

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Local Agency Formation Commission for San Bernardino
Division, Board, Department, District, if applicable
Your Position
Alternate City Member

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San Bernardino County

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

Agency: _____ Position: _____

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

- State
- Multi-County _____
- City of _____
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of San Bernardino
- Other _____

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

- Annual:** The period covered is January 1, 2018, through December 31, 2018.
- or-
- The period covered is ____/____/____, through December 31, 2018.
- Assuming Office:** Date assumed 03 / 20 / 2019
- Leaving Office:** Date Left ____/____/____
(Check one circle.)
- The period covered is January 1, 2018, through the date of leaving office.
- or-
- The period covered is ____/____/____, through the date of leaving office.
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

Schedules attached

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

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

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
58783 Santa Barbara Drive Yucca Valley CA 92284
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(760) 799-3313 rdenison@yucca-valley.org

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 03/21/2019 Signature _____
(month, day, year) (File the originally signed paper statement with your filing official.)