

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

Date In REGISTATION Official Use Only

MAR 21 2022

LAFCO

Please t	type or print in ink.		San Bernardino Cour
	FILER (LAST)	(FIRST)	(MIDDLE)
ALSO	P	CLARK	
I. Offi	ce, Agency, or Co	ourt	
Agen	ncy Name (Do not use a	acronyms)	
-	FCO, San Bernard		
Divis	ion, Board, Department,	District, if applicable	Your Position
			General Counsel
▶ If	filing for multiple position	ns, list below or on an attachment. (Do	not use acronyms)
Ager	ncy:		Position:
2. Jur	risdiction of Office	e (Check at least one box)	
	State		Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
\square N	Multi-County		County of
			AND MARKET MARKET PROGRAMMED TO THE PROGRAMMED T
3. Typ	pe of Statement (Check at least one box)	
100	Annual: The period con December 31,	vered is January 1, 2021, through	Leaving Office: Date Left/(Check one circle.)
	The period con December 31,	vered is/, thr 2021.	The period covered is January 1, 2021, through the date of leaving office.
	Assuming Office: Date	e assumed	The period covered is/, through the date of leaving office.
	Candidate: Date of Ele	ection and office	sought, if different than Part 1
4. Sch	hedule Summary	(must complete) ► Total nu	mber of pages including this cover page:3
Scl	hedules attached	d	
[5	Schedule A-1 - Inves	stments - schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached
	Schedule A-2 - Inves	stments - schedule attached	Schedule D - Income - Gifts - schedule attached
	Schedule B - Real P	Property – schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-or-	□ None - No rend	ortable interests on any schedule	
	ification	•	
MAIL	ING ADDRESS		DITY STATE ZIP CODE
(Busi	iness or Agency Address Recon	nmended - Public Document)	To the state of th
DAYT	TIME TELEPHONE NUMBER		EMAIL ADDRESS
		iligence in preparing this statement. I have schedules is true and complete. I acknow	we reviewed this statement and to the best of my knowledge the information contained wledge this is a public document.
	199		California that the foregoing is true and correct.
Date	e Signed Jan	25, 2022	Signature
		(month, day, rear)	(File the originally signed paper statement with your filing official.)

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.

	ORNIA FORM 700
Name	
	CLARK ALSOP

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
BEST BEST & KRIEGER LLP	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
LAW FIRM	
FAIR MARKET VALUE	FAIR MARKET VALUE
× \$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock (Describe)	Stock Other(Describe)
Partnership O Income Received of \$0 - \$499 (a) 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:
	, , 21 , , 21
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	▶ NAME OF BUSINESS ENTITY
MORGAN STANLEY	TAX ASSUMED TO SEE HER PRODUCTION OF THE PRODUCT
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
INVESTMENTS	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Clother	Cl Steels Cl Other
(Describe)	(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)
O mosmo resource or process in the process of	
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	Control Contro
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
WELLS FARGO & CO.	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
BANKING	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 X \$10,001 - \$100,000	\$2,000 - \$10,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other (Describe)	Stock Other (Describe)
Partnership O Income Received of \$0 - \$499	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:
10120 MM 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	<u></u>
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Comments:	

(Other than Gifts and Travel Payments)

CALIF	ORNIA FORM 700
Name	LITICAL PRACTICES COMMISSION
	CLARK ALSOP

➤ 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
BEST BEST & KRIEGER LLP	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
2855 E. GUASTI RD. STE 400 ONTARIO CA 91761	States of the Assister. Assistant of the Assistant States of the Assistant Sta
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
LAW FIRM	, The challenge described and selection of the control of the challenge of
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
PARTNER	
GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$1,000	GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	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, boat, etc.)	(Real property, car, boat, 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)
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 status. Personal loans and loans received not in a lender'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	
\$1,001 - \$10,000	City
\$10,001 - \$100,000	Guarantor —
OVER \$100,000	Other(Describe)
	•=>====
Comments:	



STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

MAR 31 2022 A PUBLIC DOCUMENT

LAFCO

Please type or print in in	nk.				LAFCO
NAME OF FILER (LAST)	(FIRST)			MIDDLE)	San Bernardino Coun
Dodson	Tom			M	
1. Office, Agency,	or Court				
Agency Name (Do no Local Agency Fo	ot use acronyms) ormation Commission				
Division, Board, Depar	tment, District, if applicable		Your Position		
			Consultant		
► If filing for multiple	positions, list below or on an attachmer	nt. (Do not us	se acronyms)		
Agency:			Position:		
2. Jurisdiction of (Office (Check at least one box)				
☐ State			☐ Judge, Retired Judge, P (Statewide Jurisdiction)	ro Tem Jud	ige, or Court Commissioner
Multi-County			County of		
			Other San Bernard		
3. Type of Stateme	ent (Check at least one box)				
Decembe	od covered is January 1, 2021, through er 31, 2021.	ĭ	Leaving Office: Date	Left Check one o	
	od covered is/	, through	☐ The period covered leaving office.	is January	1, 2021, through the date of
Assuming Office:	Date assumed/	-			, through
Candidate: Date	of Election and	office sought,	if different than Part 1:		
. Schedule Summa	ary (must complete) ► Tot	tal number	of pages including this co	over page	9: 4
Schedules attac			p-gg	,	*
Schedule A-1 -	Investments - schedule attached		Schedule C - Income, Loans, &	Business I	Positions - schedule attached
	Investments - schedule attached		Schedule D - Income - Gifts -	schedule at	tached
Schedule B - R	eal Property - schedule attached		Schedule E - Income - Gifts -	Travel Payn	nents - schedule attached
-or- None - No	reportable interests on any sche	edule			
. Verification	,				
MAILING ADDRESS	STREET CANCELLO	CITY	STA	TE	ZIP CODE
(Business of Agency Address)	Recommended - Public Document)				
DAYTIME TELEPHONE NUME	3ER	=	EMAIL ADDRESS		
	ele diligence in preparing this statement.			of my know	rledge the information contained
I certify under penalty	of perjury under the laws of the Stat	te of Californ	ia that the foregoing is true and	correct.	<u></u>
2 2 25	03/31/22	820			
Date Signed	(month, day, year)	Si	gnature(File the originally signs	d paper statems	ent with your filing official.)
	A		to the state on Second, and the	- proper stations	

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 70	0
FAIR POLITICAL PRACTICES COMMISSION	ON
Name	

Tom Dodson

▶ 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Tom Dodson & Associates	
Name	Name
2150 N. Arrowhead Ave., San Bernardino, CA 92405	3
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
	TE ARRIVADAR LIGA DATE.
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000//21/_21	\$2,000 - \$10,000//21//21
\$10,001 - \$100,000 ACQUIRED DISPOSED	\$10,001 - \$100,000 ACQUIRED DISPOSED
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
Over \$1,000,000	
NATURE OF INVESTMENT Corporation	NATURE OF INVESTMENT
Partnership Sole Proprietorship Other	Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION President/Env. Specialist	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> 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
S500 - \$1,000 OVER \$100,000	S500 - \$1,000 OVER \$100,000
\$1,001 - \$10,000	S1,001 - \$10,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	➤ 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	None or Names listed below
T D I 04	
Tom Dodson & Associates	
▶ 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
2150 N. Arrowhead Ave., San Bernardino, CA 92405	
Name of Business Entity, if Investment, <u>or</u> 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
Environmental Consulting	Additional familiary of outset/familiary of the familiary
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 / /21 / /21
\$10,001 - \$100,000	\$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED 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	Check box if additional schedules reporting investments or real property
are attached	are attached

SCHEDULE B Interests in Real Property (Including Rental Income)

	ORNIA FORM 700 LITICAL PRACTICES COMMISSION
Name	
	Tom Dodson

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
2150 N. Arrowhead Avenue	OITY
CITY CA COACC	CITY
San Bernardino, CA 92405	
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 ACQUIRED DISPOSED	\$10,001 - \$100,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Other
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	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	interest, list the name of each tenant that is a single source of
income of \$10,000 or more.	income of \$10,000 or more.
None	None
	11
* You are not required to report loans from a commercial	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
loans received not in a lender's regular course of busi	ness must be disclosed as follows:
NAME OF LENDER*	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
ADDITESS (Business Address Acceptable)	
Technology and the recognition of the control of th	PUBLISHED ACTIVITY IF ANY OF LENDER
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
% None	% None
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$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 OVER \$100,000	
Guarantor, if applicable	Guarantor, if applicable

Comments:

(Other than Gifts and Travel Payments)

	ORNIA FORM 700
Name	
	Tom Dodson

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Tom Dodson & Associates	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
2150 N. Arrowhead Ave., San Bernardino, CA 92405	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Environmental Consultant	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
President / Environmental Specialist	
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 OVER \$100,000	\$10,001 - \$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, boat, etc.)	(Real property, car, boat, 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)
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 status. 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
\$1,001 - \$10,000	sad w
\$10,001 - \$100,000	Guarantor
	Other(Describe)
OVER \$100,000	Other(Describe)

Print



Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

A PUBLIC DOCUMENT

Date Initial Filing Received Filing Official Use Only

RECEIVED

MAR 0 9 2022

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)	
DE SOUSA	PAULA	LAFCO San Bernardino Co	
1. Office, Agency, or Court		- Stratulio Oc	Junty
Agency Name (Do not use acrony	WW.72.150.0		
LAFCO, San Bernardino (
Division, Board, Department, District		Your Position	
		General Counsel	
► If filing for multiple positions, lis	it below or on an attachment. (Do not a	use acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Cr	neck at least one box)		
State	reak at react one wear,	Judge, Retired Judge, Pro Tem Judge, or Court Commission (Statewide Jurisdiction)	oner
Multi-County		County of	
20 an			
3. Type of Statement (Check			
★ Annual: The period covered December 31, 2021	is January 1, 2021, through	Leaving Office: Date Left// (Check one circle.)	
-or- The period covered December 31, 2021	is, through	The period covered is January 1, 2021, through the d leaving office.	ate of
	umed/	The period covered is	rough
Candidate: Date of Election	and office soug	ht, if different than Part 1:	
4. Schedule Summary (mu	st complete) ► Total numb	er of pages including this cover page: 3	
Schedules attached			
Schedule A-1 - Investmen	rts – schedule attached	Schedule C - Income, Loans, & Business Positions - schedule at	ttached
Schedule A-2 - Investment		Schedule D - Income - Gifts - schedule attached	
Schedule B - Real Proper		Schedule E - Income - Gifts - Travel Payments - schedule attac	hed
on 🗆 None No soundship	le internate en enu cobodulo		
-or- ☐ None - No reportable 5. Verification	le interests on any schedule		
MAILING ADDRESS STREE		STATE ZIP CODE	
(Business or Agency Address Recommende	ed - Public Document)		
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
DAYTIME TELEPHONE NUMBER		EMPLE NOONEOG	
I have used all reasonable diligend	ce in preparing this statement. I have re ules is true and complete. I acknowled	viewed this statement and to the best of my knowledge the information ge this is a public document.	contained
NAME OF TAXABLE ASSESSMENT OF THE PARTY OF T		ornia that the foregoing is true and correct.	2°)
	7.66		
Date Signed Od-	17 - 2022 day, year)	Signature (File the originally signed paper statement with your filing official.)	<u> </u>

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 COMMISSION

Name

PAULA DE SOUSA

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Best Best & Krieger LLP	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Law Firm	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$2,000 = \$10,000 \$10,001 = \$100,000 \$10,001 = \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
[A] \$100,001 - \$1,000,000	
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other(Describe)	Stock Other(Describe)
▼ Partnership	Partnership O Income Received of \$0 - \$499
(a) Income Received of \$500 or More (Report on Schodu.	
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 21 , , 21	, , 21 , , 21
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
	GENERAL DESCRIPTION OF THIS BUSINESS
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	_
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
The second secon	NATURE OF INVESTMENT
NATURE OF INVESTMENT Stock Other	Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499	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 Schedu	(e c) O income Received of \$500 of Note (Report on Scriedule C)
UE ADDITION EL LICT DATE.	IF APPLICABLE, LIST DATE:
IF APPLICABLE, LIST DATE:	(8/3) (2/3)
	[]
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	The state of the s
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
GENERAL DESCRIPTION OF THIS DOSINESS	
	- II
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other(Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedu	
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 21 , , 21	, , 21 , , 21
	ACQUIRED DISPOSED
ACQUIRED DISPOSED	II AGGGINED BIGFOGED
Comments:	

(Other than Gifts and Travel Payments)

	IFORNIA FORM 700
Nam	ne

	► 1. INCOME RECEIVED	
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME	
Best Best & Krieger LLP		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
655 W. Broadway, 15th Flr, San Diego CA 92101	3	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
Law Firm		
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION	
Equity Partner		
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only	
\$500 - \$1,000 \$1,001 - \$10,000	\$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.)	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, boat, etc.)	(Real property, car, boat, 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	
(04.)	(Describe)	
(Describe)	(Doddino)	
	C Other	
Other(Describe)	Other(Describe)	
(Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING	(Describe) PERIOD	
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CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

A PUBLIC DOCUMENT

Date IniRECT VEDed

MAR 31 2022

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NAME OF FILER (LAST)	(FIRST)	(MIDDLE) San Bernardino Coun
Larsen	Hannah	rence
1. Office, Agency, or	Court	
Agency Name (Do not us		17/ 1-11
LOCAL AGENCY F	ORMATION COMMISSION	LAFLU Analyst - 675 / Dutabase
Division, Board, Department	nt, District, if applicable	Your Position
▶ If filing for multiple posi	itions, list below or on an attachment. (Do not	use acronyms)
Agency:		Position:
2. Jurisdiction of Off	ice (Check at least one box)	
State		Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
		Other SAN BERNARDINO COUNTY
3. Type of Statement	(Check at least one box)	
December 3	covered is January 1, 2021, through 31, 2021.	Leaving Office: Date Left//(Check one circle.)
-or- The period December 3	covered is/, through 31, 2021.	☐ The period covered is January 1, 2021, through the date of leaving office.
Assuming Office: D	ate assumed//	☐ The period covered is/, through the date of leaving office.
Candidate: Date of	Election and office soug	ht, if different than Part 1:
4. Schedule Summar Schedules attach		er of pages including this cover page:
	vestments – schedule attached	Schedule C - Income, Loans, & Business Positions – schedule attached
	vestments – schedule attached	Schedule D - Income - Gifts - schedule attached
	il Property – schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-or- 🛛 None - No re	portable interests on any schedule	
5. Verification		
MAILING ADDRESS (Business or Agency Address Re	STREET CITY commended - Public Document)	STATE ZIP CODE
DAYTIME TELEPHONE NUMBER	R	EMAIL ADDRESS
I have used all reasonable herein and in any attached	e diligence in preparing this statement. I have re d schedules is true and complete. I acknowled	viewed this statement and to the best of my knowledge the information contained ge this is a public document.
300 0 5	f perjury under the laws of the State of Calif	
Date Signed _ 03/3	51/2022	Signature
	(month, day, year)	(File the originally signed paper statement with your many unitial.)



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

REC Milital Eiling Received

MAR 31 2022

Please type or print in it	nk.	LAFCO
NAME OF FILER (LAST)	(FIRST)	(MIDDLE) San Bernardino County
MARTINEZ	SAMUEL	DALE
. Office, Agency,	or Court	
Agency Name (Do no	of use acronyms)	
LOCAL AGENC	Y FORMATION COMMISSION	
Division, Board, Depart	rtment, District, if applicable	Your Position
		EXECUTIVE OFFICER
► If filing for multiple	positions, list below or on an attachment. (Do not	t use acronyms)
ā 3 :	ž	
Agency:		Position:
Jurisdiction of	Office (Check at least one box)	
	Office (officer at least one poxy	Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
State		(Statewide Jurisdiction)
Multi-County		County of
9		Other SAN BERNARDINO COUNTY
		ourer
. Type of Statem	ent (Check at least one box)	
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Assuming Office	e: Date assumed//	The period covered is
Candidate: Date	e of Election and office sou	ught, if different than Part 1:
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Schedules atta		oer or pages including this cover page.
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	- Investments - schedule attached	Schedule D - Income - Gifts - schedule attached
3	Real Property – schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
Ochedule D	rical rioporty Solicatio attached	
or- 🗌 None - N	o reportable interests on any schedule	
. Verification		
MAILING ADDRESS	STREET CITY	STATE ZIP CODE
(Business or Agency Addre	ss Recommended - Public Document)	
DAYTIME TELEPHONE NU	IMBER	EMAIL ADDRESS
DATENCE TELEFITORE NO	MBER	
I have used all reason herein and in any atta	nable diligence in preparing this statement. I have rached schedules is true and complete. I acknowle	reviewed this statement and to the best of my knowledge the information contained dge this is a public document.
58	ty of perjury under the laws of the State of Cal	
NEW 03	89 2K VITC VI	
Date Signed	MARCH 31, 2022	Signature
commencement masses and	(month, day, year)	(File the originally signed paper statement with you filling official.)

(Other than Gifts and Travel Payments)

	FORNIA FORM 700 DITTICAL PRACTICES COMMISSION
Name	
	SAMUEL MARTINEZ

1. INCOME RECEIVED NAME OF SOURCE OF INCOME	► 1. INCOME RECEIVED
produce to the entire of the State Considers of the entire state o	NAME OF SOURCE OF INCOME
KAISER PERMANENTE	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
9961 SIERRA AVENUE, FONTANA, CA	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
HEALTHCARE	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
RN	
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	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.)	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, boat, etc.)	(Real property, car, boat, 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
Other (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING	200 200 200 200 200 200 200 200 200 200
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CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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Date Initial Filing Received WAR**2 1* 2022

LAFCO

MICHAEL MICHAEL	ease type or print in ink.			San Bernardino Cou
1. Office, Agency, or Court Agency Name (Do not use acronyms) LAFCO, San Bernardino County Division, Board, Department, District, if applicable Your Position General Counsel If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency. Position: Quidge, Retired Judge, Pro Tem Judge, or Court Commiss (Statewide Jurisdiction) Ustate Judge, Retired Judge, Pro Tem Judge, or Court Commiss (Statewide Jurisdiction) County of Check at least one box) Annual: The period covered is January 1, 2021, through December 31, 2021. The period covered is Judge, Pro Tem Judge, or Court Commiss (Statewide Jurisdiction) County of County of County of Check one circle.) Ofter San Bernardino County The period covered is Judge, Pro Tem Judge, or Court Commiss (Statewide Jurisdiction) County of County of County of County of Check one circle.) The period covered is Judge, Pro Tem Judge, or Court Commiss (Statewide Jurisdiction) County of County of County of County of County of County of Check one circle.) The period covered is Judge, Pro Tem Judge, or Court Commiss (Statewide Jurisdiction) County of County of County of County of Check one circle.) The period covered is Judge, Pro Tem Judge, or Court Commiss (Statewide Jurisdiction) County of County of County of County of County of Check one circle.) The period covered is Judge, Pro Tem Judge, or Court Commiss (Statewide Jurisdiction) County of County of County of County of Check one circle.) The period covered is Judge, Pro Tem Judge, or Court Commiss (Statewide Jurisdiction) The period covered is Judge, Pro Tem Judge, or Court Commiss (Statewide Judge, Pro Tem Judge, or C	ME OF FILER (LAST)	(FIRST)	(MIDDLE)	
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LAFCO, San Bernardino County Division, Board, Department, District, if applicable ✓ Your Position General Counsel ✓ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: — Position: — Position: Dadge, Retired Judge, Pro Tem Judge, or Court Commiss (Statewide Jurisdiction) — Unity — County of — Other San Bernardino County Type of Statement (Check at least one box) — Annual: The period covered is January 1, 2021, through December 31, 2021. — The period covered is, through December 31, 2021. — Assuming Office: Date assumed, through December 31, 2021. — Candidate: Date of Election and office sought, if different than Part 1: Schedule Summary (must complete) ➤ Total number of pages including this cover page: Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - Schedule attached Schedule B - Real Property - schedule attached Schedule B - Real Property - schedule attached Schedule B - Income - Gifts - Schedule attached Schedule B - Income - Gifts - Schedule attached Schedule B - Income - Gifts - Schedule attached Schedule B - Income - Gifts - Schedule attached Schedule B - Income - Gifts - Schedule attached Schedule B - Income - Gifts - Schedule attached Schedule B - Income - Gifts - Schedule attached Schedule B - Income - Gifts - Schedule attached Schedule B - Income - Gifts - Schedule attached Schedule B - Income - Gifts - Schedule attached Schedule B - Income - Gifts - Schedule attached Schedule B - Income - Gifts - Schedule attached Schedule B - Income - Gifts - Schedule attached Schedule B - Income - Gifts - Schedule attached Schedule B - Income - Gifts - Schedule attached Schedule B - Income - Gifts - Schedule B - Income - Gif	Office, Agency, or Court			
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MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 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	Goldan B Modri Sporty Solic	ario attavioa		
MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 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	or- None - No reportable intere	sts on any schedule		
MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) DAYTIME TELEPHONE NUMBER EMAIL ADDRESS I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information				
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information		CITY	STATE	ZIP CODE
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information		ocument)	-	
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information	DAYTIME TELEDIJONE NI IMPED		EMAIL ADDRESS	
	DATTIME TELEFTIONE NUMBER		LIVINE MODITEGO	
				rledge the information contained
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			704.1.7 (1944.1 T.)	
i serial and periors of periors and are and or the state or summind that the foregoing is the distribution	. Colary under periody of perjory under t	or and or out	The same same same same same same same sam	
Date Signed 1/14/22 Signature	Date Signed 1/10/22		Signature	

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 COMMISSION

MICHAEL RIDDELL

► NAME O	F BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
AES C	ORPORATION	BANK OF AMERICA
GENERA	L DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
SUPPL	LIER OF ELECTRICITY	FINANCIAL INSTITUTION
Manager 1000	RKET VALUE	FAIR MARKET VALUE
	0 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \times \$10,001 - \$100,000
	001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
□ \$100,0	001 - \$1,000,000	
NATURE	OF INVESTMENT	NATURE OF INVESTMENT
X Stock	Other(Describe)	X Stock (Describe)
□ Porto	ership (Income Received of \$0 - \$499	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 APPLI	CABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	, 21 , , 21	, , 21 , , 21
	UIRED DISPOSED	ACQUIRED DISPOSED
		► NAME OF BUSINESS ENTITY
	F BUSINESS ENTITY	A STREET STORY OF STREET STREET STREET, STREET STRE
	N INC.	BOEING CO.
GENERA	AL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
MEDIO	CAL SUPPLIES	AERONAUTICS
FAIR MA	RKET VALUE	FAIR MARKET VALUE
X \$2,000	0 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 × \$10,001 - \$100,000
- Indiana Control of the Control of	001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE	OF INVESTMENT	NATURE OF INVESTMENT
X Stock	NEW 2018 (1997) 1 (19	X Stock Other
00.00	(Describe)	(Describe)
Partne	ership Oncome Received of \$0 - \$499 Oncome 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 APPLI	CABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
PD	. 21	, , 21 , , 21
	<u> </u>	
ACQ	UIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF	F BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
AT&T		CHEVRON CORPORATION
GENERA	L DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
TELEF	PHONE UTILITY	PETROLEUM PRODUCTS
FAIR MAI	RKET VALUE	FAIR MARKET VALUE
\$2,000	0 - \$10,000 × \$10,001 - \$100,000	× \$2,000 - \$10,000
\$100,0	001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE	OF INVESTMENT	NATURE OF INVESTMENT
X Stock	Other	X Stock Other (Describe)
□ Boots	(Describe)	Partnership O Income Received of \$0 - \$499
Partne	ership Oncome Received of \$0 - \$499 Oncome Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLI	CABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	, 21 , , 21	, , 21 , , 21
ACO	UIRED DISPOSED	ACQUIRED DISPOSED
700	Dio occo	
Comments	s:	

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 70 FAIR POLITICAL PRACTICES COMMISSION

MICHAEL RIDDELL

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
COLGATE PALMOLIVE	ECOLAB
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
SUPPLIER OF GOODS	PHARMACEUTICALS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \times \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	X Stock Other (Describe)
Partnership () Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	○ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 21 , , , 21	, , 21 , , 21
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
DISCOVER FINANCE SERVICES	EDISON INTERNATIONAL
(T)	GENERAL DESCRIPTION OF THIS BUSINESS
GENERAL DESCRIPTION OF THIS BUSINESS	
FINANCIAL SERVICES	ELECTRIC UTILITY
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	X \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other	X Stock Other
(Describe)	(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:
, , 21 , , 21	, , 21 , , 21
ACQUIRED DISPOSED	ACQUIRED DISPOSED
ACCOUNTS SIST OF S	
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
EAST GROUP PROPERTIES, INC.	EXXON MOBIL CORPORATION
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
REAL PROPERTY INVESTMENTS	PETROLEUM PRODUCTS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 X \$10,001 - \$100,000	× \$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock	Stock
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership Oncome Received of \$0 - \$499 Oncome Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
24	0.4
	J 21 J 21
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Comments:	

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 COMMISSION

MICHAEL RIDDELL

► NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
GENERAL MILLS	IBM
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FOOD PRODUCTS	COMPUTERS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \times \$10,001 - \$100,000	\$2,000 - \$10,000 \times \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other(Describe)	X Stock Other(Describe)
Partnership O Income Received of \$0 - \$499	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:
, , 21 , , 21	
	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL MOTORS FINANCE COMPANY	JOHNSON & JOHNSON
	GENERAL DESCRIPTION OF THIS BUSINESS
GENERAL DESCRIPTION OF THIS BUSINESS	
AUTO COMPANY	PERSONAL GROOMING
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \times \$10,001 - \$100,000
\$2,000 - \$10,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other	X Stock Other
(Describe)	(Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Oncome Received of \$0 - \$499 Oncome Received of \$500 or More (Report on Schedule C)
C madrie Neosived of \$600 of More (Nepoli of Consules of	III
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	1 , 21 , 21
ACQUIRED DISPOSED	
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
HONEYWELL INTL. INC.	KIMBERLY CLARK
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
MACHINE CONTROL SYSTEMS	PAPER GOODS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \times \$10,001 - \$100,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other(Describe)	X Stock Other
Partnership () Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)	○ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 21 , , 21	/ / 21 / 21
ACQUIRED DISPOSED	ACQUIRED DISPOSED
renaturado Supreto Sus. Anterior de Supreto Sus Respectos Supretos	

Comments: _

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 7 FAIR POLITICAL PRACTICES COMMISSION

MICHAEL RIDDELL

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
MICROSOFT	PROCTER & GAMBLE
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
COMPUTER SOFTWARE	PERSONAL CARE PRODUCTS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \times \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
	Acceptance of the control of the state of th
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock (Describe)	X 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:
, , 21 , , 21	, , 21 , , 21
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
NOVARTUS	ROYAL DUTCH SHELL
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
PHARMACEUTICALS	PETROLEUM PRODUCTS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \times \$10,000 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
	X Stock Other
(Describe)	(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:
, , 21 , , 21	, , 21 , , 21
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
ORACLE	VERIZON COMMUNICATIONS
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
COMPUTER SOFTWARE	TELECOMMUNICATIONS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 × \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other	Stock Other
(Describe)	(Describe)
Partnership Income Received of \$0 - \$499 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:
, , 21 , , 21	, , 21 , , 21
ACQUIRED DISPOSED	ACQUIRED DISPOSED
MAZORILD DIG SOLD	
Commontor.	
Comments:	

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name

MICHAEL RIDDELL

▶ 1. BUSINESS ENTITY OR TRUST ► 1. BUSINESS ENTITY OR TRUST MICHAEL T. RIDDELL, INC. Name Name 3390 UNIVERSITY, 5TH FL, RIVERSIDE, CA 92501 Address (Business Address Acceptable) Address (Business Address Acceptable) Check one Check one Business Entity, complete the box, then go to 2 Trust, go to 2 Business Entity, complete the box, then go to 2 Trust, go to 2 GENERAL DESCRIPTION OF THIS BUSINESS GENERAL DESCRIPTION OF THIS BUSINESS LEGAL CORPORATION IF APPLICABLE, LIST DATE: IF APPLICABLE, LIST DATE: FAIR MARKET VALUE FAIR MARKET VALUE \$0 - \$1,999 \$0 - \$1,999 ______21 121 1 121 /__/21 \$2,000 - \$10,000 \$2,000 - \$10,000 DISPOSED ACOURED DISPOSED ACQUIRED \$10,001 - \$100,000 \$10,001 - \$100,000 \$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 CORPORATION NATURE OF INVESTMENT Partnership Sole Proprietorship ____ 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) \$10,001 - \$100,000 \$10,001 - \$100,000 \$0 - \$499 \$0 - \$499 X OVER \$100,000 OVER \$100,000 \$500 - \$1,000 \$500 - \$1,000 \$1,001 - \$10,000 \$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 sheet if necessary.) Names listed below None or X Names listed below BEST BEST & KRIEGER LLP ► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box. Check one box: REAL PROPERTY INVESTMENT X INVESTMENT REAL PROPERTY BEST BEST & KRIEGER LLP 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 LAW FIRM 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 IF APPLICABLE, LIST DATE: FAIR MARKET VALUE IF APPLICABLE, LIST DATE: FAIR MARKET VALUE \$2,000 - \$10,000 \$2,000 - \$10,000 /21 ,21 / /21 \$10,001 - \$100,000 \$10,001 - \$100,000 DISPOSED ACQUIRED ACQUIRED DISPOSED \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 Over \$1,000,000 Over \$1,000,000 NATURE OF INTEREST NATURE OF INTEREST Partnership Stock Stock | Partnership Property Ownership/Deed of Trust Property Ownership/Deed of Trust Other -Other -Check box if additional schedules reporting investments or real property Check box if additional schedules reporting investments or real property are attached are attached

Comments: _

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

RECEIVED Received MAR 31 2022

LAFCO Please type or print in ink. (MIDDLE) San Bernardino County NAME OF FILER (LAST) (FIRST) ARTHUR MICHAEL TUERPE 1. Office, Agency, or Court Agency Name (Do not use acronyms) LOCAL AGENCY FORMATION COMMISSION Your Position Division, Board, Department, District, if applicable SENIOR ANALYST ▶ 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 Multi-County _____ Other SAN BERNARDINO COUNTY City of 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2021, through Leaving Office: Date Left ____/_ (Check one circle.) December 31, 2021. or-The period covered is January 1, 2021, through the date of The period covered is ____/____, through leaving office. December 31, 2021. The period covered is ______, through Assuming Office: Date assumed _____/___ 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: 1 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 MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) EMAIL 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 sorrect. 3/31/2022 Signature **Date Signed**

File the original signed paper statement with your filing official.)

(month, day, year)



STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Date Initial Filing Received
Filing Official Use Only

A PUBLIC DOCUMENT

Ple	ase type or print	in ink.	<u> </u>		
NAN	ME OF FILER (LAST)	(FIR	ST)	(MIDDLE)
W	INTERSWYK		Al	ISHA	
1.	Office, Agen	cy, or	Court		
	Agency Name (L	Do not us	e acronyms)		
	LAFCO, San	Berna	rdino County		y
	Division, Board, D	Departme	nt, District, if applicable		Your Position
					General Counsel
	▶ If filing for mul	Itiple pos	itions, list below or on an atta	chment. (Do not	use acronyms)
					Position:
	Agency:				Position:
2.	Jurisdiction	of Off	ice (Check at least one bo	x)	
	☐ State				Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
	Multi-County				County of
	27 20				X Other San Bernardino County
3.	Type of Sta	temen	(Check at least one box)		
			covered is January 1, 2021, 131, 2021.	through	Leaving Office: Date Left/
			covered is/	, throug	leaving oπice.
	Assuming C	Office: [Date assumed		The period covered is, through the date of leaving office.
	Candidate:	Date of	Election	_ and office sou	ght, if different than Part 1:
4.	Schedule S	ummai	y (must complete)	► Total numb	ner of pages including this cover page: 3
	Schedules	attach	ned		, , , , , , , , , , , , , , , , , , ,
	Schodule	A-1 - Ir	vestments - schedule attache	ed.	Schedule C - Income, Loans, & Business Positions - schedule attached
	_		vestments – schedule attache		Schedule D - Income - Gifts - schedule attached
			al Property - schedule attache		Schedule E - Income - Gifts - Travel Payments - schedule attached
			real perteat in		
	or- 🗆 None	- No re	eportable interests on ar	y schedule	
5.	Verification			***************************************	
	MAILING ADDRESS	Address R	STREET ecommended - Public Document)	CITY	STATE ZIP CODE
			e diagna e de persona antico e e que el sistema de la persona de la persona de la persona de la persona de la La persona de la persona d		
	DAYTIME TELEPHO	NE NUMBE	R		EMAIL ADDRESS
	herein and in an	y attache	ed schedules is true and com	plete. I acknowled	eviewed this statement and to the best of my knowledge the information contained dge this is a public document.
	I certify under	penalty o	of perjury under the laws of	the State of Cali	fornia that the foregoing is true and correct.
	Date Signed _	3	18 22 (month, day, year)		Signature (File the origins y swined paper statement with your filing official.)
					And the second s

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 700
FAIR POLITICAL PRACTICES COMMISSION

ALISHA WINTERSWYK

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
BEST BEST & KRIEGER LLP	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
LAW FIRM	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT Stock Other
Stock Other (Describe)	(Describe)
➤ Partnership	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:
	, , 21 , , 21
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000
\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT Stock Other
Stock Other (Describe)	(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:
	, , 21, 21
	ACQUIRED DISPOSED
ACQUINED BIGI COLD	State See Francisco
► NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000
\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Qver \$1,000,000	\$1,000,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT
NATURE OF INVESTMENT Stock Other	Stock Other
(Describe)	(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	ACQUIRED DISPOSED
Comments:	

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 70	ud I
Name	
ALISHA WINTERSWYK	

NAME OF SOURCE OF INCOME	
	NAME OF SOURCE OF INCOME
BEST BEST & KRIEGER LLP	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
18101 VON KARMAN AVE., #1000, IRVINE, CA 92612	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
LAW FIRM	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
PARTNER	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 X OVER \$100,000	\$10,001 - \$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, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	N=10
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)
(Describe)	
- Laboration of	
Other(Describe)	Other(Describe)
Other (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING	(Describe)
(Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING You are not required to report loans from a commercial a retail installment or credit card transaction, made in the second control of the second control	PERIOD I lending institution, or any indebtedness created as part of the lender's regular course of business on terms available I status. Personal loans and loans received not in a lender'
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