

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

Date Original Filing Received
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LAFCO
San Bernardino County

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
PASTOR **ARTURO**

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
LOCAL AGENCY FORMATION COMMISSION FOR SAN BERNARDINO COUNTY

Division, Board, Department, District, if applicable Your Position

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

Agency: _____ Position: _____

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

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

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

- Annual:** The period covered is January 1, 2022, through December 31, 2022.
- Leaving Office:** Date Left ____/____/____ (Check one circle.)
- or-
- The period covered is ____/____/____, through December 31, 2022.
- The period covered is January 1, 2022, through the date of leaving office.
- Assuming Office:** Date assumed **9 / 26 / 22**
- or-
- The period covered is ____/____/____, through the date of leaving office.
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

Schedules attached

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

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

5. Verification

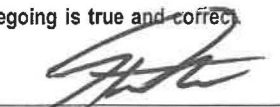
MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
1170 WEST THIRD STREET, UNIT 150 SAN BERNARDINO CA 92415-0490

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(**909**) **388-0488** **LAFCO@LAFCO.SBCOUNTY.GOV**

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

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

Date Signed **9/26/22**
(month, day, year)

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