



**STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE**  
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1630298

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Armendarez, Jesse

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
County of San Bernardino  
Division, Board, Department, District, if applicable Your Position  
Board Of Supervisors Supervisor  
▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)  
Agency: \*SEE ATTACHED FOR ADDITIONAL POSITIONS Position:

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

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

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

Annual: The period covered is January 1, 2023 through December 31, 2023.  Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one circle)  
-or- The period covered is 01 / 03 / 2023, through December 31, 2023.  The period covered is January 1, 2023 through the date of leaving office.  
 Assuming Office: Date assumed 4 / 17 / 24  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: 8

**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)  
385 N. Arrowhead Avenue 5th Floor San Bernardino CA 92415  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
( 909 ) 387-4833 jesse.armendarez@bos.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 03/27/2024  
(month, day, year)

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

**STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
Expanded Statement Attachment**

<b>CALIFORNIA FORM 700</b> <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name Jesse Armendarez

\* This table lists all positions including the primary position listed in the Office, Agency, or Court section of the Cover Page.

Agency	Div/Board/Dept/District	Position	Type of Statement	SAN #
County of San Bernardino	Board Of Supervisors	Supervisor	Annual 1/3/2023 - 12/31/2023	111300043-NFH-0043
Big Bear Valley Recreation and Park District		Member	Annual 1/1/2023 - 12/31/2023	
Bloomington Recreation and Park District		Member	Annual 1/1/2023 - 12/31/2023	
Board Governed County Service Areas		Member	Annual 1/1/2023 - 12/31/2023	
County Industrial Development Authority		Director	Annual 1/1/2023 - 12/31/2023	
In-Home Support Services		Director	Annual 1/1/2023 - 12/31/2023	
Agua Mansa Industrial Growth Association		Alternate	Annual 1/1/2023 - 12/31/2023	
California State Association of Counties		Delegate	Annual 1/1/2023 - 12/31/2023	
Con Fire Agency		Alternate	Annual 1/1/2023 - 12/31/2023	
Inland Counties Emergency Medical Agency		Member	Annual 1/1/2023 - 12/31/2023	
Inland Empire Public Facilities Corporation		Member	Annual 1/1/2023 - 12/31/2023	
Inland Valley Development Authority		Delegate	Annual 1/1/2023 - 12/31/2023	

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<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name Jesse Armendarez

\* This table lists all positions including the primary position listed in the Office, Agency, or Court section of the Cover Page.

Agency	Div/Board/Dept/District	Position	Type of Statement	SAN #
Interagency Council on Homelessness		Delegate	Annual 1/1/2023 - 12/31/2023	
Local Agency Formation		Delegate	Annual 1/1/2023 - 12/31/2023	
Mountain Area Regional Transit Authority		Delegate	Annual 1/1/2023 - 12/31/2023	
National Association of		Delegate	Annual 1/1/2023 - 12/31/2023	
Omnitrans Board of Directors		Member	Annual 1/1/2023 - 12/31/2023	
San Bernardino Associated Governments		Member	Annual 1/1/2023 - 12/31/2023	
San Bernardino County Financing Authority		Member	Annual 1/1/2023 - 12/31/2023	
San Bernardino County Fire Protection District		Member	Annual 1/1/2023 - 12/31/2023	
San Bernardino County Flood Control District		Member	Annual 1/1/2023 - 12/31/2023	
San Bernardino County Industrial Development Authority		Member	Annual 1/1/2023 - 12/31/2023	
San Bernardino Valley Municipal Water District Advisory Committee on Policy		Delegate	Annual 1/1/2023 - 12/31/2023	
Santa Ana Watershed Project Authority OWOW Steering Committee		Delegate	Annual 1/1/2023 - 12/31/2023	

**STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
Expanded Statement Attachment**

<b>CALIFORNIA FORM 700</b>	
FAIR POLITICAL PRACTICES COMMISSION	
Name	Jesse Armendarez

\* This table lists all positions including the primary position listed in the Office, Agency, or Court section of the Cover Page.

Agency	Div/Board/Dept/District	Position	Type of Statement	SAN #
Solid Waste Advisory Task Force		Member	Annual 1/1/2023 - 12/31/2023	
Southern California Water Committee		Delegate	Annual 1/1/2023 - 12/31/2023	
Successor Agency to the County of San Bernardino Redevelopment Agency		Member	Annual 1/1/2023 - 12/31/2023	
Urban Counties Caucus		Delegate	Annual 1/1/2023 - 12/31/2023	
San Bernardino County Transportation Authority		Member	Annual 1/3/2023 - 12/31/2023	

# SCHEDULE A-2

## Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

Name  
Armendarez, Jesse

**▶ 1. BUSINESS ENTITY OR TRUST**

JA & JB Investments, LLC  
Name  
700 E. Redlands Blvd. Unit #321  
Redlands, CA 92373  
Address (Business Address Acceptable)  
Check one  
 Trust, go to 2  Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

Real Estate

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/23
<input type="checkbox"/> \$2,000 - \$10,000	____/____/23
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT  
 Partnership  Sole Proprietorship  Other

YOUR BUSINESS POSITION Partner

**▶ 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

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

Check one box:  
 INVESTMENT  REAL PROPERTY

0171-441-03-000  
Name of Business Entity, if Investment, or  
Assessor's Parcel Number or Street Address of Real Property  
Redlands  
Description of Business Activity or  
City or Other Precise Location of Real Property

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/23
<input type="checkbox"/> \$10,001 - \$100,000	____/____/23
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000	ACQUIRED DISPOSED
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST  
 Property Ownership/Deed of Trust  Stock  Partnership  
 Leasehold \_\_\_\_\_ Yrs. remaining  Other \_\_\_\_\_

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

**▶ 1. BUSINESS ENTITY OR TRUST**

Sierra Realty  
Name  
9410 Sierra Avenue  
Fontana, CA 92335  
Address (Business Address Acceptable)  
Check one  
 Trust, go to 2  Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

Real Estate

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/23
<input type="checkbox"/> \$2,000 - \$10,000	____/____/23
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT  
 Partnership  Sole Proprietorship  Commission  Other

YOUR BUSINESS POSITION \_\_\_\_\_

**▶ 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

**▶ 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:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/23
<input type="checkbox"/> \$10,001 - \$100,000	____/____/23
<input type="checkbox"/> \$100,001 - \$1,000,000	ACQUIRED DISPOSED
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST  
 Property Ownership/Deed of Trust  Stock  Partnership  
 Leasehold \_\_\_\_\_ Yrs. remaining  Other \_\_\_\_\_

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

Comments: \_\_\_\_\_

**SCHEDULE B**  
**Interests in Real Property**  
 (Including Rental Income)

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
 0246-121-41-0-000  
 CITY  
 Fontana  
 FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000  
 ACQUIRED     /    /23 DISPOSED     /    /23  
 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

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
 0193-253-30-0-000  
 CITY  
 Fontana  
 FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000  
 ACQUIRED     /    /23 DISPOSED     /    /23  
 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

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)

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
 0194-441-61-0-000  
 CITY  
 Fontana

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED 23 DISPOSED 23

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

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
 0192-182-14-0-000  
 CITY  
 Fontana

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED 23 DISPOSED 23

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

NAME OF LENDER\*  
 John Rager Trust  
 ADDRESS (Business Address Acceptable)  
 9010 King Ranch Road  
 Alta Loma, CA 91701  
 BUSINESS ACTIVITY, IF ANY, OF LENDER  
 \_\_\_\_\_

INTEREST RATE \_\_\_\_\_ TERM (Months/Years) \_\_\_\_\_  
 7 %  None 5 Years

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

Comments: \_\_\_\_\_

# SCHEDULE C

## Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Armendarez, Jesse

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
<p>NAME OF SOURCE OF INCOME</p> <p>JA &amp; JB Business Investments, LLC</p> <p>ADDRESS (Business Address Acceptable)</p> <p>700 E. Redlands Blvd. Unit #321</p> <p>Redlands, CA 92373</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>YOUR BUSINESS POSITION</p> <p>GROSS INCOME RECEIVED <input checked="" type="checkbox"/> No Income - Business Position Only</p> <p><input type="checkbox"/> \$500 - \$1,000      <input type="checkbox"/> \$1,001 - \$10,000</p> <p><input type="checkbox"/> \$10,001 - \$100,000      <input type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED</p> <p><input type="checkbox"/> Salary    <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)</p> <p><input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)</p> <p><input type="checkbox"/> Sale of _____ <span style="font-size: 0.8em;">(Real property, car, boat, etc.)</span></p> <p><input type="checkbox"/> Loan repayment</p> <p><input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more</p> <p>_____ (Describe)</p> <p><input type="checkbox"/> Other _____ <span style="font-size: 0.8em;">(Describe)</span></p>	<p>NAME OF SOURCE OF INCOME</p> <p>ADDRESS (Business Address Acceptable)</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>YOUR BUSINESS POSITION</p> <p>GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only</p> <p><input type="checkbox"/> \$500 - \$1,000      <input type="checkbox"/> \$1,001 - \$10,000</p> <p><input type="checkbox"/> \$10,001 - \$100,000      <input type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED</p> <p><input type="checkbox"/> Salary    <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)</p> <p><input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)</p> <p><input type="checkbox"/> Sale of _____ <span style="font-size: 0.8em;">(Real property, car, boat, etc.)</span></p> <p><input type="checkbox"/> Loan repayment</p> <p><input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more</p> <p>_____ (Describe)</p> <p><input type="checkbox"/> Other _____ <span style="font-size: 0.8em;">(Describe)</span></p>

▶ 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:

<p>NAME OF LENDER*</p> <p>ADDRESS (Business Address Acceptable)</p> <p>BUSINESS ACTIVITY, IF ANY, OF LENDER</p> <p>HIGHEST BALANCE DURING REPORTING PERIOD</p> <p><input type="checkbox"/> \$500 - \$1,000</p> <p><input type="checkbox"/> \$1,001 - \$10,000</p> <p><input type="checkbox"/> \$10,001 - \$100,000</p> <p><input type="checkbox"/> OVER \$100,000</p>	<p>INTEREST RATE      TERM (Months/Years)</p> <p>_____ %    <input type="checkbox"/> None    _____</p> <p>SECURITY FOR LOAN</p> <p><input type="checkbox"/> None      <input type="checkbox"/> Personal residence</p> <p><input type="checkbox"/> Real Property _____ <span style="font-size: 0.8em; margin-left: 150px;">Street address</span></p> <p>_____ City</p> <p><input type="checkbox"/> Guarantor _____</p> <p><input type="checkbox"/> Other _____ <span style="font-size: 0.8em;">(Describe)</span></p>
---	---

Comments: \_\_\_\_\_





# STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Rowe, Dawn

### 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: \*SEE ATTACHED FOR ADDITIONAL POSITIONS 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, 2023, through December 31, 2023.
- or-
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2023.
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_
- Candidate: Date of Election \_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- Leaving Office: Date Left 4/17/24  
(Check one circle.)
- The period covered is January 1, 2023, through the date of leaving office.
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

### 4. Schedule Summary (required)

► Total number of pages including this cover page: 5

#### 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)

385 N Arrowhead Ave San Bernardino CA 92415

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
( 909 ) 387-4855 supervisor.rowe@bos.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 04/03/2024  
(month, day, year)

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

**STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
Expanded Statement Attachment**

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name                     Dawn Rowe                    

\* This table lists all positions including the primary position listed in the Office, Agency, or Court section of the Cover Page.

Agency	Div/Board/Dept/District	Position	Type of Statement	SAN #
COUNTY OF SAN BERNARDINO	Board Of Supervisors	Supervisor	Annual 1/1/2023 - 12/31/2023	111300043-NFH-0043
Big Bear Valley Recreation and Park District		Board of Directors	Annual 1/1/2023 - 12/31/2023	
Bloomington Recreation and Park District		Board of Directors	Annual 1/1/2023 - 12/31/2023	
Board Governed County Service Area		Board of Supervisors	Annual 1/1/2023 - 12/31/2023	
County Industrial Development Authority		Board of Directors	Annual 1/1/2023 - 12/31/2023	
In-home Support Services Public Authority		Board of Directors	Annual 1/1/2023 - 12/31/2023	
Inland Counties Emergency Medical Agency		Board of Directors	Annual 1/1/2023 - 12/31/2023	
Inland Empire Public Facilities Corporation		Board of Directors	Annual 1/1/2023 - 12/31/2023	
San Bernardino County Financing Authority		Board of Directors	Annual 1/1/2023 - 12/31/2023	
San Bernardino County Fire Protection District		Board of Directors	Annual 1/1/2023 - 12/31/2023	
San Bernardino County Flood Control District		Board of Supervisors	Annual 1/1/2023 - 12/31/2023	
Successor Agency to the County of San Bernardino Redevelopment Agency		Board of Supervisors	Annual 1/1/2023 - 12/31/2023	

**STATEMENT OF ECONOMIC INTERESTS  
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Expanded Statement Attachment**

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
Dawn Rowe

\* This table lists all positions including the primary position listed in the Office, Agency, or Court section of the Cover Page.

Agency	Div/Board/Dept/District	Position	Type of Statement	SAN #
Big Bear Area Regional Wasterwater Agency		Board of Directors	Annual 1/1/2023 - 12/31/2023	
California State Assn of Counties		Board of Directors	Annual 1/1/2023 - 12/31/2023	
Crafton Hills Open Space Conservancy		Board of Directors	Annual 1/1/2023 - 12/31/2023	
Inland Empire Health Plan		Governing Board Member	Annual 1/1/2023 - 12/31/2023	
Inland Valley Development Agency		Alternate, Board of Directors	Annual 1/1/2023 - 12/31/2023	
Local Agency Formation Commission (LAFCO)		Alternate Commissioner	Annual 1/1/2023 - 12/31/2023	
Mojave Desert Air Quality Management District		Governing Board Member	Annual 1/1/2023 - 12/31/2023	
Mojave Desert and Mountain Recycling Authority		Alternate Member	Annual 1/1/2023 - 12/31/2023	
Basin Transit		Board of Directors	Annual 1/1/2023 - 12/31/2023	
Mountain Area Regional Transit Authority		Member	Annual 1/1/2023 - 12/31/2023	
National Association of Counties (NaCo)		Member	Annual 1/1/2023 - 12/31/2023	
Omnitrans		Board of Directors	Annual 1/1/2023 - 12/31/2023	

**STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
Expanded Statement Attachment**

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name                     Dawn Rowe                    

\* This table lists all positions including the primary position listed in the Office, Agency, or Court section of the Cover Page.

Agency	Div/Board/Dept/District	Position	Type of Statement	SAN #
San Bernardino County Transportation Authority		Board of Directors	Annual 1/1/2023 - 12/31/2023	
San Bernardino International Airport Authority		Commission Member	Annual 1/1/2023 - 12/31/2023	
Santa Ana River Parkway Policy Advisory Group		Board Member	Annual 1/1/2023 - 12/31/2023	
Solid Waste Advisory Task Force		Committee Member	Annual 1/1/2023 - 12/31/2023	
Upper Santa Ana River Wash Land Management and Habitat Conservation Plan Task Force		Committee Member	Annual 1/1/2023 - 12/31/2023	
Urban Counties Caucus		Committee Member	Annual 1/1/2023 - 12/31/2023	
Victor Valley Transit Authority		Board of Directors	Annual 1/1/2023 - 12/31/2023	
San Bernardino County Employees Retirement Association (SBCERA)		Trustee	Annual 1/1/2023 - 12/31/2023	
Fenner Valley Water Authority	Multi-County: Orange, LA, San Bernardino, Riverside	Board of Directors (ex-officio)	Annual 1/1/2023 - 12/31/2023	

**SCHEDULE D**  
**Income – Gifts**

▶ **NAME OF SOURCE (Not an Acronym)**  
 Oaktree Capital Management

ADDRESS (Business Address Acceptable)  
 333 S Grand Ave 28th Fl  
 Los Angeles, CA 90071

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Asset Management Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 07 / 23	\$ 230.76	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ **NAME OF SOURCE (Not an Acronym)**

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ **NAME OF SOURCE (Not an Acronym)**

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ **NAME OF SOURCE (Not an Acronym)**

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ **NAME OF SOURCE (Not an Acronym)**

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

**Filer's Verification**

Print Name Rowe, Dawn

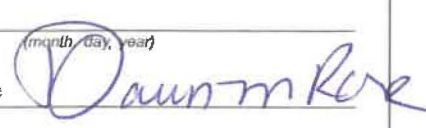
Office, Agency or Court See Expanded Statement Attachment

Statement Type  2023/2024 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 04/03/2024  
(month, day, year)

Filer's Signature Dawn Rowe 

Comments: \_\_\_\_\_