Please type or print in ink.

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

A Public Document

Date Initial Filing Received RECEIVED at Use Only

MAR 1 7 2023

LAFCO

1522249

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 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) Judge, Retired Judge, Pro Tem Judge, or Court Commissioner State (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, 2022 through Leaving Office: Date Left ____ December 31, 2022. (Check one circle) The period covered is January 1, 2022 through the date The period covered is____/__/ of leaving office. December 31, 2022. The period covered is ________ through the date Assuming Office: Date assumed ____/_ of leaving office. and office sought, if different than Part 1: _

4. Schedule Summary (required)

Candidate: Date of Election_

▶ Total number of pages including this cover page: ___6_

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

None - No reportable interests on any schedule

Verification

CITY MAILING ADDRESS STREET STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 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	Signature	Joe Baca, Jr. Albert
Jane digital	(morsh, day, year)	0.9	(File the originally signed page statement with your filing official.)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

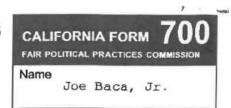
Joe Baca, Jr.

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	6	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	39.)	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 Sovernance 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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name

Joe Baca, Jr.

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 Govennments		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



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
Jrban 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)

		NIA FORM 700
Name		
Baca,	Jr.,	Joe

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
CHY	CITY
Highland	
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	\$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
	Ownership/Deed of Trust Easement
Leasehold	Leasehold
Yrs. remaining Other	Yrs. remaining Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000	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 of income of \$10,000 or more.	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.
X None	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 v	lending institution made in the lender's regular course of without regard to your official status. Personal loans and
	vithout regard to your official status. Personal loans and
business on terms available to members of the public v	vithout regard to your official status. Personal loans and
business on terms available to members of the public values of loans received not in a lender's regular course of busin NAME OF LENDER*	vithout regard to your official status. Personal loans and ess must be disclosed as follows: NAME OF LENDER*
business on terms available to members of the public values of loans received not in a lender's regular course of busin NAME OF LENDER*	vithout regard to your official status. Personal loans and ess must be disclosed as follows:
business on terms available to members of the public values of loans received not in a lender's regular course of busing NAME OF LENDER* ADDRESS (Business Address Acceptable)	vithout regard to your official status. Personal loans and ess must be disclosed as follows: NAME OF LENDER*
business on terms available to members of the public values of the publi	vithout regard to your official status. Personal loans and ess must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
business on terms available to members of the public values of loans received not in a lender's regular course of busing NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	vithout regard to your official status. Personal loans and ess 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 value loans received not in a lender's regular course of busing 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 ess 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 value of loans received not in a lender's regular course of busing 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 ess 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 value loans received not in a lender's regular course of business 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 ess 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 value of loans received not in a lender's regular course of busing 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 ess 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)

CALIFORN	HA EODH 700
	PRACTICES COMMISSION
Name	
Baca, Jr.,	Joe

1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Edison	
ADDRESS (Business Address Acceptable) 9500 Cleveland Avenue	ADDRESS (Business Address Acceptable)
Rancho Cucamonga, CA 91730 BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Energy	VOUD BURBLECO CORITION
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Project Manager	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	S500 - \$1,000 S1,001 - \$10,000
■ \$10,001 - \$100,000 X OVER \$100,000	S10,001 - \$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 (For self-employed use Schedule A-2.)	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	Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.) Sale of	Schedule A-2.) Sale of
(Real property, car, boat, etc.)	(Real property, car, bost, 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	Other
(Describe)	(Describe)
 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER 	ROD
a retail installment or credit card transaction, made in the	lending institution, or any indebtedness created as part of the 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
DISCINESS ACTIVITY IS ANY OF LENDED	☐ None ☐ Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER	
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	and the contract of the contra
\$500 - \$1,000	City
\$1,001 - \$10,000	100 K
\$10,001 - \$100,000	Guarantor
OVER \$100,000	
	Other(Describe)
	1,555.004
Comments:	

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Transport Use Only

MAR 19 2023

Please type or print in ink.				LAFCO
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)	San Bernardino County
Bagley	James		R	
1. Office, Agency, or Court			A.	
Agency Name (Do not use acronyr				
LOCAL AGENCY FORMA		- T		
Division, Board, Department, Distric	t, if applicable	Your Po	osition	
		Publi	ic Member	
▶ If filing for multiple positions, list	below or on an attachment.	(Do not use acronyms)		
Agency:		Position	on: —————	
2. Jurisdiction of Office (Chi	eck at least one box)	_		
State			e, Retired Judge, Pro Tem Ju- wide Jurisdiction)	dge, or Court Commissioner
Multi-County		Coun	ty of	
City of		(E) - 1	SAN BERNARDINO	COUNTY
3. Type of Statement (Check	at least one hox)			
Annual: The period covered i		Lea	ving Office: Date Left	
December 31, 2022.	o outlier, 1, =0==1053		(Check one	
The period covered in December 31, 2022.	s/	-, unough	The period covered is Januar eaving office.	y 1, 2022, through the date of
4.		-or-	The period covered is	/
Assuming Office: Date assur	mea/		the date of leaving office.	
Candidate: Date of Election	and o	ffice sought, if different tha	ın Part 1:	
4. Schedule Summary (requ	uired) ► Tota	I number of pages in	ncluding this cover pag	ge: 2
Schedules attached				
Schedule A-1 - Investments	s – schedule attached	Schedule C	- Income, Loans, & Business	s Positions - schedule attached
Schedule A-2 - Investments		Schedule D	- Income - Gifts - schedule	attached
Schedule B - Real Property		Schedule E	 Income – Gifts – Travel Pa 	yments - schedule attached
-or- None - No reportable	e interests on any sched	dule		
5. Verification MAILING ADDRESS STREE	r	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended	d - Public Document)			00445.0400
1170 WEST THIRD STRE	EET, UNIT 150	SAN BERNARDII		92415-0490
DAYTIME TELEPHONE NUMBER (909) 388-0480		A STATE OF THE STA	LAFCO.SBCOUNTY.	GOV
I have used all reasonable diligence	e in preparing this statement.	I have reviewed this stater	ment and to the best of my kn	
herein and in any attached schedu				**************************************
I certify under penalty of perjury	unger the laws of the State	e or California that the 10	deficitly is true and correct	
Date Signed 03/16/2023		Signature	Lange K	& San la
Date Signed 03/16/2023 (month,	document	Signature	(File the originally signed paper stat	tement 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
James R Bagley

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Jim Bagley Realtor	
Nama	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 Real estate brokerage services	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 Over \$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 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Partnership Sole Proprietorship Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION Broker/Owner	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)
\$0 - \$499	\$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 it necessary.) None or Names listed below	LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate shrint 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, 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 \$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 \$10,001 - \$1,000,000 \$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INTEREST
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: _



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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RECEIVED, Received

MAR 1 9 2023

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Please type or print in ink.		San Bernardino County
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Cox	Kimberly	
. Office, Agency, or Court		
Agency Name (Do not use acronym	s)	
Regional Water Quality Con	trol Board, Lahontan Reg	gion
Division, Board, Department, District,	if applicable	Your Position
		Board Member
► If filing for multiple positions, list b	elow or on an attachment. (Do	not use acronyms)
750 V A		
Agency:		Position:
Jurisdiction of Office (Chec	k at least one box)	
State	andara essa o misumaaa muu sedata erimmaa ahaa ma	Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
Ottalo		(Statewide Jurisdiction)
Multi-County		County of
City of		Elan Labortan Pegion
Type of Statement (Check a	t least one box)	
Annual: The period covered is December 31, 2022.	January 1, 2022, through	Leaving Office: Date Left/(Check one circle.)
The period covered is December 31, 2022.	, the	leaving office.
Assuming Office: Date assum	ed	The period covered is/, through the date of leaving office.
I Condidate Data of Floring	and office	sought, if different than Part 1:
Candidate: Date of Election		
Schedule Summary (requi	red) ► Total nu	umber of pages including this cover page: 5
Schedules attached		
Schedule A-1 - Investments	- schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments		Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property		Schedule E - Income - Giffs - Travel Payments - schedule attached
or- None - No reportable	interests on any schedule	
Verification		
HAILING ADDRESS STREET	-	CITY STATE ZIP CODE
(Business or Agency Address Recommended -		ake Tahoe CA 96150
2501 Lake Tahoe Blvd. DAYTIME TELEPHONE NUMBER	L	_ake Tahoe CA 96150
FOR STANDARD FOR STANDARD STANDARD		Kimberly.Cox@Waterboards.ca.gov
(530) 542-5400	n preparing this statement. That	we reviewed this statement and to the best of my knowledge the information contains
herein and in any attached schedule	s is true and complete. I ackno	wledge this is a public document.
I certify under penalty of perjury u	nder the laws of the State of	California that the foregoing is true and correct.
		110 C
Date Signed 3/9//2023 (month, da)		Signature (File the orthwally signed paper statement with your filing official.)

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Cox, Kimberly

CITY Helendale, CA	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS CITY Oro Grande, CA
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INTEREST Ownership/Deed of Trust Leasehold Yre, remaining Other IF RENTAL PROPERTY, GROSS INCOME RECEIVED \$0 - \$499 \$500 - \$1,000 \$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.	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INTEREST Ownership/Deed of Trust Leasehold Yrs. remaining Other IF RENTAL PROPERTY, GROSS INCOME RECEIVED \$0 - \$499 \$500 - \$1,000 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.
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business.	ial lending institution made in the lender's regular course of c without regard to your official status. Personal loans and siness must be disclosed as follows:
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	c without regard to your official status. Personal loans and siness 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 siness must be disclosed as follows: NAME OF LENDER*

SCHEDULE B Interests in Real Property (Including Rental Income)

	SION
Name	
Cox, Kimberly	

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
CITY	CITY
Helendale, CA	
FAIR MARKET VALUE S2,000 - \$10,000 S10,001 - \$100,000 ACQUIRED DISPOSED Over \$1,000,000 Cover \$1,000,000 S1,000,000 S1,000,000	FAIR MARKET VALUE S2,000 - \$10,000 S10,001 - \$100,000 ACQUIRED DISPOSED
NATURE OF INTEREST Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
LeaseholdOther	LeaseholdOther
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.	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	None
You are not required to report loans from a commercial	ial lending institution made in the lender's regular course of
You are not required to report loans from a commercial	ial lending institution made in the lender's regular course of c without regard to your official status. Personal loans and
You are not required to report loans from a commercibusiness on terms available to members of the public	ial lending institution made in the lender's regular course of c without regard to your official status. Personal loans and
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of bus	ial lending institution made in the lender's regular course of c without regard to your official status. Personal loans and siness must be disclosed as follows:
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business OF LENDER* ADDRESS (Business Address Acceptable)	ial lending institution made in the lender's regular course of c without regard to your official status. Personal loans and siness must be disclosed as follows:
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER*	ial lending institution made in the lender's regular course of without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business of Lender* Address (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	ial lending institution made in the lender's regular course of without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	ial lending institution made in the lender's regular course of without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	ial lending institution made in the lender's regular course of the without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business Acceptable) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	ial lending institution made in the lender's regular course of without regard to your official status. Personal loans and siness 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	
Name	1 and Salar
Cox, Kimberly	

TOTAL TERMINE THE TRANSPORT	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Greg Heldreth	Helendale Community Services District
ADDRESS (Rusiness Address Acceptable)	ADDRESS (Business Address Acceptable)
	PO Box 359/26540 Vista Rd. Ste. B Helendale, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Cubic	Local Government Agency
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Senior Field Engineer	General Manager
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 OVER \$100,000	\$10,001 - \$100,000 SOVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	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.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of(Real property, car, bost, etc.)
(Real property, car, boat, etc.)	Loan repsyment
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)	(Describn)
Other(Describe)	Other(Describe)
Other(Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P	(Describe)
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the commercial card transaction.	(Describe) ERIOD Iending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender's
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the to members of the public without regard to your official section.	(Describe) ERIOD Iending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender's
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the to members of the public without regard to your official regular course of business must be disclosed as follows NAME OF LENDER*	(Describe) ERIOD Iending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal toans and loans received not in a lender's status.
*You are not required to report loans from a commercial a retail installment or credit card transaction, made in the to members of the public without regard to your official regular course of business must be disclosed as follows:	(Describe) ERIOD Iending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender's status. INTEREST RATE TERM (Months/Years) None
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the to members of the public without regard to your official regular course of business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)	(Describe) ERIOD Iending institution, or any indebtedness created as part of the lender's regular course of business on terms available estatus. Personal loans and loans received not in a lender's status. INTEREST RATE TERM (Months/Years) None SECURITY FOR LOAN
You are not required to report loans from a commercial a retail installment or credit card transaction, made in the to members of the public without regard to your official regular course of business must be disclosed as follows. NAME OF LENDER	(Describe) ERIOD Iending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender's: INTEREST RATE TERM (Months/Years) None
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the to members of the public without regard to your official regular course of business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)	(Describe) ERIOD Iending institution, or any indebtedness created as part of the lender's regular course of business on terms available estatus. Personal toans and loans received not in a lender's: INTEREST RATE TERM (Months/Years)
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the to members of the public without regard to your official regular course of business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)	(Describe) ERIOD lending institution, or any indebtedness created as part of the lender's regular course of business on terms available estatus. Personal toans and loans received not in a lender's: INTEREST RATE TERM (Months/Years) None SECURITY FOR LOAN Personal residence
You are not required to report loans from a commercial a retail installment or credit card transaction, made in the to members of the public without regard to your official regular course of business must be disclosed as follows NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	(Describe) ERIOD Iending institution, or any indebtedness created as part of the lender's regular course of business on terms available estatus. Personal toans and loans received not in a lender's: INTEREST RATE TERM (Months/Years)
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the to members of the public without regard to your official a 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	Inding institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal toans and loans received not in a lender's: INTEREST RATE TERM (Months/Years)
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the tomembers of the public without regard to your official 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	(Describe) ERIOD Iending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal toans and loans received not in a lender's status. Interest rate INTEREST RATE TERM (Months/Years) None SECURITY FOR LOAN Personal residence Real Property Street address
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the tomembers of the public without regard to your official a 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 \$10,001 - \$100,000	Clearable
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the tomembers of the public without regard to your official 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	Inding institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal toans and loans received not in a lender's status. Personal toans and loans received not in a lender's status. INTEREST RATE TERM (Months/Years)

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM	And the second division of the
Name	
Cox, Kimberly	

	NAME OF SOURCE OF INCOME		
NAME OF SOURCE OF INCOME			
Mojave Water Agency	Local Agency Formation Commission		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
13846 Conference Center Dr. Apple Valley, CA	214 North "D" Street, San Bernardino, CA		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Water Wholesale/State Water Contractor	San Bernardino County LAFCO		
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION		
Board Member	Commissioner		
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position O		
\$500 - \$1,000 \$1,001 - \$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		
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, toat, etc.)	(Real property, car, bost, 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 Stipend	Other Stipend		
- CHICK			
(Describe)	(Describe)		
2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P	ERIOD		
You are not required to report loans from a commercial a retail installment or credit card transaction, made in the	lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender		
You are not required to report loans from a commercial a retail installment or credit card transaction, made in the to members of the public without regard to your official regular course of business must be disclosed as follows:	lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender		
You are not required to report loans from a commercial a retail installment or credit card transaction, made in the to members of the public without regard to your official regular course of business must be disclosed as follows NAME OF LENDER*	lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender s:		
You are not required to report loans from a commercial a retail installment or credit card transaction, made in the to members of the public without regard to your official regular course of business must be disclosed as follows: NAME OF LENDER*	lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender is: INTEREST RATE TERM (Months/Years) None		
You are not required to report loans from a commercial a retail installment or credit card transaction, made in the to members of the public without regard to your official.	lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender status. INTEREST RATE TERM (Months/Years) None SECURITY FOR LOAN		
You are not required to report loans from a commercial a retail installment or credit card transaction, made in the to members of the public without regard to your official regular course of business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)	lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender is: INTEREST RATE TERM (Months/Years) None		
You are not required to report loans from a commercial a retail installment or credit card transaction, made in the to members of the public without regard to your official regular course of business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)	lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender is: INTEREST RATE TERM (Months/Years)		
You are not required to report loans from a commercial a retail installment or credit card transaction, made in the to members of the public without regard to your official regular course of business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	lending institution, or any indebtedness created as part of selected regular course of business on terms available status. Personal loans and loans received not in a lender status. INTEREST RATE TERM (Months/Years) None SECURITY FOR LOAN Personal residence		
You are not required to report loans from a commercial a retail installment or credit card transaction, made in the tomembers of the public without regard to your official 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	lending institution, or any indebtedness created as part of selender's regular course of business on terms available status. Personal loans and loans received not in a lender status. Personal loans and loans received not in a lender status. INTEREST RATE TERM (Months/Years)		
You are not required to report loans from a commercial a retail installment or credit card transaction, made in the to members of the public without regard to your official 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	lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender is: INTEREST RATE TERM (Months/Years)		
You are not required to report loans from a commercial a retail installment or credit card transaction, made in the tomembers of the public without regard to your official 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	lending institution, or any indebtedness created as part of selender's regular course of business on terms available status. Personal loans and loans received not in a lender status. Personal loans and loans received not in a lender status. INTEREST RATE TERM (Months/Years)		
You are not required to report loans from a commercial a retail installment or credit card transaction, made in the tomembers of the public without regard to your official 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	lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender status. Personal loans and loans received not in a lender status. INTEREST RATE TERM (Months/Years)		
You are not required to report loans from a commercial a retail installment or credit card transaction, made in the tomembers of the public without regard to your official 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	lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender status. Personal loans and loans received not in a lender status. INTEREST RATE TERM (Months/Years)		



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

Date Initial Filing Received

MPR 03 2023

Please type o	pink in nik.					LAPCO
NAME OF FILER	(LAST)	(FIRST)			(MIDDLE)	San Bernardine Cou
Denison		Ricki			Steven	
. Office, A	gency, or Court					
	ne (Do not use acronyr.	ns) FION COMMISSION	FOR SAN	BERNARDIN	O COUNTY	
Division, Bo	ard, Department, District	, if applicable		Your Posit	ion	
LAFCO	Commission			Alterna	te Commissioner	
▶ If filing f	or multiple positions, list	below or on an attachmen	nt. (Do not use	acronyms)		
Agency: _				Position:		
2. Jurisdic	tion of Office (Che	eck at least one box)				
State					Retired Judge, Pro Tem Jud le Jurisdiction)	dge, or Court Commissioner
Multi-Co	ounty				of	
City of				Other	SAN BERNARDINO	COUNTY
Candi 4. Schedu Schedu Sci Sci	The period covered is December 31, 2022. Ining Office: Date assurate: Date of Election _ e Summary (requires attached) edule A-1 - Investments edule A-2 - Investments edule B - Real Property	ired) To	d office sought,	of pages incl Schedule C - In	period covered is	1, 2022, through the date of
5. Verificat	ion					et .
MAILING ADI	RESS STREET Agency Address Recommended	- Public Documenti	CITY		STATE	ZIP CODE
1170 W	EST THIRD STRE		SAN B	ERNARDING EMAIL ADDRESS	CA	92415-0490
	388-0480			LAFCO@L	AFCO.SBCOUNTY.	OV
I have use	all reasonable diligence	e in preparing this statement es is true and complete.	nt. I have revie I acknowledge	wed this statemer	it and to the best of my kno	owledge the information contained
	nder penalty of perjury		tate of Californ		joing is true and correct.	

SCHEDULE D Income - Gifts

CALIFORNIA FORM	
Name	

Best Best & K		50 February 1944	► NAME OF SOURCE (Not an Acron	ym)
ADDRESS (Busines 2855 E. Guas		table) e 400, Ontario, CA 91761	ADDRESS (Business A	ddress Accep	otable)
BUSINESS ACTIVI			BUSINESS ACTIVITY,	IF ANY, OF	SOURCE
DATE (mm/dd/yy) 10 19 22		DESCRIPTION OF GIFT(S) Event Dinner	DATE (mm/dd/yy) V/	ALUE	DESCRIPTION OF GIFT(S)
	\$		\$\$-		
NAME OF SOURCE	CE (Not an Acrony	m)	► NAME OF SOURCE (Not an Acron	ym)
ADDRESS (Busines	ss Address Accep	table)	ADDRESS (Business A	Address Accep	otable)
BUSINESS ACTIV	ITY, IF ANY, OF	SOURCE	BUSINESS ACTIVITY,	IF ANY, OF	SOURCE
DATE (mm/dd/yy)		DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) V	ALUE	DESCRIPTION OF GIFT(S)
			\$.		
	\$	4 4			
NAME OF SOURCE	CE (Not an Acron)	vm)	► NAME OF SOURCE (Not an Acron	ym)
ADDRESS (Busine	ss Address Accep	otable)	ADDRESS (Business A	Address Acce	otable)
BUSINESS ACTIV	ITY, IF ANY, OF	SOURCE	BUSINESS ACTIVITY,	IF ANY, OF	SOURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) V	ALUE	DESCRIPTION OF GIFT(S)
	\$		\$		-
	\$		\$		-
	\$		/ \$		-N 12
Comments:					



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Cive Conty

MAR 17 2023

Please type or print in ink.					LAFCO
NAME OF FILER (LAST)	(FIRST)			(MIDDLE)	San Bernardino County
Dupper	Phillip				
1. Office, Agency, or Cou	urt				
Agency Name (Do not use ac	ronyms)				
LOCAL AGENCY FOR	MATION COMMISSION	FOR SAN	BERNARDINO C	OUNTY	
Division, Board, Department, D	istrict, if applicable		Your Position		
			COMMISSI	ONER	
► If filing for multiple positions	s, list below or on an attachment	t. (Do not use	e acronyms)		
Agency:			Position:		
2. Jurisdiction of Office	(Check at least one box)				
State			Judge, Retired (Statewide Juri		dge, or Court Commissioner
Multi-County			County of		
542-25 645-1				BERNARDINO	
3. Type of Statement (CF					c 7
Annual: The period cove December 31, 2	ered is January 1, 2022, through		Leaving Office	:e: Date Left (Check one	circle.)
-or-	ered is/	through	☐ The period	A SERVE CONDUCTOR STATES	y 1, 2022, through the date of
December 31, 2		, unougn	leaving of		(2. 15) 27 A.W.S.
Assuming Office: Date	assumed/		☐ The period	d covered is of leaving office.	/, through
Candidate: Date of Elect	tion and	office sought,	if different than Part 1:		
4. Schedule Summary (r	required) > Tot	tal number	of pages including	this cover page	ne:
Schedules attached		****	P-G		
VIII.	monto cobodulo attochad		Schedule C - Income	Loans & Business	Positions - schedule attached
	ments – schedule attached ments – schedule attached		Schedule D - Income		
	operty – schedule attached		Schedule E - Income	- Gifts - Travel Pa	yments - schedule attached
-or- 🔳 None - No report	table interests on any sch	edule			
5. Verification					
MAILING ADDRESS ST (Business or Agency Address Recomm	TREET pended - Public Document)	CITY		STATE	ZIP CODE
1170 WEST THIRD ST		SAN B	BERNARDINO	CA	92415-0490
DAYTIME TELEPHONE NUMBER			EMAIL ADDRESS		
(909) 388-0480			LAFCO@LAFCO		
I have used all reasonable dilig herein and in any attached sci	gence in preparing this statement hedules is true and complete. I	t. I have revie acknowledge	wed this statement and this is a public docume	to the best of my kn nt.	owledge the information contained
I certify under penalty of per	rjury under the laws of the Sta	ate of Californ	nia that the foregoing	is true and correct	
	1				3
Date Signed 3 14	1 2 0 2 3 forth, day, year)	S	Signature (F) the	ogginally signed paper stat	ement with your filing official.)

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

CALIFORNIA FORM FAIR POLITICAL PRACTICES	UU/ commission
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	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable) 1400 K Street	ADDRESS (Business Address Acceptable)
CITY AND STATE Sacramento, CA	CITY AND STATE
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE Advocacy for cities and their residents	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): $\frac{1}{\sqrt{1 - \frac{22}{(lf gift)}}} \frac{12}{\sqrt{31 - \frac{22}{2}}} AMT: \$ 780.59$	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 Travel, meals, & lodging for volunteer services as a member of League of CA Cities	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:	

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Pate Initial Filing Received FIRECENED

APR 03 2023

Please	e type or pi	rint in ink.					LAFCO
NAME (OF FILER (L	AST)	(FIRST)			(MIDDLE)	San Bernardino Coun
Farr	ell		Steven			Clifford	
1. Of	ffice, Age	ency, or Court					
Ag	ency Name	(Do not use acronym	s)				
7.7			ION COMMISSION	FOR SAN	BERNARDINO C	OUNTY	
Div	vision, Board	d, Department, District,	if applicable		Your Position		
					Commission	ner	
-	If filing for i	multiple positions, list I	below or on an attachment	t. (Do not use	acronyms)		
Ą	gency:		-		Position:		
	1 11 41	. 0.55					
2. J	urisdictio	on of Office (Che	ck at least one box)	ō.			
	State				Judge, Retired (Statewide Juri		ge, or Court Commissioner
	Multi-Coun	ty			County of	2000 J. 2000 C. (1984)	
					Other SAN	BERNARDINO	COUNTY
3. T	vpe of S	tatement (Check a	at least one box)				
	M. 40000 - 200 - 100		January 1, 2022, through		Leaving Office	ce: Date Left	J
1		December 31, 2022.			11: 11 : 25:	(Check one	circle.)
		The period covered is December 31, 2022.		, through	☐ The period leaving of		1, 2022, through the date of
	Assumin	g Office: Date assum	ned/	_	☐ The period	d covered is/_	/, through
Е	Candidat	e: Date of Election _	and	office sought,	f different than Part 1:		
4 0	ماريام ماريام	Commons (roms	inad\ T.				1
		Summary (requ	ireu) > 101	tai number (of pages including	g this cover pag	e:
5	cneaule	s attached		592.3			
	Sched	ule A-1 - Investments	- schedule attached	E		3	Positions – schedule attached
	52	ule A-2 - Investments		F	Schedule D - Income		STANDARD TO THE REAL PROPERTY.
	Sched	ule B - Real Property	- schedule attached	d	Schedule E - Income	- Gills - Travel Pay	ments - schedule attached
	(mm) A/		r r				
100000			interests on any sche	eaule			
-	erification			Aum.		OTATE	710 0005
M) (B	AILING ADDRE Business or Age	SS STREET ncy Address Recommended	- Public Document)	CITY		STATE	ZIP CODE
-		ST THIRD STRE	ET, UNIT 150	SAN BI	ERNARDINO	CA	92415-0490
12		HONE NUMBER			EMAIL ADDRESS		
		388-0480			LAFCO@LAFCO		
			in preparing this statement es is true and complete. I				wledge the information contained
L	certify unde	r penalty of perjury	under the laws of the Sta	ate of Californ	a that the foregoing	is true and correct.	
		274 pas 144 pas	20 7.27	P nee	0.4	+ (-5
Da	ate Signed	MPRCH (month, da	29, 2023	> Si	gnature(File the	originally signed paper state	ment with your filing official.)
		Calculation and Control of the	Prince Pr		100 100 100 100 100 100 100 100 100 100	water mystyre trade to pay the the could discuss	Commence and Additional Control of the Control of t

111300043-NFH-0043

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A Public Document

RECENTIFIED Received

MAR 08 2023

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Please type or print in ink. San Bernardino County (FIRST) NAME OF FILER (LAST) 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 Supervisor Board Of Supervisors 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) Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) State San Bernardino, Riverside, Orange, Los County of_ X Multi-County Angeles Other_ City of _ 3. Type of Statement (Check at least one box) Leaving Office: Date Left ____ X Annual: The period covered is January 1, 2022 through December 31, 2022. (Check one circle) O The period covered is January 1, 2022 through the date The period covered is____/___, through of leaving office. December 31, 2022. O The period covered is _______, through the date Assuming Office: Date assumed _____/_ 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: — Schedules attached X Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached X Schedule A-2 - Investments - schedule attached X Schedule D - Income - Gifts - schedule attached X Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -or-■ None - No reportable interests on any schedule 5. Verification CITY STATE ZIP CODE MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) San Bernardino 92415 385 N. Arrowhead Avenue E-MAIL ADDRESS DAYTIME TELEPHONE NUMBER 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 (File the originally signed paper statement with your filing official.) (month, day, year)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Curt C Hagman

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Curt C Hagman

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 Industiral 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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Curt C Hagman

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

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM FAIR POLITICAL PRACTICES COM	700
Name	
Hagman, Curt C	

NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
Kelly Space Technology	Section Control Contro
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Space, Technology and Homeland Defense FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \times \$100,000 \times \$100,000 \times \$100,000	\$2,000 - \$10,000
NATURE OF INVESTMENT Stock Other (Describe)	NATURE OF INVESTMENT 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
► 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 \$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)	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	
► 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 \$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	NATURE OF INVESTMENT Stock Other (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:
V → ***********************************	

Comments:__

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFOR			700
Name			
Hagman,	Curt C	:	

► 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
California Business Solutions Holding Group	<u> </u>
Name 4195 Chino Hills Parkway #204 Chino Hills, CA 91709	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	GENERAL DESCRIPTION OF THIS BUSINESS
Business Consulting FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
□ co ct 000	\$0 - \$1,999 \$2,000 \$1,000 / /22 / /22
\$2,000 - \$10,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000	\$100,001 - \$1,000,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT Partnership Sole Proprietorship X LLC	NATURE OF INVESTMENT Partnership Sole Proprietorship
Other	Other
YOUR BUSINESS POSITION President	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)
■ \$0 - \$499 ■ \$10,001 - \$100,000	\$0 - \$499 \$10,001 - \$100,000
\$500 - \$1,000 OVER \$100,000	\$500 - \$1,000 OVER \$100,000
■ \$1,001 - \$10,000 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.)	INCOME OF \$10,000 OR MORE (Attach a separate sheef if necessary.)
None or Names listed below	None or Names listed below
▶ 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:	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
- manufacture manufacture manufacture - manufactur	
Name of Business Entity, if Investment, or	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
D. Maria de D. Maria de Antida	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	□ \$2,000 - \$10,000 ·
\$10,001 - \$100,000	\$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 are attached	Check box if additional schedules reporting investments or real property are attached

SCHEDULE B Interests in Real Property (Including Rental Income)

	ORNIA FORM	
Name		all rather to the
Unoman	Curt C	

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS acant Land - Tejon View, approx. 25 acres	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS Vacant Land - Tejon View, Approx 5 Acres
CITY	CITY
GIT .	P70039
Tehachapi	Tehachapi FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$10,001 - \$100,000	\$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	X Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Dther
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	<u>X</u> \$0 - \$499
\$10,001 - \$100,000 OVER \$100,000	S10,001 - \$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 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.
A STATE OF THE STA	X None
None	I None
V	al landing institution made in the lander's regular course of
You are not required to report loans from a commercia	al 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
business on terms available to members of the public loans received not in a lender's regular course of busi	without regard to your official status. Personal loans and ness must be disclosed as follows:
business on terms available to members of the public	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:
business on terms available to members of the public loans received not in a lender's regular course of busi NAME OF LENDER*	without regard to your official status. Personal loans and ness must be disclosed as follows:
business on terms available to members of the public loans received not in a lender's regular course of busi	without regard to your official status. Personal loans and ness 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 busi NAME OF LENDER*	without regard to your official status. Personal loans and ness 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 businame of Lender* ADDRESS (Business Address Acceptable)	without regard to your official status. Personal loans and ness 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 businame 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)
business on terms available to members of the public loans received not in a lender's regular course of businame 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
business on terms available to members of the public loans received not in a lender's regular course of businame 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)
business on terms available to members of the public loans received not in a lender's regular course of businame 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 Whome
business on terms available to members of the public loans received not in a lender's regular course of businame of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) HIGHEST BALANCE DURING REPORTING PERIOD	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)
business on terms available to members of the public loans received not in a lender's regular course of business Address Acceptable) BUSINESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	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) HIGHEST BALANCE DURING REPORTING PERIOD \$1,000 \$1,001 - \$10,000

SCHEDULE D Income - Gifts



Hagman, Curt C

► NAME OF SOURCE	(Not an Acronym)		► NAME OF SOURCE	(Not an Acronym)	
Auto Club Spe	adway		Yaamava'		
		a l	ADDRESS (Business	e Address Accentah	(e)
ADDRESS (Busines 9300 Cherry	s Address Acceptabl	ө)	777 San Manue		
Fontana, CA	92335		Highland, CA		
BUSINESS ACTIVIT	Y, IF ANY, OF SOU	RCE	BUSINESS ACTIVIT	Y, IF ANY, OF SOU	RCE
N-Lional Bass		ook Car Auto Baging	Casino		
Commercial	VALUE	ock Car Auto Racing DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(3)	DATE (IIIIII dd/yy)	VALUE	besorti flore of our floy
02 / 27 / 22	\$520.00	Event tickets	04 / 18/ 22	\$ 250.00	Event Tickets
	\$		_	\$	A
	\$		_ //_	\$	
NAME OF SOURCE	(Not an Acronym)		► NAME OF SOURCE	(Not an Acronym)	
University of	La Verne		Engineering C	Contractors As	sociation
ADDRESS (Busines		(e)	ADDRESS (Busines		
1950 Third St		78		Blvd, Ste 205	
La Verne, CA	The state of the s		Fullerton, CA		200
BUSINESS ACTIVIT	Y, IF ANY, OF SOUI	RCE	BUSINESS ACTIVIT	Y, IF ANY, OF SOU	RCE
Non profit Ed	ucation		Advocacy grou	IP.	
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 23 / 22	\$ 300.00	Event tickets	11 / 23/ 22	\$ 350.00	Event Tickets
	\$		- -/-/-	\$	
	\$			\$	
NAME OF SOURCE	(Not an Acronym)		► NAME OF SOURCE	(Not an Acronym)	
ADDRESS (Busines:	s Address Acceptabl	e)	ADDRESS (Busines	s Address Acceptab	(e)
BUSINESS ACTIVIT	Y, IF ANY, OF SOU	RCE	BUSINESS ACTIVIT	Y, IF ANY, OF SOU	RCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$		_	\$	
	\$		- /	\$	70.
	\$		_	\$	
Comments:					

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE A PUBLIC DOCUMENT

DREGENTER eceived
Filing Official Use Only
JAN 17 2023

LAFCO

Please type or print in ink. Bernardino County (MIDDLE) NAME OF FILER (LAST) (FIRST) Jim Harvey 1. Office, Agency, or Court Agency Name (Do not use acronyms) Lucerne Valley Unified School District Division, Board, Department, District, if applicable Your Position **Board Member** District ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: __ 2. Jurisdiction of Office (Check at least one box) Judge, Retired Judge, Pro Tem Judge, or Court Commissioner State (Statewide Jurisdiction) County of San Bernardino Multi-County Other City of 3. Type of Statement (Check at least one box) Leaving Office: Date Left ____ Annual: The period covered is January 1, 2022, through (Check one circle.) December 31, 2022. The period covered is ____/___/ The period covered is January 1, 2022, through the date of leaving office. December 31, 2022. ☐ The period covered is ___ Assuming Office: Date assumed ______ 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 C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - 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) **EMAIL ADDRESS** DAYTIME TELEPHONE NUMBER 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. Signature **Date Signed** (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
Jim Harvey

▶ 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
I Candy Website and Graphic Design	
Name	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	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$1,000,000 Cver \$1,000,000 S100,001 - \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999
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)
S10,001 - \$100,000 S500 - \$1,000 OVER \$100,000 S1,001 - \$10,000	S0 - \$498 S10,001 - \$100,000 S500 - \$1,000 OVER \$100,000
3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a exparate 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:	➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ 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	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 - \$1,000,000 122 122 122	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$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 Yrs. 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
	LIO

Comments: _



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Pate Initial Filing Received

MAR 17 2023

Please type	or print in ink.					LASCO
NAME OF FILER	(LAST)	(FIRST)			(MIDDLE)	San Bernardino County
KENLEY		KEVIN				
1. Office,	Agency, or C	ourt				
	ame (Do not use AGENCY FO	acronyms) DRMATION COMMISSION	FOR SAN	BERNARDINO COU	NTY	
Division, E	Board, Departmen	t, District, if applicable		Your Position		
				ALTERNATE (COMMISS	IONER
► If filing	for multiple positi	ons, list below or on an attachmen	t. (Do not use			
Agency:				Position:		
2. Jurisdi	ction of Offic	Ce (Check at least one box)				
State				Judge, Retired Jud (Statewide Jurisdict		Judge, or Court Commissioner
☐ Multi-0	County			County of SAN	BERNARI	ONIC
City of	f			Other		
3. Type o	of Statement	(Check at least one box)				
		overed is January 1, 2022, through	Ü	Leaving Office:		one circle.)
	The period c December 3	overed is/	, through	The period co leaving office.	vered is Janu	uary 1, 2022, through the date of
Assu	uming Office: Da	ite assumed/				
Cano	didate: Date of E	lection and	office sought,	if different than Part 1:		
4 Cahadi	ule Summary	(required) - To	tal aumbor	of pages including th	ie cover r	nage: 2
	ules attache	A SAME AND THE PARTY OF THE SAME AND ASSAULT OF THE SAME ASSAULT OF THE SAME AND ASSAULT OF THE SAME AND ASSAULT OF THE SAME A	lai number	or pages including a	iis cover p	Age
□ Sc	chedule A-1 - Inv	estments - schedule attached		Schedule C - Income, Lo	ans, & Busine	ess Positions - schedule attached
		estments - schedule attached		Schedule D - Income - G		
☐ Sc	chedule B - Real	Property - schedule attached		Schedule E - Income - G	Gifts – Travel	Payments - schedule attached
		. 70 7 7 8 7	7.7			
		oortable interests on any sch	eaule			
5. Verifica		STREET	CITY		STATE	ZIP CODE
(Business o	or Agency Address Rec	ommended - Public Document)	DANIO	IO OLIOANAONOA	CA	91730
	ASHFORD S		RANCI	HO CUCAMONGA EMAIL ADDRESS	CA	91730
()					
I have us herein an	ed all reasonable nd in any attached	diligence in preparing this statement schedules is true and complete.	t. I have review I acknowledge	wed this statement and to the this is a public document.	e best of my	knowledge the information contained
		perjury under the laws of the St			ue and corre	ect.
Date Sign	ned	3/14/27	Si	gnature	7	
_ 3.0 0.9	R-	(month, day, year)			nally signed paper	r statement with your filing official.)

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
KENLEY, KEVIN

AKD CONSU		(m)	► NAME OF SOURCE	E (Not an Acro	nym)
ADDRESS (Busine	117	otable) ANA POINT, CA 92629	ADDRESS (Busines	s Address Acce	eptable)
BUSINESS ACTIV			BUSINESS ACTIVIT	TY, IF ANY, OF	SOURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 29 22	200 \$	MEAL (plus spouse)		\$	_
	\$			\$	
	\$			\$	
NAME OF SOURC	CE (Not an Acrony	vm)	► NAME OF SOURCE	E (Not an Acro	nym)
ADDRESS (Busine	ess Address Accep	otable)	ADDRESS (Busines	s Address Acce	eptable)
BUSINESS ACTIV	ITY, IF ANY, OF	SOURCE	BUSINESS ACTIVIT	ΓΥ, IF ANY, OF	SOURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$			\$	_
	\$			\$	_
	\$			\$	
NAME OF SOURC	CE (Not an Acrony	rm) ,	► NAME OF SOURCE	(Not an Acro	nym)
ADDRESS (Busine	ss Address Accep	table)	ADDRESS (Busines	s Address Acce	eptable)
BUSINESS ACTIV	ITY, IF ANY, OF	SOURCE	BUSINESS ACTIVIT	TY, IF ANY, OF	SOURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	DESCRIPTION OF GIFT(S)		\$	-
	\$			\$	_
	\$	-		\$	

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A Public Document

Date Initial Filing Received RECEIVED Use Only
MAR 0.8 2023

1493542

LAFCO Please type or print in ink. NAME OF FILER (LAST) (MIDDLE) Rowe, Dawn 1. Office, Agency, or Court Agency Name (Do not use acronyms) COUNTY OF SAN BERNARDINO Division, Board, Department, District, if applicable Your Position Supervisor Board Of Supervisors ▶ 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) Judge, Retired Judge, Pro Tem Judge, or Court Commissioner ☐ State (Statewide Jurisdiction) X County of San Bernardino Multi-County _ Other. City of _ 3. Type of Statement (Check at least one box) Leaving Office: Date Left ____ X Annual: The period covered is January 1, 2022 through December 31, 2022. (Check one circle) -or-O The period covered is January 1, 2022 through the date The period covered is_______, through of leaving office. December 31, 2022. 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 (required) ► Total number of pages including this cover page: ____9 Schedules attached Schedule A-1 - Investments - schedule attached X Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached X Schedule D - Income - Gifts - schedule attached X Schedule B - Real Property - schedule attached X Schedule E - Income - Gifts - Travel Payments - schedule attached -or-None - No reportable interests on any schedule 5. Verification STREET STATE ZIP CODE MANING ADDRESS (Business or Agency Address Recommended - Public Document) 385 N Arrowhead Ave 5th Floor San Bernardino CA 92415 E-MAIL ADDRESS DAYTIME TELEPHONE NUMBER (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 Signature Dawn Rowe (month, day, year)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Dawn Rowe

* This	table	lists a	11	positions	including	the	primary	position	listed	in	the	Office,	Agency,	OL	Court	section c	f th	he C	over	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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Dawn Rowe

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Dawn Rowe

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 B Interests in Real Property (Including Rental Income)

www.co.co.		FORNIA FORM 700 DILITICAL PRACTICES COMMISSION
Name	Name	
Rowe, Dawn	Rowe,	Dawn

CHY Yucca Valley	
Yucca Valley	CITY
	Yucca Valley
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 22 22
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	X Ownership/Deed of Trust
Leasehold Other	LeaseholdOther
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
S10,001 - \$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.	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
	Landing institution mode in the lander's regular severa of
You are not required to report loans from a commercial I business on terms available to members of the public with loans received not in a lender's regular course of business.	ithout regard to your official status. Personal loans and
business on terms available to members of the public wi	ithout regard to your official status. Personal loans and
business on terms available to members of the public wite loans received not in a lender's regular course of busine	ithout regard to your official status. Personal loans and ess must be disclosed as follows:
business on terms available to members of the public will loans received not in a lender's regular course of busine NAME OF LENDER*	ithout regard to your official status. Personal loans and ess must be disclosed as follows: NAME OF LENDER*
business on terms available to members of the public witoans received not in a lender's regular course of busine NAME OF LENDER* ADDRESS (Business Address Acceptable)	ithout regard to your official status. Personal loans and ess must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
business on terms available to members of the public witoans received not in a lender's regular course of busine NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	ithout regard to your official status. Personal loans and ess 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 witoans received not in a lender's regular course of busine NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) None	ithout regard to your official status. Personal loans and ess 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 will loans received not in a lender's regular course of busine NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	ithout regard to your official status. Personal loans and ess 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 will to ans received not in a lender's regular course of busine NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) HIGHEST BALANCE DURING REPORTING PERIOD	ithout regard to your official status. Personal loans and ess 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

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

	ORNIA FORM 700
Name	
Rowe,	Dawn

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Hammerking Productions	
ADDRESS (Business Address Acceptable) 35820 Galena Cr	ADDRESS (Business Address Acceptable)
Temecula, CA 92592	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
King of the Hammers	·
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
BLM Liaison Representative	
GROSS INCOME RECEIVED X No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Or
\$500 - \$1,000 \$1,001 - \$10,000	S500 - \$1,000 S1,001 - \$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
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	Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.)	Schedule A-2.) Sale of
(Real properly, car, boal, etc.)	(Real properly, car, boal, 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	Other
(Describe)	(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 atus. Personal loans and loans received not in a lender's 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
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	City
S1,001 - \$10,000	Guarantor
<u>\$10,001 - \$100,000</u>	Gualatut
OVER \$190,000	Other
	(Describe)
Comments:	

4 × 5

SCHEDULE D Income - Gifts

	ORNIA FORM	700
Name		
Rowe,	Dawn	

Address Acceptab IF ANY, OF SOU elopment ALUE			s Address Acceptabl	le)
IF ANY, OF SOU			s Address Acceptabl	le)
elopment	RCE	BUSINESS ACTIVIS		
elopment	RCE	DISTRICTOR ACTIVITY		
oraca comple		BUSINESS ACTIVIT	Y, IF ANY, OF SOU	RCE
ALUE		Recycling		
	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
25.00	Chocolates	04 / 12/ 22	\$ 50.00	Food and Top Golf
45.00	Spirits		\$	
142.00	Alcohol		\$	3
	3	▶ NAME OF SOURCE	(Not an Acronym)	
Estate Deve	elopment Association,	Mark Stanson		
	le)	ADDRESS (Busines	s Address Acceptabl	le)
				*
	RCE	BUSINESS ACTIVI	Y, IF ANY, UF SOU	RCE
raseoliseksi s tellisi – Allellalli	M201300	THE CHARLES WITH STATE OF THE S	ones (Uturo 2011 1979)	
ALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
		700000000000000000000000000000000000000		
100.00	Dinner	_11 / 09/ 22	\$ 100.00	Dinner
			\$	
			\$	
Not an Acronym)		► NAME OF SOURCE	E (Not an Acronym)	
	le)	ADDRESS (Busines	s Address Acceptabl	le)
IF ANY, OF SOU	RCE	BUSINESS ACTIVIT	TY, IF ANY, OF SOU	RCE
			707/507000	
ALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
145.00	Candy		\$	
			\$	
			\$	2
	142.00 Not an Acronym) Estate Development of the second o	Not an Acronym) Estate Development Association, Address Acceptable) yr #154-213 IF ANY, OF SOURCE ALUE DESCRIPTION OF GIFT(S) 100.00 Dinner Not an Acronym) Address Acceptable) 92507 IF ANY, OF SOURCE VALUE DESCRIPTION OF GIFT(S)	Not an Acronym) Estate Development Association, Address Acceptable) y	Not an Acronym) Estate Development Association, Mark Stanson Mark Stanson Address Acceptable) Y \$154-213 BUSINESS ACTIVITY, IF ANY, OF SOURCE Malue DESCRIPTION OF GIFT(S) DATE (mm/dd/yy) VALUE VALUE V

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) ▶ NAME OF SOURCE (Not an Acronym) City of Taoyuan, Taiwan ADDRESS (Business Address Acceptable) ADDRESS (Business Address Acceptable) No. 1, Xianfu Rd CITY AND STATE CITY AND STATE Taoyuan City Taiwan, NA 33001 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE 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: \$ DATE(S):_ MUST CHECK ONE: X Gift -or- Income MUST CHECK ONE: Gift -or-Income Made a Speech/Participated in a Panel Made a Speech/Participated in a Panel X Other - Provide Description Travel costs for Taiwanese -Other - Provide Description _ American Education Initiative ▶ If Giff, Provide Travel Destination Taoyuan City, Taiwan ▶ 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):_ (If aift) Gift -or-MUST CHECK ONE: 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:

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filipp Received

A PUBLIC DOCUMENT

MAR 17 2023

LAFCO Please type or print in ink. San Bernarding County (MIDDLE) NAME OF FILER (LAST) (FIRST) Warren Acquanetta 1. Office, Agency, or Court Agency Name (Do not use acronyms) **Local Agency Formation Commission** Division, Board, Department, District, if applicable Your Position Commissioner CITY OF FONTANA ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) City Clerk's Department Position: Agency: _ 2. Jurisdiction of Office (Check at least one box) Judge, Retired Judge, Pro Tem Judge, or Court Commissioner State (Statewide Jurisdiction) County of San Bernardino Multi-County City of Fontana 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2022, through Leaving Office: Date Left ____/_ (Check one circle.) December 31, 2022. -Ora ☐ The period covered is January 1, 2022, through the date of The period covered is _____/___ leaving office. December 31, 2022. The period covered is _ Assuming Office: Date assumed ______ the date of leaving office. and office sought, if different than Part 1: __ Candidate: Date of Election _ Schedule Summary (required) ► 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 D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached Or- None - No reportable interests on any schedule 5. Verification ZIP CODE STATE MAILING ADDRESS CITY STREET (Business or Agency Address Recommended - Public Document) CA 92335 8353 Sierra Avenue Fontana EMAIL ADDRESS DAYTIME TELEPHONE NUMBER (909) 350-7601 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 Signature (File the originally signed paper statement with your filing official.) (month, day, year)

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
ROYAL BLUE CONSULTING,LLC	
Name CA COSCO	Name
15218 SUMMIT AVENUE, FONTANA, CA 92336 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
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 S100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INVESTMENT	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$100,001 - \$100,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INVESTMENT Partnership Sole Proprietorship
Partnership Sole Proprietorship Other	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 TO THE ENTITY/TRUST)
\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000	\$0 - \$499
► 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	➤ 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, 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 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
Leasehold Yrs. remaining Other Check box if additional schedules reporting investments or real property	Leasehold Other Yrs. remaining Other Check box if additional schedules reporting investments or real property
are attached	are attached

Comments: -