNARDINO Division, Board, Department, District, if applicable Your Position Assistant Auditor-Controller/Treasurer/Tax Auditor-Controller/Treasurer/Tax Collector Collector ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Adency: \*SEE ATTACHED FOR ADDITIONAL POSITIONS Position: \_ 2. Jurisdiction of Office (Check at least one box) ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction) X County of San Bernardino ■ Multi-County ..... City of \_\_\_ Other \_ 3. Type of Statement (Check at least one box) X Annual: The period covered is January 1, 2018, through X Leaving Office: Date Left 01 / 04 /2019 (Check one circle) December 31, 2018 -01-The period covered is \_\_\_\_\_\_, through of leaving office. December 31, 2018 O The period covered is \_\_\_\_\_\_, through the date Assuming Office: Date assumed \_\_\_\_\_\_\_\_\_ of leaving office. and office sought, if different than Part 1:\_ Candidate: Date of Election\_ 4. Schedule Summary (must complete) ► Total number of pages including this cover page: \_\_ Schedules attached Schedule A-1 - Investments – schedule attached 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 STATE ZIP CODE STREET (Business or Agency Address Recommended - Public Document) DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS

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 03/29/2019 (month, day, year) Signature John Milton Johnson Jr

john.johnson@atc.sbcounty.gov

(File the originally signed paper statemen) with your filing official

# STATEMENT OF ECONOMIC INTERESTS COVER PAGE Expanded Statement Attachment

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

John Milton Johnson Jr.

\* This table lists all positions including the primary position listed in the Office, Agency, or Court section of the Cover Page.

Agency	Division/Board/Dept/District	Position	Type of Statement
COUNTY OF SAN BERNARDINO	Auditor-Controller/Treasurer/Tax Collector	Assistant Auditor- Controller/Treasurer/Ta x Collector	Leaving Office 1/4/2019
San Bernardino County Employees Retirement Association (SBCERA)	Board of Directors	Treasurer's Alternate	Annual 1/1/2018 - 12/31/2018

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received
Official Use Only

AMENDMENT Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) ENNED 1. Office, Agency, or Court Agency Name (Do not use acronyms) -looginted ▶ 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 ☐ Judge or Court Commissioner (Statewide Jurisdiction) ■ Multi-County \_ ☐ County of ☐ City of \_ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2018, through Leaving Office: Date Left \_\_\_ December 31, 2018. (Check one circle.) O The period covered is January 1, 2018, through the date of The period covered is \_ December 31, 2018. leaving office. -01-Assuming Office: Date assumed 01/04/2019 O The period covered is \_ the date of leaving office. Candidate: Date of Election and office sought, if different than Part 1:\_ Schedule Summary (must complete) ► Total number of pages including this cover page: \_ Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - 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 CITY STATE ZIP CODE 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 Signatur



(month, day, year)

FPPC Form 700 (2018/2019)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

(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

▶ 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Estelle & Kennany, A Professional Law Coop 400 N. Mountain Act st 101, Uphand CA 917-26	Name
400 N. Mountain Act St. 101, Uphand CA 917-76 Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one ☐ Trust, go to 2 Business Entity, complete the box, then go to 2	Check one  ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	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 \$Cover \$1,000,000	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$0 - \$1,999   \$2,000 - \$10,000  /18  /18
NATURE OF INVESTMENT  Partnership Sole Proprietorship S S Confessor  YOUR BUSINESS POSITION Managing Afficiacy	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION Managing Affring	YOUR BUSINESS POSITION
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$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  Lynne B. Ennegg	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:  REAL PROPERTY	► 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, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity <u>or</u> City or Other Precise Location 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  ACQUIRED DISPOSED  Over \$1,000,000	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments:	EDDC Form 700 /2019/2010)

### **SCHEDULE B**

## Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000   \$10,001 - \$1,000,000   ACQUIRED   DISPOSED   DISPOSED
Ownership/Deed of Trust Easement  Leasehold Other  IF RENTAL PROPERTY, GROSS INCOME RECEIVED  \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000  \$10,001 - \$100,000 OVER \$100,000  SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
Ownership/Deed of Trust Easement  Leasehold Other  IF RENTAL PROPERTY, GROSS INCOME RECEIVED  \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000  \$10,001 - \$100,000 OVER \$100,000  SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
Yrs, remaining Other  IF RENTAL PROPERTY, GROSS INCOME RECEIVED  \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000  \$10,001 - \$100,000 OVER \$100,000  SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000 \$10,000 \$10,001 - \$100,000 OVER \$100,000 SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000 \$10,000 \$10,001 - \$100,000 OVER \$100,000 SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
S10,001 - \$100,000 OVER \$100,000  SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
interest, list the name of each tenant that is a single source of income of \$10,000 or more.
None
nding institution made in the lender's regular course on the lender's regular course of the l
NAME OF LENDER*
ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)
INTEREST RATE TERM (Months/Years) % None
, ,
% None
HIGHEST BALANCE DURING REPORTING PERIOD

### SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name	

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED	
NAME OF SOURCE OF INCOME  Stelle & KENNESY APLC  ADDRESS (Business Address Acceptable)	NAME OF SOURCE OF INCOME  San Bernindine County Schools  ADDRESS (Business Address Acceptable)	
400 N. Mountain Ave, #101, uplans 91726 BUSINESS ACTIVITY, IF ANY, OF SOURCE	GO N. E. St. S. B. 92715 BUSINESS ACTIVITY, IF ANY, OF SOURCE	
YOUR BUSINESS POSITION	Haministrator/Alliance YOUR BUSINESS POSITION	
Y   4   6   6   7   1   1   1   1   1   1   1   1   1	GROSS INCOME RECEIVED No Income - Business Position Only  \$1,001 - \$10,000	
S10,001 - \$100,000 OVER \$100,000  CONSIDERATION FOR WHICH INCOME WAS RECEIVED	S10,001 - \$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	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.)	Schedule A-2,)	
(Real property, car, boat, etc.)  Loan repayment	(Real property, car, boat, etc.)  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)	
► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERI	(Describe)	
* 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*	INTEREST RATE TERM (Months/Years)	
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN	
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence	
HIGHEST BALANCE DURING REPORTING PERIOD	Real Property	
\$500 - \$1,000 \$1,001 - \$10,000	City	
S10,001 - \$100,000	Guarantor	
OVER \$100,000	Other(Describe)	
Comments:		

# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

# STATEMENT OF ECONOMIC INTERESTS COVER PAGE



Please type or print in ink.

A PUBLIC DOCUMENT

NAME OF FILER (LAST) (FIRST)	(MIDDLE)
Mason, Ensen	
1. Office, Agency, or Court	
Agency Name (Do not use acronyms)  Son Bernardino County E  Division, Board, Department, District, if applicable	mployees Retilement Association Rose March of
-	Board member
▶ If filing for multiple positions, list below or on an attachment. (Do no	
Agency:	Position:
2. Jurisdiction of Office (Check at least one box)	
☐ State	Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County	Sounty of San Bernardino
City of	Other
3. Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2018, through	Languing Officer Date Laff
December 31, 2018.	Leaving Office: Date Left// (Check one circle.)
The period covered is/, through December 31, 2018.	The period covered is January 1, 2018, through the date of -or- leaving office.
Assuming Office: Date assumed 0), 07, 2019	The period covered is/, through the date of leaving office.
Candidate: Date of Election and office sou	ight, if different than Part 1:
4. Schedule Summary (must complete) ► Total num	ber of pages including this cover page:
Schedules attached	ost of pages molading this cover page.
Schedule A-1 - Investments – schedule attached	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 CITY (Business or Approv Address Recommended - Public Decument)	STATE ZIP CODE
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
I have used all reasonable diligence in preparing this statement. I have reherein and in any attached schedules is true and complete. I acknowled	eviewed this statement and to the best of my knowledge the information contained gov
I certify under penalty of perjury under the laws of the State of Cali	/.
Date Signed 1/5/19	Signature
(month, day, year)	(File the originally signed paper statement with your filing official.)

## 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	
Ensen	Mason

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
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 O Income Received of \$0 - \$499  Income Received of \$500 or More (Report on Schedule Company)	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:	IF APPLICABLE, LIST DATE:
//_18	
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE  \$2,000 - \$10,000	FAIR MARKET VALUE  \$2,000 - \$10,000
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	//
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE  \$2,000 - \$10,000  \$10,001 - \$100,000  \$100,001 - \$1,000,000  Over \$1,000,000	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)	NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/	//
Comments:	

Comments:\_\_

# 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		
Mason, Ensen		

▶ 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Mason Financial Services	
Name 300 E State St # 504	Name
Redlands, CA 92373 Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2	Check one Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS  Accounting and financial services	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$0 - \$1,999 \$2,000 - \$10,000 \$10 / 06 / 14	\$0 - \$1,999 \$2,000 - \$10,000
\$10,001 - \$100,000 ACQUIRED DISPOSED	\$10,001 - \$100,000 ACQUIRED DISPOSED
<u>X</u> \$100,001 - \$1,000,000 ☐ Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT  Postporship	NATURE OF INVESTMENT
Other	Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION CPA / Adviser	YOUR BUSINESS POSITION
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)	► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
\$0 - \$499 \Big  \$10,001 - \$100,000	□ \$0 - \$499 □ \$10,001 - \$100,000
\$500 - \$1,000 X OVER \$100,000 \$1,001 - \$10,000	\$500 - \$1,000 OVER \$100,000
▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)  None or X Names listed below	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)  None or Names listed below
TD Ameritrade	
Assetmark	
Jackson National Life	
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
INVESTMENT X REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
300 E State Street #504	
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Redlands, CA	
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
X \$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	\$100,001 - \$1,000,000 ACQUIRED DISPOSED  Over \$1,000,000
NATURE OF INTEREST  Property Ownership/Deed of Trust  Stock  Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
X Leasehold 10 Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

## **SCHEDULE B** Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
CITY	CITY
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000   \$10,001 - \$100,000   ACQUIRED   DISPOSED   Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  None	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  None
	·
	lending institution made in the lender's regular course of without regard to your official status. Personal loans and less must be disclosed as follows:
NAME OF LENDER*	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
%	%
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$1,001 - \$10,000 S1,001 - \$10,000	\$500 - \$1,000
S10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
	I -
comments:	

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

CALIFORNIA FORM	700
Name	

▶ 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	VOLID BUGINESO POSITION
TOUR BUSINESS PUSITION	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED
\$500 - \$1,000 \$1,000	GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)	(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, boal, etc.)
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	Other
(Describe)	(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	
	lending institution, or any indebtedness created as part of
	ne lender's regular course of business on terms available to
regular course of business must be disclosed as follows	atus. Personal loans and loans received not in a lender's
regular course of business must be disclosed as follows	S.
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	% None
ADDRESS (Business Address Acceptable)	_
:	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
3 <del></del>	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	City
<u>\$1,001 - \$10,000</u>	_
\$10,001 - \$100,000	Guarantor
OVER \$100,000	Other
_	Other(Describe)
Comments	
Comments:	

### SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

	CE (Not an Acrony	m)	► NAME OF SOURCE (A	lot an Acrony	m)
ADDRESS (Business Address Acceptable)		ADDRESS (Business Address Acceptable)			
BUSINESS ACTIVI	ITY, IF ANY, OF S	OURCE	BUSINESS ACTIVITY, I	F ANY, OF S	OURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) V/	ALUE	DESCRIPTION OF GIFT(S)
	\$				
	\$	-	/ s.		
	\$		\$_		· ·
AME OF SOURC	E (Not an Acronyi	n)	► NAME OF SOURCE (N	lot an Acronyi	m)
ADDRESS (Busine	ss Address Accept	table)	ADDRESS (Business Ad	ddress Accep	table)
BUSINESS ACTIVI	TY, IF ANY, OF SO	DURCE	BUSINESS ACTIVITY, II	F ANY, OF S	OURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VA	ALUE	DESCRIPTION OF GIFT(S)
	\$				· ·
	\$	· ——			3 s
	\$				
IAME OF SOURC	E (Not an Acronyr	n)	► NAME OF SOURCE (N	ot an Acronyr	n)
DDRESS (Busines	ss Address Accept	able)	ADDRESS (Business Ad	ddress Accept	lable)
USINESS ACTIVIT	TY, IF ANY, OF SC	DURCE	BUSINESS ACTIVITY, IF	ANY, OF SO	DURCE
ATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VA	LUE	DESCRIPTION OF GIFT(S)
	\$	1	\$		
	s	5			· ·

# SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name	8

- . Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.
- · For gifts of travel, provide the travel destination.

	1
► NAME OF SOURCE (Not an Acronym)	▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):/	DATE(S):/
► MUST CHECK ONE: ☐ Gift -or- ☐ Income	MUST CHECK ONE: ☐ Gift -or- ☐ Incorne
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
▶ If Gift, Provide Travel Destination	▶ If Gift, Provide Travel Destination
▶ NAME OF SOURCE (Not an Acronym)	▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):/	DATE(S):/
MUST CHECK ONE: Gift -or- Income	► MUST CHECK ONE: ☐ Gift -or- ☐ Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
► If Gift, Provide Travel Destination	▶ If Gift, Provide Travel Destination
Comments:	. ,



## STATEMENT OF ECONOMIC INTERESTS COVER PAGE



Please type or print in ink.

NAME OF FILER (LAST)	(FIRST) (MIDDLE)
1. Office, Agency, or Court	
Agency Name (Do not use acronyms)	
San Bernardino County Emplo Division, Board, Department, District, if applicable	yees' Retirement Assoc
Division, Board, Department, District, if applicable	Your Position
	Trustee
▶ If filing for multiple positions, list below or on an attachment. (Do it	not use acronyms)
Agency:	Position:
2. Jurisdiction of Office (Check at least one box)	CHICAGO WAREHOUSE CHICAGO CONTROL CONT
State	☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County	
City of	_ ,   _ ,
City of	Sollies School State
3. Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2018, through December 31, 2018.	Leaving Office: Date Left/(Check one circle.)
The period covered is/, thro December 31, 2018.	ugh O The period covered is January 1, 2018, through the date of leaving office.
Assuming Office: Date assumed/	<ul> <li>The period covered is/, through the date of leaving office.</li> </ul>
Candidate: Date of Electionand office sou	ght, if different than Part 1:
4. Schedule Summary (must complete) ► Total num	when of mana including this seven page.
Schedules attached	nber of pages including this cover page:
	☐ Schedule C - Income, Loans, & Business Positions - 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 (Business or Agency Address Recommended - Public Document)	Y STATE ZIP CODE
business of Agency Audioss Nocommented *1 unit becamenty	
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS
I have used all reasonable diligence in preparing this statement. I have herein and in any attached schedules is true and complete. I acknowle	reviewed this statement and to the best of my knowledge the information contained edge this is a public document,
I certify under penalty of perjury under the laws of the State of Ca	
Date Signed 3/24/19	Signature
(month, day, year)	(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.

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION AMENDMENT

Do not attach brokerage	or financial statements.
► NAME OF BUSINESS ENTITY  Vova	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAID MADUET WALLIE
\$2,000 - \$10,000	FAIR MARKET VALUE  \$2,000 - \$10,000
NATURE OF INVESTMENT Stock  Other  (Describe)  Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	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:	IF APPLICABLE, LIST DATE:/
ACQUIRED DISPOSED  NAME OF BUSINESS ENTITY	ACQUIRED DISPOSED  ► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
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)	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 O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)  IF APPLICABLE, LIST DATE:	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)  IF APPLICABLE, LIST DATE:
/	
NAME OF BUSINESS ENTITY	Filer's Verification
GENERAL DESCRIPTION OF THIS BUSINESS	Print Name
FAIR MARKET VALUE  \$2,000 - \$10,000  \$100,000  \$100,001 - \$1,000,000  Over \$1,000,000	Statement Type 2018/2019 Annual Assuming Leaving Annual Candidate
NATURE OF INVESTMENT  Stock Other (Describe)  Partnership O Income Received of \$0 - \$499	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 certify under penalty of perjury under the laws of the State of
○ Income Received of \$500 or More (Report on Schedule C)  IF APPLICABLE, LIST DATE:	California that the foregoing is true and correct.
// 18/18	Date Signed(month, day, year)
	Filer's Signature

Comments: \_

### **SCHEDULE B** Interests in Real Property (Including Rental Income)



ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
13541 5th St.	
CITY	CITY
YUCAIPA, CA	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000 / / 18 / / 18
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$10,001 - \$100,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold	Leasehold
•	Yrs. remaining Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000  ☐ \$10,001 - \$100,000 ☐ OVER \$100,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of
income of \$10,000 or more.	income of \$10,000 or more.
None	None
Jerry Huddleston	
* Var. and was in a day and the same of the same from a second sec	
You are not required to report loans from a commercia	I lending institution made in the lender's regular course of
loans received not in a lender's regular course of business	without regard to your official status. Personal loans and
NAME OF LENDER*	Filer's Verification
ADDRESS (Business Address Acceptable)	Print Name
The state of the s	Office, Agency
BUSINESS ACTIVITY, IF ANY, OF LENDER	or Court
	Statement Type 2018/2019 Annual Assuming Leaving
INTEREST RATE TERM (Months/Years)	Annual Candidate
% \[ \int \text{None} \]	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information
%None	contained herein and in any attached schedules is true and complete.
HIGHEST BALANCE DURING REPORTING PERIOD	I certify under penalty of perjury under the laws of the State of
\$500 - \$1,000 \$1,001 - \$10,000	California that the foregoing is true and correct.
\$10,001 - \$100,000	Date Signed
Guarantor, if applicable	(month, day, year)
	Filer's Signature

Comments: \_\_\_\_\_



## STATEMENT OF ECONOMIC INTERESTS COVER PAGE



Please type or print in ink.

A PUBLIC DOCUMENT

NAM	OF FILER (LAST) (FIRST)	(MIDDLE)
	Newcomer Jare	d Ryan
1. (	Office, Agency, or Court	į
,	Agency Name (Do not use acronyms)	1 7
	San Bernardino Courty Employe	es Retirement Association Your Position Trustee / Board Member
	Division, Board, Department, District, if applicable	Your Position
1	Sourd	Trustee Board Member
	▶ 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	☐ Judge or Court Commissioner (Statewide Jurisdiction)
[	Multi-County	_ County of
[	City of	Wother Special District
_		
	Type of Statement (Check at least one box)	
[	Annual: The period covered is January 1, 2018, through	Leaving Office: Date Left
	December 31, 2018.	(Check one circle.)
	The period covered is/, through December 31, 2018.	The period covered is January 1, 2018, through the date of or-
[	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.	Schedule Summary (must complete) ► Total numb	er of pages including this cover page:
	Schedules attached	
	Scredule A-1 - Investments – schedule attached	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
	Mana Al (11 11 1	
_	- None - No reportable interests on any schedule	
	/erification	ATAYS TID CODE
	MAILING ADDRESS STREET CITY Business or Agency Address Recommended - Public Document)	STATE ZIP CODE
	ANYTHIS TELEPHONE NUMBER	EMAIL ADDOCCO
	AYTIME TELEPHONE NUMBER	EMAIL ADDRESS
J h	have used all reasonable diligence in preparing this statement. I have re erein and in any attached schedules is true and complete. I acknowled	viewed this statement and to the best of my knowledge the information contained ge this is a public document.
1	certify under penalty of perjury under the laws of the State of Calif	ornia that the foregoing is true and correct.
r	ate Signed 03/27/19	Signature
	(mofith, day, year)	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

▶ 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Business and The Badge	
Business and The Badge 12277 Apple Valley Rd AVCA	Name
Address (Business Address Abceptable)	Address (Business Address Acceptable)
Check one ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2	Check one ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Podeast, Media	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000//18/2//18	\$2,000 - \$10,000//18//18
\$10,001 - \$100,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000	\$10,001 - \$100,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT Partnership Sole Proprietorship Other	NATURE OF INVESTMENT Partnership Sole Proprietorship
Other Other	Other Other
YOUR BUSINESS POSITION <u>Co Founder</u>	YOUR BUSINESS POSITION
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
□ \$10,001 - \$100,000	\$0 - \$499 \$10,001 - \$100,000
S500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000	\$500 - \$1,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
None or Names listed below	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)  None or Names listed below
Advertising	
29	
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
LEASED BY THE BUSINESS ENTITY OR TRUST	LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Description of Desires Astribus	Description of Description Artificity on
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
S100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	\$1,00,001 - \$1,000,000 ACQUIRED DISPOSED  Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments: Company dissolved late.	PPPC Form 700 (2018/2019)  FPPC Advice Email: advice@fppc.ca.gov



### STATEMENT OF ECONOMIC INTERESTS COVER PAGE



Please type or print in ink.

NAME OF FILER (LAST)

A PUBLIC DOCUMENT

(FIRST)

Rutherford	Janice
1. Office, Agency, or Court	
Agency Name (Do not use acronyms)	
San Bernardino County Employees' Retiren	nent Association
Division, Board, Department, District, if applicable	Your Position
Board of Retirement	Board Member
▶ If filing for multiple positions, list below or on an attach	ment. (Do not use acronyms)
Agency:	Position:
2. Jurisdiction of Office (Check at least one box)	
☐ State	☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County	
☐ City of	Special District
	X Other Special Signification
3. Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2018, through December 31, 2018.	cough Leaving Office: Date Left/(Check one circle.)
The period covered is/	, through   The period covered is January 1, 2018, through the date of leaving office.
Assuming Office: Date assumed//	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:
Schedules attached	rotal number of pages including this cover page:
Schedule A-1 - Investments – schedule attached	Schodule C. Income Joseph R. Distinger Destinate actual 1 (1)
Schedule A-2 - Investments – schedule attached	<ul> <li>✓ Schedule C - Income, Loans, &amp; Business Positions – schedule attached</li> <li>✓ Schedule D - Income – Gifts – schedule attached</li> </ul>
Schedule B - Real Property − schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-Or- ☐ None - No reportable interests on any s	schedule
5. Verification	
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY STATE ZIP CODE
Tousiness of Adency Address Recommended - Phone Discomment	
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
	janice.rutherford@bos.sbcounty.gov
I have used all reasonable diligence in preparing this statem herein and in any attached schedules is true and complete	nent. I have reviewed this statement and to the best of my knowledge the information contained. 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 March 7, 2019	Signature
(month, day, year)	(File the originally signed paper statement with your filing official.)

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE Expanded Statement Attachment

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Janice Rutherford

\* This table lists all positions including the primary position listed in the Office, Agency, or Court section of the Cover Page.

Agency	Division/Board/Dept/District	Position	Type of Statement
County of San Bernardino	Board of Supervisors, 2nd District	Supervisor	Annual 1/1/2018 - 12/31/2018
SBCERA	Board	Member	Annual 1/1/2018 - 12/31/2018
LAFCO San Bernardino County	Board	Alternate	Annual 1/1/2018 - 12/31/2018
Omnitrans	Board	Board Member	Annual 1/1/2018 - 12/31/2018
		Member	Annual 1/1/2018 - 12/31/2018
San Bernardino County Transportation Commission	Board	Member	Annual 1/1/2018 - 12/31/2018
San Bernardino County Service Authority for Freeway Emergencies	Board	Member	Annual 1/1/2018 - 12/31/2018
South Coast Air Quality Management District	Board	Board Member	Annual 1/1/2018 - 12/31/2018
Housing Authority of San Bernardino County	Board	2nd District Supervisor	Annual 1/1/2018 - 12/31/2018
Big Bear Valley Recreation and Park	Board	Member	Annual 1/1/2018 - 12/31/2018
Bloomington Recreation and Park District	Board	Member	Annual 1/1/2018 - 12/31/2018
Board Governed County Service Areas	Board of Supervisors	Member	Annual 1/1/2018 - 12/31/2018

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE Expanded Statement Attachment

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name

....

Janice Rutherford

Agency	Division/Board/Dept/District	Position	Type of Statement	
County Industrial Board Development Authority (CoIDA)		Member	Annual 1/1/2018 - 12/31/2018	
In-Home Supportive Services Public	Board	Member	Annual 1/1/2018 - 12/31/2018	
Inland Counties Emergency Medical Agency (ICEMA)	Board	Member	Annual 1/1/2018 - 12/31/2018	
Inland Empire Public Facilities Corporation	Board	Member	Annual 1/1/2018 - 12/31/2018	
San Bernardino County Financing Authority	Board	Member	Annual 1/1/2018 - 12/31/2018	
San Bernardino County Fire Protection District	Board	Member	Annuel 1/1/2018 - 12/31/2018	
San Bernardino County Flood Control District	Board	Member	Annual 1/1/2018 - 12/31/2018	
Successor Agency to the County of San Bernardino Redevelopment Agency	Board`	Member	Annual 1/1/2018 - 12/31/2018	
Economic and Community Development Corporation (ECDC)	Board	Member	Leaving Office 6/17/2018	

## 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
Rutherford, Janice

▶ 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Lim Family Trust	
Name	Name
7426 Cherry Ave., Ste 210-402	
Address (Business Address Acceptable) Check one	Address (Business Address Acceptable)
	Check one  □ Trust, go to 2 □ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	
SERVINE DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000// <u>18</u> // <u>18</u>	\$0 - \$1,999 \$2,000 - \$10,000//_18// 18
\$10,001 - \$100,000 ACQUIRED DISPOSED	\$10,001 - \$100,000 ACQUIRED DISPOSED
\$100,001 - \$1,000,000  Over \$1,000,000	\$1,000,001 - \$1,000,000 Over \$1,000,000
MATURE OF INVESTMENT	
NATURE OF INVESTMENT  Partnership Sole Proprietorship	NATURE OF INVESTMENT Partnership Sole Proprietorship
Other	Other
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA
SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
□ \$0 - \$499	□ \$0 - \$499 □ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000 ☐ \$1,001 - \$10,000	\$500 - \$1,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (Altach a separate sheet if necessary.)	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
None or	None or Names listed below
▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST	LEASED BY THE BUSINESS ENTITY OR TRUST
Check one box:  INVESTMENT REAL PROPERTY	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or	Description of Business Activity or
City or Other Precise Location of Real Property	City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$10,001 - \$100,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property	Check box if additional schedules reporting investments or real property
are attached	are attached

Comments:

### **SCHEDULE B** Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Rutherford, Janice

CITY
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000     \$10,001 - \$1,000,000     ACQUIRED   DISPOSED
NATURE OF INTEREST
Ownership/Deed of Trust Easement
Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source or income of \$10,000 or more.  None
al lending institution made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows:    NAME OF LENDER*
without regard to your official status. Personal loans and ness must be disclosed as follows:
without regard to your official status. Personal loans and ness must be disclosed as follows:
without regard to your official status. Personal loans and ness must be disclosed as follows:  NAME OF LENDER*
without regard to your official status. Personal loans and ness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)
NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER
without regard to your official status. Personal loans and ness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  TERM (Months/Years)
without regard to your official status. Personal loans and ness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  TERM (Months/Years)  None
without regard to your official status. Personal loans and ness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)  Whone  HIGHEST BALANCE DURING REPORTING PERIOD

#### SCHEDULE C Income, Loans, & Business **Positions**

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Rutherford, Janice

▶ 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME Kaiser Permanente	NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable) 9310 Sierra Ave Fontana, CA 92335	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE Health Care	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION none	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	GROSS INCOME RECEIVED No Income - Business Position Only  \$500 - \$1,000 \$1,001 - \$10,000  \$11,001 - \$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	Schedule A-2.)
(Real property, car, boat, etc.)  Loan repayment	(Real property, car, boat, etc.)
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)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERI	· · · · · · · · · · · · · · · · · · ·
a retail installment or credit card transaction, made in th	lending institution, or any indebtedness created as part of the lender's regular course of business on terms available to tus. Personal loans and loans received not in a lender's s:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	% None
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
HIGHEST BALANCE DURING REPORTING PERIOD	Real Property
\$500 - \$1,000 \$1,001 - \$10,000	City
\$10,001 - \$100,000	Guarantor
OVER \$100,000	Other(Describe)
Comments:	·

### SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name

Rutherford, Janice

► NAME OF SOURCE (N	lot an Acronym)		•	NAME OF SOURCE	E (Not an Acronym)	
BCM Group			Ш	Wiener Prope	rties	
ADDRESS (Business A			Ш	ADDRESS (Busines	ss Address Acceptab	ile)
		amonga, CA 91730	Ш	118 South Ber	verly Dr Beverl	y Hills, CA 90212
BUSINESS ACTIVITY, II	F ANY, OF SOUR	CE	Ш	BUSINESS ACTIVIT	ΓΥ, IF ANY, OF SOL	RCE
Construction			Ш	Real Estate		
, , , , , , , , , , , , , , , , , , , ,	ALUE	DESCRIPTION OF GIFT(S)	Ш	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 21 18 \$	100	Ontario Reign Tickets		04 , 04 , 18	\$ <u>80</u>	Dinner at Ocean Prime
			Ш	06,12,18	75 \$	Dinner at Avra
/\$_			Н	06 , 12 , 18	<b>\$</b>	Flowers
► NAME OF SOURCE (N	ot an Acronym)		╢	NAME OF SOURCE	E (Not an Acronvm)	
Athens Services			Ш	Wiener Prope		
ADDRESS (Business Ad	ddress Acceptable,		-11	ADDRESS (Busines		/e)
14048 E Valley B	Blvd City of In-	dustry, CA 91746	Ш			y Hills, CA 90212
BUSINESS ACTIVITY, IF	ANY, OF SOUR	DE .		BUSINESS ACTIVIT		
Waste Collection	and Recyclin	ng	- 11	Real Estate	,	
DATE (mm/dd/yy) VA	LUE	DESCRIPTION OF GIFT(S)		DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 10 18	100	Christmas Chocolates		11 , 25 , 18	75 \$	Fruit Basket
/\$_				12,30,18	\$_75	Fruit Basket
			11 .	09 27 18	\$	Lunch at Crustacean
NAME OF SOURCE (No	ot an Acronym)		┨┝	NAME OF SOURCE	(Not an Acronym)	
Kristine Scott			Ш		Hidden Acres	
ADDRESS (Business Ad	ldress Acceptable)			ADDRESS (Busines	s Address Acceptable	e)
155 S. G St. San	Bernardino,	CA 92410	11	955 Lytle Cree	ek Rd. Lytle Cr	eek, CA 92358
BUSINESS ACTIVITY, IF	ANY, OF SOUR	Œ		BUSINESS ACTIVIT	Y, IF ANY, OF SOUI	RCE
Utility			Ш	Event Venue		
DATE (mm/dd/yy) VA	LUE	DESCRIPTION OF GIFT(S)		DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 30 18 \$	50	Gift Card for Chico's		05 , 13 , 18	\$	Mother's Day Brunch
					\$	
			11		\$	
Comments:						

## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE



Please type or print in ink.

NAI	Stattoud	(FIRST) (MIDDLE)
1.	Office, Agency, or Court	
	Agency Name (Do not use acronyms)  Agency Name (Do not use acronyms)  Division, Board, Department, District, if applicable	Trustee Your Position
	▶ If filing for multiple positions, list below or on an attachment (Do not use Agency:	
-		all the second s
2.	Jurisdiction of Office (Check at least one box)    ☐ State  ☐ Multi-County  ☐ City of  ☐ Ci	Judge or Court  Special District
3.	Type of Statement (Check at least one box),  Annual: The period covered is January 1, 20 18 through	Leaving Office: Date Left
	The period covered is, through December 31, 2013.	<ul> <li>The period covered is January 1, 2013, through the date of leaving office.</li> </ul>
	Assuming Office: Date assumed	The period covered is/, through the date of leaving office.
	Candidate: Election year and office sought, if	different than Part 1:
4.	Schedule Summary	4
	Check applicable schedules or "None." ► Total	number of pages including this cover page:
	Schedule A-1 - Investments – schedule attached	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 intere	ests on any schedule
5.	Verification	
	MAILING ADDRESS STREET CITY (Business or Agency Address Recommended - Public Document)	STATE ZIP CODE
	DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS (OPTIONAL)  S. DCEVA . 8 rg
	herein and in any attached schedules is true and complete. I acknowledge	
	I certify under penalty of perjury under the laws of the State of Califor	nia that the foregoing is true and correct.
	Date Signed 12/27/18	Signature
_		

FPFC IOINTICC ....

## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

	RECEIVED			
Date	Initial Filing Received			
	SBCERA			

Please type or print in ink.

A PUBLIC DOCUMENT

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Waner	Neal	Alfred
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		*
San Bernardino County Employees R	Retirement Association	
Division, Board, Department, District, if applicable		Your Position
Board		Trustee
▶ If filing for multiple positions, list below or on a	an attachment. (Do not use	acronyms)
Agency:		Position;
2. Jurisdiction of Office (Check at least of	ne box)	
☐ State		☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County		<u> </u>
•		☐ County of
City of		X Other
3. Type of Statement (Check at least one	box)	
★ Annual: The period covered is January 1, 2	018, through	Leaving Office: Date Left
December 31, 2018.	•	(Check one circle.)
The period covered is/	/, through	<ul> <li>The period covered is January 1, 2018, through the date of -or-</li> </ul>
Assuming Office: Date assumed/_		The period covered is, through the date of leaving office.
Candidate: Date of Election	and office sought, if	different than Part 1:
1 Sabadula Summan, (must samplet	o)	
<ol> <li>Schedule Summary (must complete Schedules attached</li> </ol>	e) ► lotal number o	f pages including this cover page:
Schedules attached		
Schedule A-1 - Investments – schedule a		Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule R. Pool Property - schedule a		Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property – schedule a	ttached;	Schedule E - Income - Gifts - Travel Payments - schedule attached
-or-   None - No reportable interests o	n any schedule	+
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Documen	CITY	STATE ZIP CODE
DAYTIME TELEPHONE NUMBER	E	MAIL ADDRESS
		NealWaner@LPL.com
I have used all reasonable diligence in preparing the herein and in any attached schedules is true and		ed this statement and to the best of my knowledge the information contained is is a public document.
I certify under penalty of perjury under the law	s of the State of California	that the foregoing is true and correct.
Date Signed 3~5~19	Sign	nature
(month, day, year)		(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.

CALIFORM FAIR POLITICA	NIA FORM 700 L PRACTICES COMMISSION
Name Mea	( Waner

Do not attach brokerage o	
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY  LACK LEVE Energy Por
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Common stock	Master Litt Parth orship
FAIR MARKET VALUE	FAIR MARKET VALUE
☐ \$2,000 - \$10,000 <a><a><a><a><a><a><a><a><a><a><a><a><a>&lt;</a></a></a></a></a></a></a></a></a></a></a></a></a>	\$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 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
8127 18/5 / 18	8,27,18/5 / 18
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Crexien fo	Ring Entry
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
_ ibinin in sierk	_ Common stock
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  Stock ☐ Other	NATURE OF INVESTMENT  Stock Other
(Describe)	(Describe)
☐ 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 (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
8/8/48	18 18
ACQUIRED DISPOSED	ACQUIRED ØISPOSED
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
- Illa lum por for	125/h Lnc
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Common STOCK	common stock
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
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 (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
1 1/2/18/5 //18	5/2//18
ACQUIRED DISPOSED	ACQUIRED DISPOSED
14.1.	
Comments: STOULS DWA ZW	in skl tra

#### **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 <b>7</b> ()	
FAIR POLITICAL PRACTICES COMMISSION	
Name	/
/	Var lations =

	, manual statements.
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
Tours Oction	ZIPPHAVIN
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Common Stock	Lommon stock
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000\$10,001 - \$100,000	\$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 Stock Other	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe)
☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
1.11.65	15.15
1 10 1873 18	15 148/3 1/18
ACQUIRED DISPOSED	ACQUIRED ØISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	CENERAL RECORDITION OF THIS BUSINESS
OLIVEINAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
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	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe)	(Describe)
☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
S meaning resource of these respectively	Theorie Received of \$500 of More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//_18//_18_	//_18//_18
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	I was a second s
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAID MADIZET VALUE	-
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$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 \$500 or More (Report on Schedule C)	○ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//_18//_18_	///
ACQUIRED DISPOSED	ACQUIRED DISPOSED
1-1	1
Comments: STOCKS DWn & 1	n SEV FRA

#### **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 NEW Winner

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
New Whomes GFP alba Stone Payme	
New White 4Ff Mbs Stone Payne Name Waner 300 East State & #570 Redlands <	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one	Check one
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Financial Advisory	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000	\$2,000 - \$10,000// <u>18</u> // <u>18</u>
\$10,001 - \$100,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000	\$10,001 - \$100,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Partnership Sole Proprietorship Other	Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION DWATV	YOUR BUSINESS POSITION
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA
SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
☐ \$0 - \$499 ☐ \$10,001 - \$100,000 ☐ \$500 - \$1,000 ☐ \$7.0VER \$100,000	\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000
\$1,001 - \$10,000	\$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.)	➤ 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	None or Names listed below
LAL Financial (Broker Derler)	
*	
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST	LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST
Check one box:  INVESTMENT REAL PROPERTY	Check one box:  INVESTMENT REAL PROPERTY
	THE PROPERTY OF THE PROPERTY O
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
- Secretary and the secretary address of the secretary	Assessed at allest Number of Officer Address of Near Property
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000	\$2,000 - \$10,000
\$10,001 - \$100,000 \$100,000 DISPOSED	\$10,001 - \$100,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST  Property Ownership/Deed of Trust  Stock  Partnership	NATURE OF INTEREST  Property Ownership/Deed of Trust  Stock  Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
·	70
Comments:	FBDC Form 700 (2010 (2010)



## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

RECEIVED	
Date Initial Filing Receive A <sup>princial</sup> 0 <sup>se</sup> 1 <sup>on</sup> 2019	d
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Please type or print in ink.

A PUBLIC DOCUMENT

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Williams	Vere	
1. Office, Agency, or Court		
Agency Name (Do not use acronyms		
SAN BERNARDINO COUNT	Y EMPLOYEES' RETIRE	MENT BOARD
Division, Board, Department, District,	f applicable	Your Position
BOARD		GENERAL MEMBER
► If filling for multiple positions, list be	elow or on an attachment. (Do not	t use acronyms)
Agency:		Position:
2. Jurisdiction of Office (Check	k at least one box)	
☐ State		☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County		
City of		CDECIAL DICTRICT
City of		Other
3. Type of Statement (Check at	least one box)	
Annual: The period covered is J December 31, 2018.	anuary 1, 2018, through	Leaving Office: Date Left/(Check one circle.)
	, throug	h   The period covered is January 1, 2018, through the date of -or- leaving office.
Assuming Office: Date assume	1	The period covered is/, through the date of leaving office.
Candidate: Date of Election	and office sou	ght, if different than Part 1:
4. Schedule Summary (must Schedules attached	complete) ► Total numb	per of pages including this cover page:
☐ Schedule A-1 - Investments -  Schedule A-2 - Investments -		Schedule C - Income, Loans, & Business Positions – schedule attached
Schedule B - Real Property –		<ul> <li>✓ Schedule D - Income - Gifts - schedule attached</li> <li>✓ Schedule E - Income - Gifts - Travel Payments - schedule attached</li> </ul>
	Contradio attachica	Officials E - moone - Onto - material dyments - Schedule attached
-or- 🗆 None - No reportable in	nterests on any schedule	
5. Verification		
MAILING ADDRESS STREET	CITY	STATE ZIP CODE
(Business or Agency Address Recommended - F	ublic Document)	
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
		verevlw@aol.com
I have used all reasonable diligence in herein and in any attached schedules		eviewed this statement and to the best of my knowledge the information contained lige this is a public document.
I certify under penalty of perjury un	der the laws of the State of Calif	fornia that the foregoing is true and correct.
Date Signed <u>04/01/2019</u>		Circolus
(month, day, y	ear)	Signature (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
Vere Williams

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Williams Bookkeeping Service	
Name	Name
PO Box 550, Victorville, CA 92392	
Address (Business Address Acceptable) Check one	Address (Business Address Acceptable)
☐ Trust, go to 2   ■ Business Entity, complete the box, then go to 2	Check one ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Business Consulting, Bookkeeping & Tax Service	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:    \$0 - \$1,999	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$0 - \$1,999   \$2,000 - \$10,000   \$10,001 - \$100,000   ACQUIRED   DISPOSED   DISPOSED   Over \$1,000,000
NATURE OF INVESTMENT Partnership Sole Proprietorship Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
	\$0 - \$499 \$10,001 - \$100,000 OVER \$100,000 S1,001 - \$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	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	► 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, <u>or</u> Assessor's Parcel Number or Street Address of 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	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000   \$10,001 - \$100,000  /
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	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
Vere Williams

➤ 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
San Bernardino Public Employees Association	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
433 N Sierra Way	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
San Bernardino, CA	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Board Member	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 <b>X</b> \$1,001 - \$10,000	\$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	☐ \$10,001 - \$100,000 ☐ OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	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.)	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)
_ Stipend	II _
X Other (Describe)	Other(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	RIOD II I I I I I I I I I I I I I I I I I
a retail installment or credit card transaction, made in t	I lending institution, or any indebtedness created as part of he 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)	% None
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
HIGHEST BALANCE DURING REPORTING PERIOD	Real PropertyStreet address
\$500 - \$1,000	
\$1,001 - \$10,000	City
	Guarantor
\$10,001 - \$100,000	
OVER \$100,000	Other(Describe)
	(Describe)
Comments:	

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Vere Williams

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED					
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME					
Socal PermanenteMedical Group	Loma Linda University Medical Center					
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)					
393 E Walnut, Pasadena CA 91188	34887 Taylor St., Ste 20, Loma Linda, CA 92354					
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE					
Health Care	Health Care					
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION					
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only					
\$500 - \$1,000 \$1,001 - \$10,000	X \$500 - \$1,000					
\$10,001 - \$100,000 X OVER \$100,000	\$10,001 - \$100,000					
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED					
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	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.)	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)	(Davida)					
(Describe)	(Describe)					
Other(Describe)	Other					
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD						
You are not required to report loans from a commercial le a retail installment or credit card transaction, made in the members of the public without regard to your official statu regular course of business must be disclosed as follows:	e lender's regular course of business on terms available to us. Personal loans and loans received not in a lender's					
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)					
ADDRESS (Business Address Acceptable)	% None					
	SECURITY FOR LOAN					
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence					
	C Real Presents					
HIGHEST BALANCE DURING REPORTING PERIOD	Real PropertyStreet address					
\$500 - \$1,000						
\$1,001 - \$10,000	City					
_	Guarantor					
\$10,001 - \$100,000						
OVER \$100,000	Other(Describe)					
	(Describe)					

### SCHEDULE D Income - Gifts

81.75



NAME OF SOURCE (Not an Acronym) CORTUM Capital Management ADDRESS (Business Address Acceptable) 214 North Tryon St., Ste 1950, Charlotte, NC 28202 BUSINESS ACTIVITY, IF ANY, OF SOURCE Capital management DATE (mwiddyly) VALUE DESCRIPTION OF GIFT(S) 03 07 18 \$30.42 Breakfast & Lunch 09 19 18 \$25.92 Investment forum spons  NAME OF SOURCE (Not an Acronym)  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mmiddyly) VALUE DESCRIPTION OF GIFT(S)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mmiddyly) VALUE DESCRIPTION OF GIFT(S)  NAME OF SOURCE (Not an Acronym)  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mmiddyly) VALUE DESCRIPTION OF GIFT(S)  NAME OF SOURCE (Not an Acronym)  ADDRESS (Business Address Acceptable)  BUSINESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mmiddyly) VALUE DESCRIPTION OF GIFT(S)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mmiddyly) VALUE DESCRIPTION OF GIFT(S)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mmiddyly) VALUE DESCRIPTION OF GIFT(S)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mmiddyly) VALUE DESCRIPTION OF GIFT(S)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mmiddyly) VALUE DESCRIPTION OF GIFT(S)						
ADDRESS (Business Address Acceptable) 214 North Tryon St., Ste 1950, Charlotte, NC 28202 BUSINESS ACTIVITY, IF ANY, OF SOURCE Capital management DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 03 , 07 , 18 , 30.42 Breakfast & Lunch 09 , 19 , 18 , 25.92 Investment forum spons  NAME OF SOURCE (Not an Acronym)  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  NAME OF SOURCE (Not an Acronym)  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  NAME OF SOURCE (Not an Acronym)  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  NAME OF SOURCE (Not an Acronym)  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)   ► NAME OF SOURC	E (Not an Acrony	m)	► NAME OF SOURCE (Not an Acro	nym)		
214 North Tryon St., Ste 1950, Charlotte, NC 28202  BUSINESS ACTIVITY, IF ANY, OF SOURCE  Capital management  DATE (mm/ddyy) VALUE DESCRIPTION OF GIFT(S)  03 ,07 ,18	Corrum Capita	al Manageme	ent		E	
BUSINESS ACTIVITY, IF ANY, OF SOURCE Capital management DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  03 , 07 , 18 , 30.42 Breakfast & Lunch 09 , 19 , 18 , 25.92 Investment forum spons  NAME OF SOURCE (Not an Acronym)  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  NAME OF SOURCE (Not an Acronym)  NAME OF SOURCE (Not an Acronym)  ADDRESS (Business Address Acceptable)  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  NAME OF SOURCE (Not an Acronym)  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)				ADDRESS (Business Address Acceptable)		
Capital management  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  03 , 07 , 18				¥		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  03			BUSINESS ACTIVITY, IF ANY, OF SOURCE			
03 , 07 , 18		gement				
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)		DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	
NAME OF SOURCE (Not an Acronym)  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  NAME OF SOURCE (Not an Acronym)  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  NAME OF SOURCE (Not an Acronym)  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	03 , 07 , 18	\$	Breakfast & Lunch	<b> </b>		
NAME OF SOURCE (Not an Acronym)  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  NAME OF SOURCE (Not an Acronym)  NAME OF SOURCE (Not an Acronym)  NAME OF SOURCE (Not an Acronym)  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	09 , 19 , 18	\$ <u>25.92</u>	Investment forum spons	\$		
ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  NAME OF SOURCE (Not an Acronym)  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		\$			<del></del>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  NAME OF SOURCE (Not an Acronym)  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	NAME OF SOURCE	E (Not an Acronyi	m)	▶ NAME OF SOURCE (Not an Acro	nym)	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  NAME OF SOURCE (Not an Acronym)  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	ADDRESS (Business Address Acceptable)			ADDRESS (Business Address Acceptable)		
	BUSINESS ACTIVIT	TY, IF ANY, OF S	OURCE	BUSINESS ACTIVITY, IF ANY, OF	SOURCE	
NAME OF SOURCE (Not an Acronym)  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	
NAME OF SOURCE (Not an Acronym)  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		\$				
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ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		\$		\$		
BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	NAME OF SOURCE	E (Not an Acronyi	m)	► NAME OF SOURCE (Not an Acro	nym)	
DATE (mm/dd/yy)         VALUE         DESCRIPTION OF GIFT(S)	ADDRESS (Busines	ss Address Accept	table)	ADDRESS (Business Address Acc	ceptable)	
	BUSINESS ACTIVIT	TY, IF ANY, OF SO	OURCE	BUSINESS ACTIVITY, IF ANY, OF	SOURCE	
	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	
		\$	-	\$		
		\$	-			
		\$				
Comments:	Comments:					