2014 Local Agency Biennial Notice Form

Attachment 1

2014 Local Agency Biennial Notice

Name of Agency: Local Agency Formation Commission (LAFCO)

Mailing Address: 215 North D Street, Ste. 204, San Bernardino, CA 92415-0490

Contact Person: Rebecca Lowery, Clerk to the Commission Phone No: (909) 383-9905

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Accurate disclosure is essential to monitor whether officials have conflicts of interest and to help ensure public trust in government. The biennial review examines current programs to ensure that the agency's code includes disclosure by those agency officials who make or participate in making governmental decisions.

This agency has reviewed its conflict of interest code and has determined that (check one box):

☑ **An amendment is required. The following amendments are necessary:**
(Mark all that apply.)

- ● Include new positions (including consultants) that must be designated
- ○ Revise disclosure categories
- ○ Revise the titles of existing positions
- ○ Delete positions that no longer make or participate in making governmental decisions
- ● Other *(describe)* provide clarifying statutory language

☐ **The code is currently under review by the code reviewing body.**

☐ **No amendment is required.** (If your code is more than five years old, amendments may be necessary.)

Verification

This agency's conflict of interest code accurately designates all positions that make or participate in the making of governmental decisions. The disclosure categories assigned to those positions accurately require the disclosure of all investments, business positions, interests in real property, and sources of income that may foreseeably be affected materially by the decisions made by those holding designated positions. The code includes all other provisions required by Government Code Section 87302.

Signature of Chief Executive Officer

8/28/14
Date

Complete and return this notice regardless of how recently your code was approved or amended. Please return this notice no later than **October 1, 2014**, or by the date specified by your agency, if earlier, to:
(PLACE RETURN ADDRESS OF THE CODE REVIEWING BODY HERE)

PLEASE DO NOT RETURN THIS FORM TO THE FPPC