



STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

E-Filed
01/02/2021
19:56:34
Filing ID:
195216683

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
COUNTY OF SAN BERNARDINO
Division, Board, Department, District, if applicable Board Of Supervisors
Your Position Supervisor
If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
Agency: Position:

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

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

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

Annual: The period covered is January 1, 2019, through December 31, 2019 -or- The period covered is 12/07/2020, through December 31, 2019 Assuming Office: Date assumed 12/07/2020 Leaving Office: Date Left (Check one circle) The period covered is January 1, 2019, through the date of leaving office. 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: 3
Schedules attached
Schedule A-1 - Investments - schedule attached Schedule A-2 - Investments - schedule attached Schedule B - Real Property - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule D - Income - Gifts - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached
-or-
None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS

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

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

Date Signed 01/02/2021 Signature (File the originally signed paper statement with your filing official.)

SCHEDULE B

Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

 CITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____/_____/19
 \$10,001 - \$100,000 _____/_____/19
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ _____
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None
 Name(s) redacted

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

 CITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____/_____/19
 \$10,001 - \$100,000 _____/_____/19
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ _____
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

* You are not required to report loans from a commercial lending institution made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

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

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

Filer's Verification

Print Name Baca, Jr., Joe

Office, Agency or Court COUNTY OF SAN BERNARDINO

Statement Type 2019/2020 Annual Assuming Leaving
 _____ Annual Candidate
(yr)

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

Date Signed 01/02/2021
(month, day, year)

Filer's Signature Joe Baca, Jr.

Comments: _____

SCHEDULE C Income, Loans, & Business Positions (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

1. INCOME RECEIVED	1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>Edison</u> ADDRESS (Business Address Acceptable) <u>Rancho Cucamonga, CA 91730</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Energy</u> YOUR BUSINESS POSITION <u>Project Manager</u> GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> Other _____ (Describe)	NAME OF SOURCE OF INCOME <u>Rialto Unified School District</u> ADDRESS (Business Address Acceptable) <u>Rialto, CA 92376</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Education</u> YOUR BUSINESS POSITION <u>Teacher</u> GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> Other _____ (Describe)

Comments: _____

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____ ADDRESS (Business Address Acceptable) _____ BUSINESS ACTIVITY, IF ANY, OF LENDER _____ HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	INTEREST RATE _____% <input type="checkbox"/> None SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ Street address _____ City <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ (Describe)
---	--

Filer's Verification

Print Name Baca, Jr., Joe Office, Agency or Court COUNTY OF SAN BERNARDINO

Statement Type 2019/2020 Annual _____ Annual Assuming Leaving Candidate
(yr)

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

Date Signed 01/02/2021 Filer's Signature Joe Baca, Jr.
(month, day, year)

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
DAMMEIER DIETER CARLOS

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

LOCAL AGENCY FORMATION COMMISSION

Division, Board, Department, District, if applicable

Your Position

COMMISSIONER

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

Agency: _____ Position: _____

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

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

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

- Annual: The period covered is January 1, 2019, through December 31, 2019. Leaving Office: Date Left ____/____/____ (Check one circle.)
- or- The period covered is ____/____/____, through December 31, 2019. The period covered is January 1, 2019, through the date of leaving office.
- Assuming Office: Date assumed 05 / 20 / 2020 -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 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 3RD STREET SAN BERNARDINO CA 92415-0490
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(909) 388-0480 _____

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 JUNE 16, 2020
(month, day, year)

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

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
 (Ownership Interest is 10% or Greater)

Name
DIETER CARLOS DAMMEIER

▶ 1. BUSINESS ENTITY OR TRUST

DAMMEIER LAW FIRM

Name

Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF THIS BUSINESS
LAW FIRM

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$0 - \$1,999 _____/_____/19 _____/_____/19

\$2,000 - \$10,000 _____/_____/19 _____/_____/19

\$10,001 - \$100,000 _____/_____/19 _____/_____/19

\$100,001 - \$1,000,000 _____/_____/19 _____/_____/19

Over \$1,000,000 _____/_____/19 _____/_____/19

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION OWNER ATTORNEY

▶ 1. BUSINESS ENTITY OR TRUST

RANCHO ESCROW SERVICES

Name

Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF THIS BUSINESS
ESCROW COMPANY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$0 - \$1,999 _____/_____/19 _____/_____/19

\$2,000 - \$10,000 _____/_____/19 _____/_____/19

\$10,001 - \$100,000 _____/_____/19 _____/_____/19

\$100,001 - \$1,000,000 _____/_____/19 _____/_____/19

Over \$1,000,000 _____/_____/19 _____/_____/19

NATURE OF INVESTMENT
 Partnership Sole Proprietorship OWN 82% OF CORP _____ Other

YOUR BUSINESS POSITION PRESIDENT

▶ 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

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

\$0 - \$499 \$10,001 - \$100,000

\$500 - \$1,000 OVER \$100,000

\$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None or Names listed below

RANCHO CUCAMONGA FIREFIGHTERS ASSN

RIVERSIDE POLICE OFFICERS ASSN

AZUSA POLICE OFFICERS ASSN

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None or Names listed below

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 _____/_____/19 _____/_____/19

\$10,001 - \$100,000 _____/_____/19 _____/_____/19

\$100,001 - \$1,000,000 _____/_____/19 _____/_____/19

Over \$1,000,000 _____/_____/19 _____/_____/19

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold 1 Other _____
 Yrs. remaining

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

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 _____/_____/19 _____/_____/19

\$10,001 - \$100,000 _____/_____/19 _____/_____/19

\$100,001 - \$1,000,000 _____/_____/19 _____/_____/19

Over \$1,000,000 _____/_____/19 _____/_____/19

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold 1 Other _____
 Yrs. remaining

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

Comments: _____

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

Name
DIETER CARLOS DAMMEIER

▶ 1. BUSINESS ENTITY OR TRUST

LAWYERS REALTY BROKERAGE

Name [REDACTED]

Address (Business Address Acceptable)
[REDACTED]

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

GENERAL DESCRIPTION OF THIS BUSINESS
REAL ESTATE BROKERAGE

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$0 - \$1,999 / / 19 / / 19
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship OWN 25% OF CORP
 Other

YOUR BUSINESS POSITION GENERAL COUNSEL

▶ 1. BUSINESS ENTITY OR TRUST

SPECTRUM MORTGAGE

Name [REDACTED]

Address (Business Address Acceptable)
[REDACTED]

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

GENERAL DESCRIPTION OF THIS BUSINESS
MORTGAGE LENDER

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$0 - \$1,999 / / 19 / / 19
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship OWN 25% OF CORP
 Other

YOUR BUSINESS POSITION GENERAL COUNSEL

▶ 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

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

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None or Names listed below

FIRST TEAM REAL ESTATE

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None or Names listed below

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
[REDACTED]

Description of Business Activity or City or Other Precise Location of Real Property
[REDACTED]

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 / / 19 / / 19
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold 3 Other _____
Yrs. remaining

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

▶ 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
[REDACTED]

Description of Business Activity or City or Other Precise Location of Real Property
[REDACTED]

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 / / 19 / / 19
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold 3 Other _____
Yrs. remaining

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

Comments: _____

SCHEDULE B

Interests in Real Property (Including Rental Income)

Name
DIETER CARLOS DAMMEIER

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
[REDACTED]

CITY
APPLE VALLEY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____/_____/19 _____/_____/19
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ _____
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None
PATRICIA GOURLAY

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
[REDACTED]

CITY
VICTORVILLE

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____/_____/19 _____/_____/19
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ _____
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None
ROBIN FRICIONI

* You are not required to report loans from a commercial lending institution made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

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

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

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

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

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

Comments: _____

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

Name
DIETER CARLOS DAMMEIER

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY
ADELANTO

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____ / ____ / **19**
 \$10,001 - \$100,000 _____ / ____ / **19**
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000 _____

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ _____
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None
LARISSA SOTELO

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY
ADELANTO

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____ / ____ / **19**
 \$10,001 - \$100,000 _____ / ____ / **19**
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000 _____

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ _____
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None
DEMETRIA HILL

* You are not required to report loans from a commercial lending institution made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

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

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

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

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

Comments: _____

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

Name
DIETER CARLOS DAMMEIER

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY
APPLE VALLEY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____ / ____ / 19 _____ / ____ / 19
 \$10,001 - \$100,000 _____ / ____ / 19 _____ / ____ / 19
 \$100,001 - \$1,000,000 _____ / ____ / 19 _____ / ____ / 19
 Over \$1,000,000 _____ / ____ / 19 _____ / ____ / 19
 ACQUIRED DISPOSED

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None
DAMON HENTHEM

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY
APPLE VALLEY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____ / ____ / 19 _____ / ____ / 19
 \$10,001 - \$100,000 _____ / ____ / 19 _____ / ____ / 19
 \$100,001 - \$1,000,000 _____ / ____ / 19 _____ / ____ / 19
 Over \$1,000,000 _____ / ____ / 19 _____ / ____ / 19
 ACQUIRED DISPOSED

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None
JOSHUA URIBE

* You are not required to report loans from a commercial lending institution made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

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

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

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

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

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

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT



BOARD OF SUPERVISORS

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Lovingood Robert A.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
County of San Bernardino
Division, Board, Department, District, if applicable
Board of Supervisors
Your Position
Supervisor - First District
▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
Agency: See attached list Position:

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

State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
 Multi-County Mohave, Imperial, Lincoln, Nye, Kern, Washington County of San Bernardino
 City of Ridgecrest Other

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

Annual: The period covered is January 1, 2019, through December 31, 2019.
-or- The period covered is ____/____/____, through December 31, 2019.
 Assuming Office: Date assumed ____/____/____
 Candidate: Date of Election ____ and office sought, if different than Part 1: ____
 Leaving Office: Date Left 12 / 07 / 2020 (Check one circle.)
 The period covered is January 1, 2019, through the date of leaving office.
-or- The period covered is 01 / 01 / 2020, through the date of leaving office.

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

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)
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this information.
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
Date Signed 12/07/2020 Signature
(month, day, year) (File this (originally signed) paper statement with your filing official.)

Robert A. Lovingood, San Bernardino County Supervisor, District 1
 California Form 700 – Statement of Economic Interests
 2020

Agency

Behavioral Health Commission
 Big Bear Valley Recreation and Park District
 Bloomington Recreation and Park District
 Board Governed County Service Areas
 California State Association of Counties
 County of San Bernardino
 County of San Bernardino Economic and Community
 Development Corporation
 High Desert Corridor Joint Powers Authority
 Housing Authority of the County of San Bernardino
 In Home Support Services Public Authority
 Indian Gaming Local Benefit Committee
 Indian Wells Valley Groundwater Authority
 Inland Counties Emergency Medical Agency
 Inland Empire Public Facilities Corporation
 Interagency Council on Homelessness
 Local Agency Formation Commission
 Mojave Desert Air Quality Management District
 Mojave Desert and Mountain Recycling Authority
 Morongo Basin Transit Authority
 National Association of Counties
 Omnitrans Board of Directors
 QuadState Local Governments Authority
 San Bernardino County Financing Authority
 San Bernardino County Fire Protection District
 San Bernardino County Flood Control District
 San Bernardino County Industrial Development Authority
 San Bernardino County Transportation Authority
 Solid Waste Advisory Task Force
 Successor Agency to the County of San Bernardino
 Redevelopment Agency
 Victor Valley Economic Development Authority
 Victor Valley Transit Authority
 Victor Valley Wastewater Reclamation Authority

Position Held

Delegate, Discretionary Appointment
 Designated Member
 Designated Member
 Designated Member
 Alternate, Discretionary Appointment
 Supervisor, Board of Supervisors
 Designated Member

 Board Chair
 Designated Member
 Designated Member
 Alternate, Discretionary Appointment
 Designated Member
 Designated Member
 Designated Member
 Delegate, Discretionary Appointment
 Delegate, Discretionary Appointment
 Delegate, Discretionary Appointment
 Delegate, Discretionary Appointment
 Delegate, Designated Member
 Alternate Member, Discretionary Appt
 Alternate, Designated Member
 Delegate, Discretionary Appointment
 Designated Member
 Designated Member
 Designated Member
 Designated Member
 Designated Member
 Designated Member
 Designated Member

 Delegate, Discretionary Appointment
 Delegate, Designated Member
 Delegate, Discretionary Appointment