



STATEMENT OF ECONOMIC INTERESTS COVER PAGE A Public Document

Date Initial Filing Received RECEIVED MAR 17 2023

1522249

Please type or print in ink.

LAFCO San Bernardino County

NAME OF FILER (LAST) (FIRST) (MIDDLE) Baca, Jr., Joe

1. Office, Agency, or Court

Agency Name (Do not use acronyms) County of San Bernardino Division, Board, Department, District, if applicable Board Of Supervisors Your Position Supervisor

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

Agency: *SEE ATTACHED FOR ADDITIONAL POSITIONS Position:

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

- State Multi-County City of Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) County of San Bernardino Other

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

- Annual: The period covered is January 1, 2022 through December 31, 2022. Leaving Office: Date Left The period covered is January 1, 2022 through the date of leaving office. The period covered is through the date of leaving office. Assuming Office: Date assumed Candidate: Date of Election and office sought, if different than Part 1:

4. Schedule Summary (required)

Total number of pages including this cover page: 6

Schedules attached

- Schedule A-1 - Investments - schedule attached Schedule A-2 - Investments - schedule attached Schedule B - Real Property - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule D - Income - Gifts - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE 385 N. Arrowhead Avenue San Bernardino CA 92415 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (909) 725-3838

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 03/15/2023 (month, day, year)

Signature Joe Baca, Jr. (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
Name Joe Baca, Jr.

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

Agency	Div/Board/Dept/District	Position	Type of Statement	SAN #
County of San Bernardino	Board Of Supervisors	Supervisor	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
Agua Mansa Industrial Growth Association		Member	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
Arrowhead Regional Medical Center Joint Conference Committee		Member	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
Children's Policy Council		Member	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
California State Association of Counties		Member	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
Big Bear Valley Recreation and Park District		Member	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
Bloomington Recreation and Park District		Member	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
Board governed County Service Areas		Member	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
Children and Families Commission	First 5	Commissioner	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
Con Fire Agency		Member	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
Head Start Shared Governance Board		Board Chair	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
In Home Support Services Public Authority		Member	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043

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CALIFORNIA FORM 700	
FAIR POLITICAL PRACTICES COMMISSION	
Name	Joe Baca, Jr.

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

Agency	Div/Board/Dept/District	Position	Type of Statement	SAN #
Indian Gaming Local Benefit Committee		Member	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
Inland Counties Emergency Medical Agency		Member	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
Inland Empire Public Facilities Corporation		Member	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
Inland Valley Development Agency		Member	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
Interagency Council on Homelessness		Member	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
Local Agency Formation		Member	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
National Association of		Member	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
Omnitrans Board of Directors		Member	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
San Bernardino Associated Governments		Member	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
San Bernardino County Financing Authority		Member	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
San Bernardino County Fire Protection District		Member	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
San Bernardino County Flood Control District		Member	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043

**STATEMENT OF ECONOMIC INTERESTS
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CALIFORNIA FORM 700
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name Joe Baca, Jr.

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

Agency	Div/Board/Dept/District	Position	Type of Statement	SAN #
San Bernardino County Industrial Development Authority		Member	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
San Bernardino Valley Municipal Water District Advisory Comm on Water Policy		Member	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
Solid Waste Advisory Task Force		Member	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
Successor Agency to the County of San Bernardino Redevelopment Agency		Member	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
Urban County Caucus		Member	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
San Bernardino International Airport Authority		Member	Annual 1/1/2022 - 12/31/2022	

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

 CITY
 Highland
 FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000
 IF APPLICABLE, LIST DATE:
 _____/_____/22 ACQUIRED _____/_____/22 DISPOSED
 NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ 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.
 None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

 CITY
 FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000
 IF APPLICABLE, LIST DATE:
 _____/_____/22 ACQUIRED _____/_____/22 DISPOSED
 NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ 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.
 None

* You are not required to report loans from a commercial lending institution 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*

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF LENDER

 INTEREST RATE TERM (Months/Years)
 _____% None _____
 HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

NAME OF LENDER*

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF LENDER

 INTEREST RATE TERM (Months/Years)
 _____% None _____
 HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: _____

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
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Date Received
Filing Official Use Only

MAR 19 2023

LAFCO

San Bernardino County

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Bagley James R

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

LOCAL AGENCY FORMATION COMMISSION FOR SAN BERNARDINO COUNTY

Division, Board, Department, District, if applicable

Your Position

Public 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, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

Multi-County _____

County of _____

City of _____

Other **SAN BERNARDINO COUNTY**

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

Annual: The period covered is January 1, 2022, through December 31, 2022.

Leaving Office: Date Left _____
(Check one circle.)

-or-
The period covered is _____, through December 31, 2022.

The period covered is January 1, 2022, through the date of leaving office.

Assuming Office: Date assumed _____

-or-
 The period covered is _____, through the date of leaving office.

Candidate: Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

▶ Total number of pages including this cover page: 2

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	STREET	CITY	STATE	ZIP CODE
<i>(Business or Agency Address Recommended - Public Document)</i>				
1170 WEST THIRD STREET, UNIT 150		SAN BERNARDINO	CA	92415-0490
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS			
(909) 388-0480	LAFCO@LAFCO.SBCOUNTY.GOV			

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/16/2023
(month, day, year)

Signature James R Bagley
(File the originally signed paper statement with your filing official)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

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MAR 19 2023

LAFCO
San Bernardino County

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Cox Kimberly

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Regional Water Quality Control Board, Lahontan Region

Division, Board, Department, District, if applicable

Your Position

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
- Multi-County _____
- City of _____
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other Lahontan Region

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

- Annual: The period covered is January 1, 2022, through December 31, 2022.
- or- The period covered is _____ through December 31, 2022.
- Assuming Office: Date assumed _____
- Candidate: Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office: Date Left _____ (Check one circle.)
- The period covered is January 1, 2022, through the date of leaving office.
- or- The period covered is _____ through the date of leaving office.

4. Schedule Summary (required)

▶ Total number of pages including this cover page: 5

Schedules attached

- Schedule A-1 - Investments - schedule attached
- Schedule A-2 - Investments - schedule attached
- Schedule B - Real Property - schedule attached
- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - schedule attached
- Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
<i>(Business or Agency Address Recommended - Public Document)</i>				
2501 Lake Tahoe Blvd.	Lake Tahoe	CA	96150	
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS			
(530) 542-5400	Kimberly.Cox@Waterboards.ca.gov			

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 3/9/2023
(month, day, year)

Signature Kimberly Cox
(File the originally signed paper statement with your filing official.)

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name
Cox, Kimberly

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

[REDACTED]

CITY
Helendale, CA

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000
 ACQUIRED / /22 DISPOSED / /22

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____
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.
 None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

[REDACTED]

CITY
Oro Grande, CA

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000
 ACQUIRED / /22 DISPOSED / /22

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____
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.
 None

* You are not required to report loans from a commercial lending institution 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*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
 _____% None _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
 _____% None _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

Guarantor, if applicable

Comments:

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Cox, Kimberly

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Greg Heldreth

ADDRESS (Business Address Acceptable)
[REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Cubic

YOUR BUSINESS POSITION
Senior Field Engineer

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
 Schedule A-2.)
 Sale of _____
 (Real property, car, boat, etc.)
 Loan repayment
 Commission or Rental Income, list each source of \$10,000 or more

 (Describe)
 Other _____
 (Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Helendale Community Services District

ADDRESS (Business Address Acceptable)
PO Box 359/26540 Vista Rd. Ste. B Helendale, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Local Government Agency

YOUR BUSINESS POSITION
General Manager

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
 Schedule A-2.)
 Sale of _____
 (Real property, car, boat, etc.)
 Loan repayment
 Commission or Rental Income, list each source of \$10,000 or more

 (Describe)
 Other _____
 (Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* 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* _____

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
 OVER \$100,000

INTEREST RATE _____% None

TERM (Months/Years) _____

SECURITY FOR LOAN
 None Personal residence
 Real Property _____
 Street address _____
 City _____
 Guarantor _____
 Other _____
 (Describe)

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
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APR 03 2023

LAFCO

San Bernardino County

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Denison Ricki Steven

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

LOCAL AGENCY FORMATION COMMISSION FOR SAN BERNARDINO COUNTY

Division, Board, Department, District, if applicable

Your Position

LAFCO Commission

Alternate Commissioner

► 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, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

Multi-County _____

County of _____

City of _____

Other SAN BERNARDINO COUNTY

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

Annual: The period covered is January 1, 2022, through
December 31, 2022.

Leaving Office: Date Left _____
(Check one circle.)

-or-

The period covered is _____, through
December 31, 2022.

The period covered is January 1, 2022, through the date of
leaving office.

-or-

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 (required)

► Total number of pages including this cover page: 2

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 STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

1170 WEST THIRD STREET, UNIT 150

SAN BERNARDINO

CA

92415-0490

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

(909) 388-0480

LAFCO@LAFCO.SBCOUNTY.GOV

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 03/29/2023
(month, day, year)

Signature _____
(File the originally signed paper statement with your filing official.)

SCHEDULE D
Income – Gifts

Name _____

▶ NAME OF SOURCE *(Not an Acronym)*
 Best Best & Krieger LLP (BB&K)

ADDRESS *(Business Address Acceptable)*
 2855 E. Guasti Road, Suite 400, Ontario, CA 91761

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 2022 CALAFCO Annual Conference

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 19 / 22	\$ 59.47	Event Dinner
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ 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 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)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

Comments: _____

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Date Filing Received
RECEIVED
MAR 17 2023

LAFCO
San Bernardino County

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Dupper Phillip

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

LOCAL AGENCY FORMATION COMMISSION FOR SAN BERNARDINO COUNTY

Division, Board, Department, District, if applicable

Your Position

COMMISSIONER

► 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
- Multi-County _____
- City of _____
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other **SAN BERNARDINO COUNTY**

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

- Annual:** The period covered is January 1, 2022, through December 31, 2022.
- or-
- The period covered is ____/____/____, through December 31, 2022.
- Assuming Office:** Date assumed ____/____/____
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left ____/____/____ (Check one circle.)
- The period covered is January 1, 2022, through the date of leaving office.
- or-
- The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (required)

► Total number of pages including this cover page: _____

Schedules attached

- Schedule A-1 - Investments** – schedule attached
- Schedule A-2 - Investments** – schedule attached
- Schedule B - Real Property** – schedule attached
- Schedule C - Income, Loans, & Business Positions** – schedule attached
- Schedule D - Income – Gifts** – schedule attached
- Schedule E - Income – Gifts – Travel Payments** – schedule attached

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

5. Verification

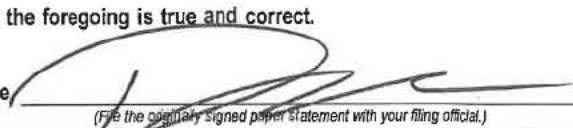
MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
1170 WEST THIRD STREET, UNIT 150 SAN BERNARDINO CA 92415-0490

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(909) 388-0480 LAFCO@LAFCO.SBCOUNTY.GOV

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 3/14/2023
(month, day, year)

Signature 
(File the originally signed paper statement with your filing official.)

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

Name
Phillip Dupper

- 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)
League of California Cities

ADDRESS (Business Address Acceptable)
1400 K Street

CITY AND STATE
Sacramento, CA

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy for cities and their residents

DATE(S): 1 / 1 / 22 - 12 / 31 / 22 AMT: \$ 780.59
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description Travel, meals, & lodging for volunteer services as a member of League of CA Cities

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

Comments: _____

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Date Initial Filing Received
Filed **RECEIVED**
APR 03 2023

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) **LAFCO**
Farrell Steven Clifford San Bernardino County

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

LOCAL AGENCY FORMATION COMMISSION FOR SAN BERNARDINO COUNTY

Division, Board, Department, District, if applicable

Your Position

Commissioner

► 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
- Multi-County _____
- City of _____
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other **SAN BERNARDINO COUNTY**

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

- Annual:** The period covered is January 1, 2022, through December 31, 2022.
- or-
- The period covered is _____, through December 31, 2022.
- Assuming Office:** Date assumed _____
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left _____ (Check one circle.)
- The period covered is January 1, 2022, through the date of leaving office.
- or-
- The period covered is _____, through the date of leaving office.

4. Schedule Summary (required)

► Total number of pages including this cover page: **1**

Schedules attached

- Schedule A-1 - Investments** – schedule attached
- Schedule A-2 - Investments** – schedule attached
- Schedule B - Real Property** – schedule attached
- Schedule C - Income, Loans, & Business Positions** – schedule attached
- Schedule D - Income - Gifts** – schedule attached
- Schedule E - Income - Gifts - Travel Payments** – schedule attached

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

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
1170 WEST THIRD STREET, UNIT 150 SAN BERNARDINO CA 92415-0490

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(909) 388-0480 LAFCO@LAFCO.SBCOUNTY.GOV

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 **MARCH 29, 2023**
(month, day, year)

Signature 
(File the originally signed paper statement with your filing official.)



STATEMENT OF ECONOMIC INTERESTS COVER PAGE A Public Document

Date Initial Filing Received RECEIVED MAR 08 2023

1506040

Please type or print in ink.

LAFCO San Bernardino County

NAME OF FILER (LAST) (FIRST) (MIDDLE) Hagman, Curt C

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

COUNTY OF SAN BERNARDINO

Division, Board, Department, District, if applicable

Your Position

Board Of Supervisors

Supervisor

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

Agency: *SEE ATTACHED FOR ADDITIONAL POSITIONS

Position:

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

- State San Bernardino, Riverside, Orange, Los Angeles
Multi-County Angeles
City of

- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
County of
Other

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

- Annual: The period covered is January 1, 2022 through December 31, 2022.
Assuming Office: Date assumed
Candidate: Date of Election and office sought, if different than Part 1:

- Leaving Office: Date Left
The period covered is January 1, 2022 through the date of leaving office.
The period covered is through the date of leaving office.

4. Schedule Summary (required)

Total number of pages including this cover page: 8

Schedules attached

- Schedule A-1 - Investments - schedule attached
Schedule A-2 - Investments - schedule attached
Schedule B - Real Property - schedule attached
Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule D - Income - Gifts - schedule attached
Schedule E - Income - Gifts - Travel Payments - schedule attached

- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
385 N. Arrowhead Avenue San Bernardino CA 92415
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(909) 387-4866

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 03/01/2023

Signature Curt C Hagman

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
Expanded Statement Attachment**

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name Curt C Hagman

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

Agency	Div/Board/Dept/District	Position	Type of Statement	SAN #
COUNTY OF SAN BERNARDINO	Board Of Supervisors	Supervisor	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
Big Bear Valley Recreation & Park District	Board of Directors	Chairman	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
Bloomington Recreation and Park District	Board of Directors	Chairman	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
California State Association of Counties (CSAC)	Board of Supervisors	Board Member	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
In-Home Supportive Services Public Authority	Board of Directors	Chairman	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
Inland Counties Emergency Medical Agency (ICEMA)	Board of Directors	Chairman	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
Inland Empire Health Plan	Board of Directors	Delegate	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
Inland Empire Public Facilities Corporation	Board of Directors	Delegate	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
National Association of	Board of Supervisors	Board Member	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
Omnitrans Board of Directors	Board of Directors	Board Member	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
Ontario International Airport Authority (OIAA)	Commission	Commissioner	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
San Bernardino Associated Governments (SANBAG)	Board of Directors	President	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
Expanded Statement Attachment**

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name Curt C Hagman

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

Agency	Div/Board/Dept/District	Position	Type of Statement	SAN #
San Bernardino County Financing Authority	Board of Directors	Chairman	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
San Bernardino County Fire Protection District	Board of Directors	Chairman	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
San Bernardino County Flood Control District	Board of Supervisors	Chairman	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
San Bernardino County Industrial Development Authority (ColDA)	Board of Directors	Chairman	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
Santa Ana Watershed Project Authority - One Water One Watershed Steering Committee (SAWPA OWOW)	One Water One Watershed Steering Committee	Committee Member	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
Solid Waste Advisory Task Force	Board of Supervisors	Chairman	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
Southern California Associated Governments (SCAG)	Regional Council	Regional Council Member	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
Southern California Water Committee	Board of Supervisors	Delegate	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
Successor Agency to the County of San Bernardino Redevelopment Agency	Board of Directors	Chairman	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
Inland Empire Health Plan Health Access	Board of Directors	Delegate	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
Inland Valley Development Agency	Board of Directors	Board Member	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
San Bernardino International Airport Authority	Commission	Alternate	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
Expanded Statement Attachment**

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name Curt C Hagman

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

Agency	Div/Board/Dept/District	Position	Type of Statement	SAN #
Local Agency Formation Commission of San Bernardino County	Board of Supervisors	Commissioner	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
Board Governed County Service Areas	Board of Supervisors	Chairman	Annual 1/1/2022 - 12/31/2022	

SCHEDULE A-1 Investments

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

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

Name
Hagman, Curt C

Investments must be itemized.

Do not attach brokerage or financial statements.

▶ NAME OF BUSINESS ENTITY
Kelly Space Technology

GENERAL DESCRIPTION OF THIS BUSINESS
Space, Technology and Homeland Defense

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:
 _____/_____/ 22 _____/_____/ 22
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

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 Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/ 22 _____/_____/ 22
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

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 Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/ 22 _____/_____/ 22
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

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 Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/ 22 _____/_____/ 22
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

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 Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/ 22 _____/_____/ 22
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

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 Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/ 22 _____/_____/ 22
 ACQUIRED DISPOSED

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 _____

Hagman, Curt C

▶ 1. BUSINESS ENTITY OR TRUST

California Business Solutions Holding Group

Name
4195 Chino Hills Parkway #204
Chino Hills, CA 91709

Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

Business Consulting

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:	
<input type="checkbox"/> \$0 - \$1,999	___/___/22	___/___/22
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	DISPOSED
<input checked="" type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INVESTMENT
 Partnership Sole Proprietorship LLC Other

YOUR BUSINESS POSITION President

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

<input type="checkbox"/> \$0 - \$499	<input checked="" type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$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

▶ 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:	
<input type="checkbox"/> \$2,000 - \$10,000	___/___/22	___/___/22
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> 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 are attached

▶ 1. BUSINESS ENTITY OR TRUST

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

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:	
<input type="checkbox"/> \$0 - \$1,999	___/___/22	___/___/22
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

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 TO THE ENTITY/TRUST)

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$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

▶ 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:	
<input type="checkbox"/> \$2,000 - \$10,000	___/___/22	___/___/22
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> 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 are attached

Comments: _____

**SCHEDULE D
 Income – Gifts**

Name
 Hagman, Curt C

▶ NAME OF SOURCE (Not an Acronym)
Auto Club Speedway
 ADDRESS (Business Address Acceptable)
 9300 Cherry
 Fontana, CA 92335
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

National Association for Stock Car Auto Racing

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 27 / 22	\$ 520.00	Event tickets
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Yaamava'
 ADDRESS (Business Address Acceptable)
 777 San Manuel Blvd
 Highland, CA 92346
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Casino

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 18 / 22	\$ 250.00	Event Tickets
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
University of La Verne
 ADDRESS (Business Address Acceptable)
 1950 Third St
 La Verne, CA 91750
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Non profit Education

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 23 / 22	\$ 300.00	Event tickets
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Engineering Contractors Association
 ADDRESS (Business Address Acceptable)
 201 N Harbor Blvd, Ste 205
 Fullerton, CA 92832
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Advocacy group

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 23 / 22	\$ 350.00	Event Tickets
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

RECEIVED
Date of Filing Received
Filing Official Use Only
JAN 17 2023

LAFCO
San Bernardino County

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Harvey Jim

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Lucerne Valley Unified School District

Division, Board, Department, District, if applicable Your Position
District 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
- Multi-County _____
- City of _____
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of San Bernardino
- Other _____

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

- Annual: The period covered is January 1, 2022, through December 31, 2022.
- or- The period covered is _____ through December 31, 2022.
- Assuming Office: Date assumed _____
- Candidate: Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office: Date Left _____ (Check one circle.)
- The period covered is January 1, 2022, through the date of leaving office.
- or- The period covered is _____ through the date of leaving office.

4. Schedule Summary (required)

► Total number of pages including this cover page: 2

Schedules attached

- Schedule A-1 - Investments - schedule attached
- Schedule A-2 - Investments - schedule attached
- Schedule B - Real Property - schedule attached
- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - schedule attached
- Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- None - No reportable interests on any schedule

5. Verification

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

DAYTIME TELEPHONE NUMBER EMAIL 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 01/12/2023
(month, day, year)

Signature James Harvey
(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)

Name
Jim Harvey

▶ 1. BUSINESS ENTITY OR TRUST

I Candy Website and Graphic Design

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

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	_____ / _____ / <u>22</u>
<input type="checkbox"/> \$2,000 - \$10,000	_____ / _____ / <u>22</u>
<input checked="" type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

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 TO THE ENTITY/TRUST)

\$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

▶ 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:
<input type="checkbox"/> \$2,000 - \$10,000	_____ / _____ / <u>22</u>
<input type="checkbox"/> \$10,001 - \$100,000	_____ / _____ / <u>22</u>
<input type="checkbox"/> \$100,001 - \$1,000,000	ACQUIRED DISPOSED
<input type="checkbox"/> 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 are attached

▶ 1. BUSINESS ENTITY OR TRUST

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

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	_____ / _____ / <u>22</u>
<input type="checkbox"/> \$2,000 - \$10,000	_____ / _____ / <u>22</u>
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

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 TO THE ENTITY/TRUST)

\$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

▶ 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:
<input type="checkbox"/> \$2,000 - \$10,000	_____ / _____ / <u>22</u>
<input type="checkbox"/> \$10,001 - \$100,000	_____ / _____ / <u>22</u>
<input type="checkbox"/> \$100,001 - \$1,000,000	ACQUIRED DISPOSED
<input type="checkbox"/> 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 are attached

Comments: _____

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Date Initial Filing Received

RECEIVED

MAR 17 2023

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) **LAFCO San Bernardino County**
KENLEY KEVIN

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

LOCAL AGENCY FORMATION COMMISSION FOR SAN BERNARDINO COUNTY

Division, Board, Department, District, if applicable

Your Position

ALTERNATE COMMISSIONER

► 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, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)

Multi-County _____

County of **SAN BERNARDINO**

City of _____

Other _____

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

Annual: The period covered is January 1, 2022, through December 31, 2022.

Leaving Office: Date Left ____/____/____ (Check one circle.)

-or-

The period covered is ____/____/____, through December 31, 2022.

The period covered is January 1, 2022, through the date of leaving office.

-or-

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 (required)

► Total number of pages including this cover page: 2

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 STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

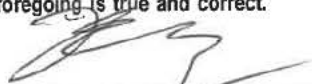
10440 ASHFORD STREET RANCHO CUCAMONGA CA 91730

DAYTIME TELEPHONE NUMBER EMAIL 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 3/14/23
(Month, day, year)

Signature 
(File the originally signed paper statement with your filing official.)

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)
AKD CONSULTING

ADDRESS (Business Address Acceptable)
3 CORAL COVE WAY, DANA POINT, CA 92629

BUSINESS ACTIVITY, IF ANY, OF SOURCE
ENGINEERING CONSULTANT

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 29 22	200	MEAL (plus spouse)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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 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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A Public Document

Date Initial Filing Received
Filing Official Use Only

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MAR 08 2023

1493542

Please type or print in ink.

LAFCO
San Bernardino County
(MIDDLE)

NAME OF FILER (LAST) (FIRST)
Rowe, Dawn

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
COUNTY OF SAN BERNARDINO
Division, Board, Department, District, if applicable
Board Of Supervisors
Your Position
Supervisor

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

Agency: *SEE ATTACHED FOR ADDITIONAL POSITIONS Position:

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

- State
- Multi-County
- City of
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of San Bernardino
- Other

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

- Annual: The period covered is January 1, 2022 through December 31, 2022. -or- The period covered is / / , through December 31, 2022.
- Assuming Office: Date assumed / /
- Candidate: Date of Election and office sought, if different than Part 1:
- Leaving Office: Date Left / / (Check one circle)
- The period covered is January 1, 2022 through the date of leaving office.
- The period covered is / / , through the date of leaving office.

4. Schedule Summary (required)

► Total number of pages including this cover page: 9

Schedules attached

- Schedule A-1 - Investments - schedule attached
- Schedule A-2 - Investments - schedule attached
- Schedule B - Real Property - schedule attached
- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - schedule attached
- Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
385 N Arrowhead Ave 5th Floor San Bernardino CA 92415
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(909) 387-4855

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 02/07/2023
(month, day, year)

Signature Dawn Rowe
(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
Name Dawn Rowe

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

Agency	Div/Board/Dept/District	Position	Type of Statement	SAN #
COUNTY OF SAN BERNARDINO	Board Of Supervisors	Supervisor	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
Big Bear Valley Recreation and Park District		Board of Directors	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
Bloomington Recreation and Park District		Board of Directors	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
Board Governed County Service Area		Board of Supervisors	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
County Industrial Development Authority		Board of Directors	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
In-home Support Services Public Authority		Board of Directors	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
Inland Counties Emergency Medical Agency		Board of Directors	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
Inland Empire Public Facilities Corporation		Board of Directors	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
San Bernardino County Financing Authority		Board of Directors	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
San Bernardino County Fire Protection District		Board of Directors	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
San Bernardino County Flood Control District		Board of Supervisors	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
Successor Agency to the County of San Bernardino Redevelopment Agency		Board of Supervisors	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
Expanded Statement Attachment**

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name Dawn Rowe

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

Agency	Div/Board/Dept/District	Position	Type of Statement	SAN #
Agua Mansa Industrial Growth Association		Alternate Member	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
Big Bear Area Regional Wasterwater Agency		Board of Directors	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
California State Assn of Counties		Board of Directors	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
ConFire		Board of Directors	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
Crafton Hills Open Space Conservancy		Board of Directors	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
Indian Gaming Local Benefit Committee		Board of Directors	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
Inland Empire Health Plan		Chairman, Governing Board	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
Inland Valley Development Agency		Board of Directors	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
Local Agency Formation Commission (LAFCO)		Alternate Commissioner	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
Mojave Desert Air Quality Management District		Governing Board Member	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
Mojave Desert and Mountain Recycling Authority		Alternate Member	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
Morongo Basin Transit Authority		Board of Directors	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
Expanded Statement Attachment**

CALIFORNIA FORM 700	
FAIR POLITICAL PRACTICES COMMISSION	
Name	Dawn Rowe

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

Agency	Div/Board/Dept/District	Position	Type of Statement	SAN #
Mountain Area Regional Transit Authority		Member	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
National Association of Counties (NaCo)		Member	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
Omnitrans		Board of Directors	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
San Bernardino County Transportation Authority		Board of Directors	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
San Bernardino International Airport Authority		Commission Member	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
San Bernardino Valley Municipal Water District Advisory Committee on Water Policy		Committee Member	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
Santa Ana River Parkway Policy Advisory Group		Board Member	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
Solid Waste Advisory Task Force		Committee Member	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
Upper Santa Ana River Wash Land Management and Habitat Conservation Plan Task Force		Committee Member	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
Urban Counties Caucus		Committee Member	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043
Victor Valley Transit Authority		Board of Directors	Annual 1/1/2022 - 12/31/2022	111300043-NFH-0043

SCHEDULE D Income - Gifts

Name
Rowe, Dawn

▶ NAME OF SOURCE (Not an Acronym)
David Wiener

ADDRESS (Business Address Acceptable)
[REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Real Estate Development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 22 / 22	\$ 25.00	Chocolates
12 / 22 / 22	\$ 45.00	Spirits
12 / 22 / 22	\$ 142.00	Alcohol

▶ NAME OF SOURCE (Not an Acronym)
Travis Parke

ADDRESS (Business Address Acceptable)
[REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Recycling

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 12 / 22	\$ 50.00	Food and Top Golf
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
Commercial Real Estate Development Association,
Inland Empire

ADDRESS (Business Address Acceptable)
13700 Alton Pkwy #154-213
Irvine, CA 92618

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Real Estate

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 22 / 22	\$ 100.00	Dinner
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
Mark Stanson

ADDRESS (Business Address Acceptable)
[REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Realtor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 09 / 22	\$ 100.00	Dinner
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
Athens Services

ADDRESS (Business Address Acceptable)
689 Iowa Ave
Riverside, CA 92507

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Waste Disposal

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 15 / 22	\$ 145.00	Candy
/ /	\$	
/ /	\$	

▶ 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)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____

Additional Schedule D Gifts from David Wiener

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04/15/2022	\$50.00	Lunch
07/03/2022	\$156.00	Spirits
07/03/2022	\$25.00	Wine
07/03/2022	\$54.00	Chocolates

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name _____
Rowe, Dawn _____

- 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)
City of Taoyuan, Taiwan

ADDRESS (Business Address Acceptable)
No. 1, Xianfu Rd

CITY AND STATE
Taoyuan City Taiwan, NA 33001

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Sister City to County of San Bernardino

DATE(S): 11 / 12 / 22 - 11 / 17 / 22 AMT: \$ 9,036.00
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description Travel costs for Taiwanese - American Education Initiative

▶ If Gift, Provide Travel Destination Taoyuan City, Taiwan

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

Comments: _____

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Date Initial Filing Received
RECEIVED
(Filing and Filing Only)

MAR 17 2023

LAFCO

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) **San Bernardino County**
Warren Acquanetta

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Local Agency Formation Commission

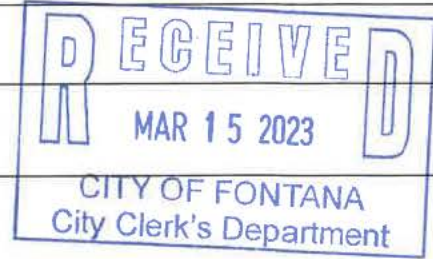
Division, Board, Department, District, if applicable

Commissioner

Your Position

► 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
- Multi-County _____
- City of Fontana
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of San Bernardino
- Other _____

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

- Annual:** The period covered is January 1, 2022, through December 31, 2022.
- or-
- The period covered is _____, through December 31, 2022.
- Assuming Office:** Date assumed _____
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left _____ (Check one circle.)
- The period covered is January 1, 2022, through the date of leaving office.
- or-
- The period covered is _____, through the date of leaving office.

4. Schedule Summary (required)

► Total number of pages including this cover page: 2

Schedules attached

- Schedule A-1 - Investments – schedule attached
- Schedule A-2 - Investments – schedule attached
- Schedule B - Real Property – schedule attached
- Schedule C - Income, Loans, & Business Positions – schedule attached
- Schedule D - Income – Gifts – schedule attached
- Schedule E - Income – Gifts – Travel Payments – schedule attached

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

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document)	STREET	CITY	STATE	ZIP CODE
<u>8353 Sierra Avenue</u>	<u>Fontana</u>	<u>CA</u>	<u>92335</u>	
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS			
<u>(909) 350-7601</u>	[REDACTED]			

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/14/2023
(month, day, year)

Signature [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 _____

1. BUSINESS ENTITY OR TRUST

ROYAL BLUE CONSULTING, LLC

Name _____

15218 SUMMIT AVENUE, FONTANA, CA 92336

Address (Business Address Acceptable) _____

Check one

Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

<p>FAIR MARKET VALUE</p> <p><input type="checkbox"/> \$0 - \$1,999</p> <p><input type="checkbox"/> \$2,000 - \$10,000</p> <p><input checked="" type="checkbox"/> \$10,001 - \$100,000</p> <p><input type="checkbox"/> \$100,001 - \$1,000,000</p> <p><input type="checkbox"/> Over \$1,000,000</p>	<p>IF APPLICABLE, LIST DATE:</p> <p style="text-align: center;">____/____/22 ____/____/22</p> <p style="text-align: center;">ACQUIRED DISPOSED</p>
---	---

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 TO THE ENTITY/TRUST)

\$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

WIMS INVESTMENTS, LLC

WIMS VENTURE

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 _____

<p>FAIR MARKET VALUE</p> <p><input type="checkbox"/> \$2,000 - \$10,000</p> <p><input type="checkbox"/> \$10,001 - \$100,000</p> <p><input type="checkbox"/> \$100,001 - \$1,000,000</p> <p><input type="checkbox"/> Over \$1,000,000</p>	<p>IF APPLICABLE, LIST DATE:</p> <p style="text-align: center;">____/____/22 ____/____/22</p> <p style="text-align: center;">ACQUIRED DISPOSED</p>
--	---

NATURE OF INTEREST

Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

1. BUSINESS ENTITY OR TRUST

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

<p>FAIR MARKET VALUE</p> <p><input type="checkbox"/> \$0 - \$1,999</p> <p><input type="checkbox"/> \$2,000 - \$10,000</p> <p><input type="checkbox"/> \$10,001 - \$100,000</p> <p><input type="checkbox"/> \$100,001 - \$1,000,000</p> <p><input type="checkbox"/> Over \$1,000,000</p>	<p>IF APPLICABLE, LIST DATE:</p> <p style="text-align: center;">____/____/22 ____/____/22</p> <p style="text-align: center;">ACQUIRED DISPOSED</p>
--	---

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 TO THE ENTITY/TRUST)

\$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

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 _____

<p>FAIR MARKET VALUE</p> <p><input type="checkbox"/> \$2,000 - \$10,000</p> <p><input type="checkbox"/> \$10,001 - \$100,000</p> <p><input type="checkbox"/> \$100,001 - \$1,000,000</p> <p><input type="checkbox"/> Over \$1,000,000</p>	<p>IF APPLICABLE, LIST DATE:</p> <p style="text-align: center;">____/____/22 ____/____/22</p> <p style="text-align: center;">ACQUIRED DISPOSED</p>
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NATURE OF INTEREST

Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

Comments: _____