CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Date Initial Filing Received Filing Official Use Only

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Filed Date: 03/20/2025 01:45 PM SAN: FPPC

Ple	ease type or pi	rint in ink.						
NAI	ME OF FILER (L	AST)	(FIRST)			(MIDDLE)		
A	rmendarez		Jesse					
1.	Office, Age	ency, or Co	urt					
	Agency Name	(Do not use ac	cronyms)					
	County of	San Bernard	lino					
	Division, Board	i, Department, D	District, if applicable		Your Posi	tion		
					Superv	risor		
	► If filing for r	multiple positions	s, list below or on an attachment	. (Do not use	acronyms)			
	Agency: SEE	E ATTACHE	D LIST		Position:			
	Agency.				T GOMON.			
2.	Jurisdictio	on of Office	(Check at least one box)					
	State					Retired Judge, Pro Tem le Jurisdiction)	Judge, or Court Commi	ssioner
	Multi-Count	ty			■ County count	of San Bernardino		
	City of				Other			
^	Town of Co							
ა.	• •		heck at least one box)		[] Lacuin	g Office: Date Left	1 1	
		The period coverage December 31, 2	ered is January 1, 2024, through 024.			(Check one	circle below.)	
		The period cover December 31, 2	ered is//	, through	_	period covered is Janu ving office.	ary 1, 2024, through the	e date of
	Assuming	Office: Date	assumed		_	period covered is date of leaving office.		, through
	Candidate	e: Date of Elec	tion and	office sought,	if different than F	Part 1:		
4.	Schedule	Summary (required) ► Tota	al number	of pages incl	uding this cover p	age: 10	
	Schedules	s attached					-	
	☐ Schedu	ule A-1 - Investi	ments - schedule attached	×	Schedule C - II	ncome, Loans, & Busine	ess Positions - schedule	attached
	_		ments - schedule attached	×	Schedule D - li	ncome – Gifts – schedu	le attached	
	Schedu	ule B - Real Pro	operty - schedule attached		Schedule E - II	ncome – Gifts – Travel I	Payments - schedule al	tached
			table interests on any sche	dule				
5.	Verification		**************************************	CITY		STATE	ZIP CODE	
	MAILING ADDRES (Business or Agen		TREET nended - Public Documen!)	CITY				
		whead Ave	#2	San Be	ernardino	CA	92415-0103	
	DAYTIME TELEPH				EMAIL ADDRESS	dana Obaa abaas	andre maner	
	(909) 38					darez@bos.sbcou		
	herein and in a	any attached scl	pence in preparing this statement. hedules is true and complete. I	acknowledge	this is a public do	ocument.		on contained
	I certify under	r penalty of pe	rjury under the laws of the Sta	te of Californ	ia that the foreg	oing is true and corre	ct.	
	Date Signed	03/20/	2025 01:45 PM	Si	gnature	Jesse Ai	rmendarez	
	Pate oigned		onth, day, year)	-	-	(File the originally signed paper a	slatement with your filing official.)	

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Jesse Armendarez

EXPANDED STATEMENT LIST

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
Agua Mansa Industrial Growth Association	Board	Alternate	County of San Bernardino	Annual	01/01/24 - 12/31/24
Behavioral Health Commission	Board	Delegate	County of San Bernardino	Annual	01/01/24 - 12/31/24
Big Bear Valley Recreation and Park District	Board	Member	County of San Bernardino	Annual	01/01/24 - 12/31/24
Bloomington Recreation and Park District	Board	Member	County of San Bernardino	Annual	01/01/24 - 12/31/24
Board Governed County Service Areas	Board	Member	County of San Bernardino	Annual	01/01/24 - 12/31/24
Cal- ID Remote Access Network Board	Board	Member	County of San Bernardino	Annual	01/01/24 - 12/31/24
California State Association of Counties (CSAC)	Board	Delegate	County of San Bernardino	Annual	01/01/24 - 12/31/24
Con Fire Agency	Board	Alternate	County of San Bernardino	Annual	01/01/24 - 12/31/24
In Home Support Services Public Authority	Board	Member	County of San Bernardino	Annual	01/01/24 - 12/31/24
Inland Counties Emergency Medical Agency	Board	Member	County of San Bernardino	Annual	01/01/24 - 12/31/24
Inland Empire Health Plan	Board	Member	County of San Bernardino	Annual	01/01/24 - 12/31/24
Inland Empire Public Facilities Corporation	Board	Member	County of San Bernardino	Annual	01/01/24 - 12/31/24
Inland Valley Development Agency	Board	Member	County of San Bernardino	Annual	01/01/24 - 12/31/24
Interagency Council on Homelessness	Board	Delegate	County of San Bernardino	Annual	01/01/24 - 12/31/24
Local Agency Formation Commission	Board	Alternate	County of San Bernardino	Annual	01/01/24 - 12/31/24
Mountain Area Regional Transit Authority	Board	Delegate	County of San Bernardino	Annual	01/01/24 - 12/31/24
National Association of Counties (NACo)	Board	Delegate	County of San Bernardino	Annual	01/01/24 - 12/31/24
Omnitrans Board of Directors	Board	Member	County of San Bernardino	Annual	01/01/24 - 12/31/24
San Bernardino County Financing Authority	Board	Member	County of San Bernardino	Annual	01/01/24 - 12/31/24

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Jesse Armendarez

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
San Bernardino County Fire Protection District	Board	Member	County of San Bernardino	Annual	01/01/24 - 12/31/24
San Bernardino County Flood Control District	Board	Member	County of San Bernardino	Annual	01/01/24 - 12/31/24
San Bernardino County Industrial Development Authority	Board	Member	County of San Bernardino	Annual	01/01/24 - 12/31/24
San Bernardino County Transportation Authority	Board	Member	County of San Bernardino	Annual	01/01/24 - 12/31/24
SAWPA OWOW Steering Committee	Board	Member	County of San Bernardino	Annual	01/01/24 - 12/31/24
Solid Waste Advisory Task Force	Board	Delegate	County of San Bernardino	Annual	01/01/24 - 12/31/24
Southern California Water Committee	Board	Member	County of San Bernardino	Annual	01/01/24 - 12/31/24
Successor Agency to the County of San Bernardino Redevelopment Agency	Board	Member	County of San Bernardino	Annual	01/01/24 - 12/31/24
Urban Counties Caucus	Board	Member	County of San Bernardino	Annual	01/01/24 - 12/31/24

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name

Jesse Armendarez (Ownership Interest is 10% or Greater) 1. BUSINESS ENTITY OR TRUST ► 1. BUSINESS ENTITY OR TRUST JA & JB Investments, LLC DA Investment Holding LLC Name Name 17062 Pinedale Ct., Fontana 700 E. Redlands Blvd. Unit #321 Address (Business Address Acceptable) Address (Business Address Acceptable) 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 Real Estate Real Estate IF APPLICABLE, LIST DATE: FAIR MARKET VALUE IF APPLICABLE, LIST DATE: FAIR MARKET VALUE \$0 - \$1,999 **\$0 - \$1,999** <u> 1</u>24 <u> 1</u>24 <u> 1</u>24 \$2,000 - \$10,000 \$2,000 - \$10,000 DISPOSED ACQUIRED ACQUIRED DISPOSED \$10,001 - \$100,000 \$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 Partnership Sole Proprietorship Partnership X Sole Proprietorship -YOUR BUSINESS POSITION Partner YOUR BUSINESS POSITION . ▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST) 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 OVER \$100,000 **30 - \$499** \$0 - \$499 \$500 - \$1,000 OVER \$100,000 \$500 - \$1,000 \$1,001 - \$10,000 **\$1,001 - \$10,000** 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Atlach 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 Names listed below X None or 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 0171-441-03-000 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 Redlands 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: IF APPLICABLE, LIST DATE: FAIR MARKET VALUE FAIR MARKET VALUE \$2,000 - \$10,000 \$2,000 - \$10,000 <u> 24</u> __24 , 24 , 24 \$10,001 - \$100,000 \$10,001 - \$100,000 ACQUIRED DISPOSED DISPOSED \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 ACQUIRED 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 Yrs. remaining Leasehold Yrs. remaining Other = Other _ Check box if additional schedules reporting investments or real property Check box if additional schedules reporting investments or real property

Comments: __

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Jesse Armendarez

▶ 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
Laurel Investor	Topify Inc.
Name	Name 1020 Nevada St., Suite 200, Redlands, CA 92374
9410 Sierra Ave., Fontana, CA 92335 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
Development Project	Realestate Consulting
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$0 - \$1,999	\$0 - \$1,999 \$2,000 - \$10,000
\$2,000 - \$10,000	\$10,001 - \$100,000 ACQUIRED DISPOSED
× \$100,001 - \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
Over \$1,000,000	1 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT Partnership Sole Proprietorship K
■ Partnership Sole Proprietorship Other	Other
YOUR BUSINESS POSITION Partner	YOUR BUSINESS POSITION Chief Executive Office
➤ 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)
\$0 - \$499 \$10,001 - \$100,000	□ \$0 - \$499 □ \$10,001 - \$100,000
S500 - \$1,000 X OVER \$100,000 S1,001 - \$10,000	\$500 - \$1,000 X OVER \$100,000
■ 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 Names listed below
	Laurel Investor
▶ 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 8534 Laurel Ave., Fontana, CA 92335	INACOUNDATE INC. CO.
Name of Business Entity, if Investment, or	Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property	Assessor's Parcel Number or Street Address of Real Property
Laurel Investor 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 \$10,001 - \$100,000	\$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$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 are attached	Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE B

Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

Jesse Armendarez

	THE PARTY AND ADDRESS ADDRESS			
ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 0193-253-30-0-000			
0192-182-14-0-000				
CITY	CITY			
Fontana	Fontana			
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000			
NATURE OF INTEREST	NATURE OF INTEREST			
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement Leasehold			
Leasehold				
IF RENTAL PROPERTY, GROSS INCOME RECEIVED				
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	□ \$0 - \$499 □ \$500 - \$1,000 □ \$1,001 - \$10,000			
S10,001 - \$100,000 X OVER \$100,000	■ \$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.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source o income of \$10,000 or more. None			
You are not required to report loans from a commerciousiness on terms available to members of the public loans received not in a lender's regular course of bus				
business on terms available to members of the public loans received not in a lender's regular course of bus	without regard to your official status. Personal loans and			
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* John Rager Trust	without regard to your official status. Personal loans and iness must be disclosed as follows:			
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER' John Rager Trust ADDRESS (Business Address Acceptable) 9010 King Ranch Road Alta Loma, CA 91701	without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER*			
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* John Rager Trust ADDRESS (Business Address Acceptable) 9010 King Ranch Road Alta Loma, CA 91701 BUSINESS ACTIVITY, IF ANY, OF LENDER	without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)			
business on terms available to members of the public loans received not in a lender's regular course of bus 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) 5 Year	without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)			
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* John Rager Trust ADDRESS (Business Address Acceptable) 9010 King Ranch Road Alta Loma, CA 91701 BUSINESS ACTIVITY, IF ANY, OF LENDER	without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER			
business on terms available to members of the public loans received not in a lender's regular course of bus 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) 5 Year	without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)			
business on terms available to members of the public loans received not in a lender's regular course of bus 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 HIGHEST BALANCE DURING REPORTING PERIOD	without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER*			
business on terms available to members of the public loans received not in a lender's regular course of bus 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 HIGHEST BALANCE DURING REPORTING PERIOD	without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER*			

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Jesse Armendarez

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 0246-121-41-0-000		
0194-441-61-0-000			
CITY	CITY		
Fontana	Fontana		
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000		
NATURE OF INTEREST	NATURE OF INTEREST		
■ Ownership/Deed of Trust ■ Easement	Ownership/Deed of Trust Easement		
Leasehold Other	Leasehold		
IF RENTAL PROPERTY, GROSS INCOME RECEIVED			
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000			
¥ \$10,001 - \$100,000 ☐ OVER \$100,000	▼ \$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	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 business on terms available to members of the public loans received not in a lender's regular course of business.	al lending institution made in the lender's regular course of without regard to your official status. Personal loans and iness must be disclosed as follows:		
NAME OF LENDER*	NAME OF LENDER*		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER		
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Monlhs/Years)		
% 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:	H -		

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name

Jesse Armendarez

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 415-180-006	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS		
CITY	CITY		
Beaumont			
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 / J24 / J24 / 24 / 24 / 24 / 24 / 24 / 24	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$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		
F 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	\$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.	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.		
You are not required to report loans from a commerce	cial lending institution made in the lender's regular course of ic without regard to your official status. Personal loans and		
You are not required to report loans from a commero business on terms available to members of the publ loans received not in a lender's regular course of bu	cial lending institution made in the lender's regular course of ic without regard to your official status. Personal loans and		
You are not required to report loans from a commerce	cial lending institution made in the lender's regular course of ic without regard to your official status. Personal loans and siness must be disclosed as follows:		
You are not required to report loans from a commero business on terms available to members of the publ loans received not in a lender's regular course of bu	cial lending institution made in the lender's regular course of ic without regard to your official status. Personal loans and siness must be disclosed as follows:		
You are not required to report loans from a commeror business on terms available to members of the publicans received not in a lender's regular course of bu	cial lending institution made in the lender's regular course of ic without regard to your official status. Personal loans and siness must be disclosed as follows:		
You are not required to report loans from a commerce business on terms available to members of the publicans received not in a lender's regular course of but NAME OF LENDER* ADDRESS (Business Address Acceptable)	cial lending institution made in the lender's regular course of ic without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)		
You are not required to report loans from a commerce business on terms available to members of the publicans received not in a lender's regular course of business of Lender's regular course of business (Business Address Acceptable) BUSINESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	cial lending institution made in the lender's regular course of ic without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER		
You are not required to report loans from a commerce business on terms available to members of the publicans received not in a lender's regular course of business of Lender's regular course of business (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	cial lending institution made in the lender's regular course of ic without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER*		
You are not required to report loans from a commerce business on terms available to members of the publicans received not in a lender's regular course of business of Lender's regular course of business (Business Address Acceptable) BUSINESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) Whone HIGHEST BALANCE DURING REPORTING PERIOD.	cial lending institution made in the lender's regular course of ic without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)		
You are not required to report loans from a commerce business on terms available to members of the publicans received not in a lender's regular course of business of Lender's regular course of business (Business Address Acceptable) BUSINESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) Whose HIGHEST BALANCE DURING REPORTING PERIOD. \$1,001 - \$10,000	cial lending institution made in the lender's regular course of ic without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) Mone HIGHEST BALANCE DURING REPORTING PERIOD		
You are not required to report loans from a commerce business on terms available to members of the publicans received not in a lender's regular course of business of Lender's regular course of business (Business Address Acceptable) BUSINESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) Whone HIGHEST BALANCE DURING REPORTING PERIOD.	icial lending institution made in the lender's regular course of ic without regard to your official status. Personal loans and siness 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		

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

T 1 7

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Jesse Armendarez

▶ 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Sierra Realtly	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
9410 Sierra Avenue	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 NOVER \$100,000 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.) Sale of (Real property, car, boet, etc.)	GROSS INCOME RECEIVED No Income - Business Position On \$500 - \$1,000 \$1,001 - \$10,000 \$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.) Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) Sale of (Reel property, car, boat, etc.)
Commission or Rental income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Real Estate Sales	
(Describe)	(Describe)
Olher(Describe)	Olher(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P	ERIOD
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)
	%
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	Guarantor
S10,001 - \$100,000	
OVER \$100,000	Other(Describe)

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Jesse Armendarez

NAME OF SOUR	CE (Not an Acrony	m)	► NAME OF SOUR	CE (Not an Acrony	(m)	
California State Association of Counties			Sheriff's Employees' Benefit Association			
ADDRESS (Business Address Acceptable)		ADDRESS (Business Address Acceptable)				
1100 K Street, Suite 101, Sacramento, CA 95814			1998 Orange	1998 Orange Tree Ln., Redlands, CA 92374		
BUSINESS ACTIVITY, IF ANY, OF SOURCE			BUSINESS ACTIVITY, IF ANY, OF SOURCE			
CSAC Board	CSAC Board of Directors Event			umament		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	
08 / 28 / 24	§ 68.23	BOD Reception	09 / 19 / 24	\$ 519.99	Golf Tournament	
08 / 28 / 24	\$ <u>31.87</u>	Meeting Meal		\$	-	
	\$			\$		
NAME OF SOURCE	CE (Not an Acronyi	m)	► NAME OF SOURCE	CE (Not an Acrony	vm)	
ADDRESS (Busine	ss Address Accept	able)	ADDRESS (Busine	ss Address Accep	table)	
BUSINESS ACTIV	ITY, IF ANY, OF S	SOURCE	BUSINESS ACTIV	ITY, IF ANY, OF	SOURCE	
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	
	\$			\$		
	\$			\$	-	
	\$	1		\$		
NAME OF SOURCE	E (Not an Acronyr	n)	► NAME OF SOURCE	E (Not an Acrony	rm)	
ADDRESS (Busines	ss Address Accepta	eble)	ADDRESS (Busine	ss Address Accep	table)	
BUSINESS ACTIVI	TY, IF ANY, OF S	OURCE	BUSINESS ACTIV	ITY, IF ANY, OF	SOURCE	
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	
	\$	-		\$	e e	
	\$			\$		
	\$			\$		
Comments:						



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filling Received

Filed Date: 03/11/2025 05:09 PM SAN: FPPC

Please type or print in ink. (MIDDLE) (FIRST) NAME OF FILER (LAST) Baca Jr. Joe 1. Office, Agency, or Court Agency Name (Do not use acronyms) County of San Bernardino Your Position Division, Board, Department, District, if applicable Supervisor ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: SEE ATTACHED LIST 2. Jurisdiction of Office (Check at least one box) Judge, Retired Judge, Pro Tem Judge, or Court Commissioner ☐ State (Statewide Jurisdiction) X County of San Bernardino Multi-County _____ City of 3. Type of Statement (Check at least one box) Leaving Office: Date Left ___ Annual: The period covered is January 1, 2024, through (Check one circle below.) December 31, 2024. O The period covered is January 1, 2024, through the date of leaving office. December 31, 2024. -or-O 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: _ ► Total number of pages including this cover page: 4. Schedule Summary (required) 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 STATE STREET CITY MAILING ADDRESS (Business or Agency Address Recommended - Public Document) 92415-0103 CA San Bernardino 385 N Arrowhead Ave 5th floor EMAIL ADDRESS DAYTIME TELEPHONE NUMBER (909) 387-4565 ext:74565 lice.baca@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. Joe Baca Jr 03/11/2025 05:09 PM Signature Date Signed (File the originally signed paper statement with your filing official.) (month, day, year)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Joe Baca Jr.

EXPANDED STATEMENT LIST

Agency Name	Division, Board Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
Agua Mansa Industrial Growth Association	Board of Directors	Board Member	County of San Bernardino	Annual	01/01/24 - 12/31/24
ARMC Joint Conference Committee	Board of Directors	Board Member	County of San Bernardino	Annual	01/01/24 - 12/31/24
Big Bear Valley Recreation and Park District	Board of Directors	Board Member	County of San Bernardino	Annual	01/01/24 - 12/31/24
Bloomington Recreation and Park District	Board of Directors	Board Member	County of San Bernardino	Annual	01/01/24 - 12/31/24
Board Governed County Service Areas	Board of Directors	Board Member	County of San Bernardino	Annual	01/01/24 - 12/31/24
California State Association of Counties	Board of Directors	Participant	County of San Bernardino	Annual	01/01/24 - 12/31/24
Children and Families Commission First 5	Board of Directors	Board Member	County of San Bernardino	Annual	01/01/24 - 12/31/24
Children's Policy Council	Board of Directors	Board Member	County of San Bernardino	Annual	01/01/24 - 12/31/24
Con Fire Agency	Board of Directors	Board Member	County of San Bernardino	Annual	01/01/24 - 12/31/24
Head Start Shared Governance Board	Board of Directors	Board Member	County of San Bernardino	Annual	01/01/24 - 12/31/24
In Home Support Services Public Authority	Board of Directors	Board Member	County of San Bernardino	Annual	01/01/24 - 12/31/24
Inland Counties Emergency Medical Agency	Board of Directors	Board Member	County of San Bernardino	Annual	01/01/24 - 12/31/24
Inland Empire Public Facilities Corporation	Board of Directors	Board Member	County of San Bernardino	Annual	01/01/24 - 12/31/24
Inland Valley Development Agency	Board of Directors	Board Member	County of San Bernardino	Annual	01/01/24 - 12/31/24
Interagency Council on Homelessness	Board of Directors	Board Member	County of San Bernardino	Annual	01/01/24 - 12/31/24
Local Agency Formation Commission	Board of Directors	Board Member	County of San Bernardino	Annual	01/01/24 - 12/31/24
National Association of Counties	Board of Directors	Board Member	County of San Bernardino	Annual	01/01/24 - 12/31/24
Omnitrans Board of Directors	Board of Directors	Board Member	County of San Bernardino	Annual	01/01/24 - 12/31/24
Oversight Committee	Board of Directors	Board Member	County of San Bernardino	Annual	01/01/24 - 12/31/24



Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
San Bernardino County Financing Authority	Board of Directors	Board Member	County of San Bernardino	Annual	01/01/24 - 12/31/24
San Bernardino County Fire Protection District	Board of Directors	Board Member	County of San Bernardino	Annual	01/01/24 - 12/31/24
San Bernardino County Flood Control District	Board of Directors	Board Member	County of San Bernardino	Annual	01/01/24 - 12/31/24
San Bernardino County Industrial Development Authority	Board of Directors	Board Member	County of San Bernardino	Annual	01/01/24 - 12/31/24
San Bernardino County Transportation Authority	Board of Directors	Board Member	County of San Bernardino	Annual	01/01/24 - 12/31/24
San Bernardino International Airport Authority	Board of Directors	Board Member	County of San Bernardino	Annual	01/01/24 - 12/31/24
Santa Ana River Parkway Policy Advisory Group	Board of Directors	Board Member Alternate	County of San Bernardino	Annual	01/01/24 - 12/31/24
Solid Waste Advisory Task Force	Board of Directors	Board Member	County of San Bernardino	Annual	01/01/24 - 12/31/24
State Advisory Committee on Juvenile Justice & Delinquency Prevention	Board of Directors	Board Member	State California	Annual	01/01/24 - 12/31/24
Successor Agency to the County of San Bernardino	Board of Directors	Board Member	County of San Bernardino	Annual	01/01/24 - 12/31/24
Urban Counties Caucus	Board of Directors	Board Member	County of San Bernardino	Annual	01/01/24 - 12/31/24

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700	
FAIR POLITICAL PRACTICES COMMISSION	
Name	
Joe Baca Jr	

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
7485 Eucalyptus Drive	ASSESSOR OF PROCEEDINGS OF CHILD INDUITION
	CITY
CITY	LI CITY
Highland	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$1,000,000 ACQUIRED DISPOSED DISPOSED ACQUIRED ACQUIRED DISPOSED ACQUIRED DISPOSED ACQUIRED DISPOSED ACQUIRED ACQUIRED DISPOSED ACQUIRED ACQUIRED ACQUIRED ACQUIRED ACQUIRED ACQUIRED	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INTEREST
NATURE OF INTEREST X Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Ownership/Deed of Trust Easement	Ownership/Deed of Host
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 interest, list the name of each tenant that is a single source of income of \$10,000 or more. None	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 commercia business on terms available to members of the public loans received not in a lender's regular course of business.	without regard to your official status. Personal loans and
business on terms available to members of the public	al lending institution made in the lender's regular course o without regard to your official status. Personal loans and ness must be disclosed as follows:
business on terms available to members of the public loans received not in a lender's regular course of business.	without regard to your official status. Personal loans and ness must be disclosed as follows:
business on terms available to members of the public loans received not in a lender's regular course of business of LENDER*	without regard to your official status. Personal loans and ness must be disclosed as follows: NAME OF LENDER*
business on terms available to members of the public loans received not in a lender's regular course of business of Lender* Address (Business Address Acceptable)	without regard to your official status. Personal loans and ness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
business on terms available to members of the public loans received not in a lender's regular course of business of Lender* Address (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	without regard to your official status. Personal loans and ness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
business on terms available to members of the public loans received not in a lender's regular course of business name of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) None	without regard to your official status. Personal loans and ness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
business on terms available to members of the public loans received not in a lender's regular course of business of Lender* Address (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	without regard to your official status. Personal loans and ness must be disclosed as follows:
business on terms available to members of the public loans received not in a lender's regular course of business received not in a lender's regular course of business of Lender* Address (Business Address Acceptable) Business activity, if any, of Lender Interest rate Term (Months/Years)	without regard to your official status. Personal loans and ness must be disclosed as follows: NAME OF LENDER*

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received Filing Official Use Only

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Please type or print in ink.				
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)	
Bagley	James		Ralph	
1. Office, Agency, or Court				
Agency Name (Do not use acronym LOCAL AGENCY FOR	ns) MATION COMMISSION	N FOR SAN BERI	NARDINO CC	DUNTY
Division, Board, Department, District	, if applicable	Your Position)
		Public Me	ember	
▶ If filing for multiple positions, list	below or on an attachment. (Do no	t use acronyms)		
Agency:		Position:		
2. Jurisdiction of Office (Che	ck at least one box)			
State		☐ Judge, Retired (Statewide Jur	•	dge, or Court Commissioner
Multi-County		County of		· · · · · · · · · · · · · · · · · · ·
☐ City of		Other SAN	BERNARDII	NO COUNTY
3. Type of Statement (Check				
Annual: The period covered is December 31, 2024.	•	Leaving Offi	ice: Date Left (Check one circ	
-or-	s, through	gh ☐ The perio	od covered is January	1, 2024, through the date of
Assuming Office: Date assum	ned/		od covered is/. of leaving office.	, through
Candidate: Date of Election _	and office so	ught, if different than Part 1		
4. Schedule Summary (requ Schedules attached	ired) ► Total num	ber of pages includin	g this cover pag	e:
Schedule A-1 - Investments	- schedule attached	Schedule C - Income	e, Loans, & Business	Positions – schedule attached
Schedule A-2 - Investments	- schedule attached	Schedule D - Income		
Schedule B - Real Property	- schedule attached	Schedule E - Income	e – Gifts – Travel Pay	ments - schedule attached
-or- None - No reportable	interests on any schedule			
5. Verification				
MAILING ADDRESS STREET (Business or Agency Address Recommended	CITY - Public Document)		STATE	ZIP CODE
1601 E. 3RD STREET, SUI	•	N BERNARDINO	CA	92415-0490
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
(909) 388-0480		LAFCO@LAFCO.S		
I have used all reasonable diligence herein and in any attached schedule	es is true and complete. I acknowle	dge this is a public docume	ent.	wledge the information contained
I certify under penalty of perjury	under the laws of the State of Cal	ifornia that the foregoing	is true and correct.	1
Date Signed 3/31/2025	ry, year)	Signature (File th	ne originally signed paper state	ment with your arming official.)
		1/		1 //

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)



▶ 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Jim Bagley Realtor	
Name	Name
73353 Two Mile Road, Twentynine Palms, Ca 92277 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
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 J_24 J_24 S10,001 - \$100,000 ACQUIRED DISPOSED DISPOSE	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \(\sum_{\text{S10,001}} - \$100,000 \text{ACQUIRED} \) DISPOSED \$100,001 - \$1,000,000 \(\text{Over \$1,000,000} \)
Partnership Sole Proprietorship Other	Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION Broker Owner	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)
☐ \$0 - \$499	\$10,001 - \$100,000 \$500 - \$1,000 \$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	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	► 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, <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
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
FAIR MARKET VALUE	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 24 24 24 24 24 25
Leasehold Other Check box if additional schedules reporting investments or real property are attached	Leasehold Cther Check box if additional schedules reporting investments or real property are attached

Comments: _

SCHEDULE D Income - Gifts



► NAME OF SOURCE BEST BEST		•	► NAME OF SOURCE	E (Not an Acronym)	
ADDRESS (Business Address Acceptable) 2855 E. Guasti Road, Suite 400, Ontario, CA 91761			ADDRESS (Business Address Acceptable)			
BUSINESS ACTIVI		DURCE CALAFCO Conference	BUSINESS ACTIV	TY, IF ANY, OF SO	DURCE	
	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	
10, 16, 24	\$	Dinner		\$		
	\$			\$		
	\$			\$	8 	
NAME OF SOURC	E (Not an Acronym)	► NAME OF SOURCE	E (Not an Acronym)	
ADDRESS (Busines	ss Address Accepta	ble)	ADDRESS (Busines	ss Address Acceptai	ble)	
BUSINESS ACTIVI	ITY, IF ANY, OF SO	DURCE	BUSINESS ACTIVI	TY, IF ANY, OF SC	DURCE	
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	
	\$			\$		
	\$			\$		
	\$	7		\$		
NAME OF SOURC	E (Not an Acronym)	► NAME OF SOURCE	E (Not an Acronym,		
ADDRESS (Busines	ss Address Accepta	ble)	ADDRESS (Busines	ss Address Acceptal	ole)	
BUSINESS ACTIVI	TY, IF ANY, OF SC	DURCE	BUSINESS ACTIVI	TY, IF ANY, OF SC	URCE	
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	
	\$			\$		
	\$	Page 1		\$		
	\$			\$	-	
Comments:						



STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

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Filed Date: 03/24/2025 05:41 PM SAN: 012000285-STH-0285

NAME OF FILER (LAST)	(FIRST)			(MIDDLE)	4
Cox	Kimber	У			
1. Office, Agency, or Cour	t			,	
Agency Name (Do not use acros	nyms)				
Regional Water Quality (Control Board, Lahonta	n Region			
Division, Board, Department, Dist			Your Position	n	
			Board M	ember	
► If filing for multiple positions, I	ist helow or on an attachment	(Do not use		erriber	
a mind to matchié bacteriol i	or solution of all allegation	. IDO NOT USE	doronymay		
Agency:			Position:		
2. Jurisdiction of Office (d	Shook at loant one have				
	neck at least one box)				
State				ired Judge, Pro Tem Ju Jurisdiction)	dge, or Court Commissioner
Multi-County			County of		
City of				hontan Region	
3. Type of Statement (Chec					
Annual: The period covered December 31, 2024	is January 1, 2024, through		Leaving C	Office: Date Left(Check one cir	
-or- The period covered December 31, 2024	is	, through	leaving	eriod covered is January	, 1, 2024, through the date of
Assuming Office: Date ass	umed/	_		eriod covered iste of leaving office.	through
Candidate: Date of Election	and	office sought, if	different than Part	1:	
4. Schedule Summary (red	uired) ► Tota	l number o	f pages includ	ling this cover pag	10° 4
Schedules attached	, , , , , , ,		. pagoo mona	ing and cover pag	<u>4</u>
Schedule A-1 - Investmen	its - schedule attached	X S	Schedule C - Inco	me, Loans, & Business	Positions - schedule attached
Schedule A-2 - Investment	ts - schedule attached			me – Gifts – schedule a	
Schedule B - Real Proper	ty - schedule attached	<u> </u>	Schedule E - Incol	me – Gifts – Travel Pay	ments - schedule attached
-or- None - No reportab	le interests on any sche	dule			
5. Verification					
MAILING ADDRESS STREE (Business or Agency Address Recommende		CITY		STATE	ZIP CODE
2501 Lake Tahoe Blvd.		Lake Tal	hoe	CA	96150
DAYTIME TELEPHONE NUMBER		E	MAIL ADDRESS		
(530) 542-5400		K	@imberly.Cox	Waterboards.ca.g	gov
I have used all reasonable diligend herein and in any attached schedu	e in preparing this statement. Liles is true and complete. I a	I have reviewe	d this statement ar	nd to the best of my kno	
I certify under penalty of perjury		-	•		
			ofin	as la	7/
Date Signed 03/24/20	25 05:41 PM	Sign	nature	() Kimberly	Cox
(month.	dav. year)			the priningly signed paper state	mont with your films official I

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 70 Name Kimberly Cox

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
14593 Mast Lane	28172 Brookside Lane
CITY	CITY
Helendale, CA	Helendale, CA
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$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	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 commercia business on terms available to members of the public loans received not in a lender's regular course of business.	Il lending institution made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows:
NAME OF LENDER*	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
% 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
	Tales and a series
Guarantor, if applicable	Guarantor, if applicable
Comments:	

SCHEDULE C Income, Loans, & Business **Positions**

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Kimberly Cox

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Greg Heldreth	Helendale Community Services District
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
28172 Brookside Lane, Helendale CA	P.O. Box 359/26540 Vista Road, Ste B Helendale
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Cubic	Local Government Agency
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Senior Field Engineer	General Manager
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
S500 - \$1,000 S1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$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.)	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)	(Danish)
Other	(Describe)
(Describe)	(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PE	ERIOD
a retail installment or credit card transaction, made in the	tatus. Personal loans and loans received not in a lender's
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
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:	

SCHEDULE C Income, Loans, & Business **Positions**

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Kimberly Cox

▶ 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Local Agency Formation Commission	Mojave Water Agency
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1601 E. 3rd Street, Suite 102, San Bernardino, CA	13846 Conference Center Drive, Apple Valley, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
LAFCO	Water Wholesale/State Water Contractor
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Commissioner	Board Member
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
S10,001 - \$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.)	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, boal, 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)	
Other Stipend	Other Stipend
(Describe)	(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P	ERIOD
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)
ADDRESS (Business Address Acceptable)	% None
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	☐ None ☐ Personal residence
	Daine :
HIGHEST BALANCE DURING REPORTING PERIOD	Real PropertyStreet address
HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	Street address
\$500 - \$1,000	Street address City
\$500 - \$1,000 \$1,001 - \$10,000	Street address
\$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000	Street address City
\$500 - \$1,000 \$1,001 - \$10,000	City Other
\$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000	Street address City Guarantor

CALIFORNIA FORM 7 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

A PUBLIC DOCUMENT



MAR 2 0 2025

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

Town of Yucca Valley

	DENISON RICK	1		STEVE	N
1.	Office, Agency, or Court				
	Agency Name (Do not use acronyms)				
	LOCAL AGENCY FORMATION COMM	IISSION FO		NARDINO CO	UNTY
	Division, Board, Department, District, if applicable		Your Position		
				M15510L	IER
	▶ If filing for multiple positions, list below or on an attachme	nt. (Do not use a	acronyms)		
	Agency:		Position:		
_	lunia diation of Office on				
۷.	Jurisdiction of Office (Check at least one box)				
	State		Judge, Retired (Statewide Jur		dge, or Court Commissioner
	Multi-County		County of		
	City of		Other SAN	BERNARDII	NO COUNTY
- 3.	Type of Statement (Check at least one box)				i i i i i i i i i i i i i i i i i i i
	Annual: The period covered is January 1, 2024, throug December 31, 2024.	h	Leaving Offi	ce: Date Left (Check one circ	//
	The period covered is/	, through	☐ The perio leaving o -or-		1, 2024, through the date of
	Assuming Office: Date assumed//		☐ The perio	d covered is/	/through
	Candidate: Date of Election and	d office sought, if	different than Part 1:		
4.	Schedule Summary (required) ► To	otal number o	f pages includin	g this cover pag	re:
	Schedules attached				
	Schedule A-1 - Investments – schedule attached		Schedule C - Income	e, Loans, & Business	Positions – schedule attached
	Schedule A-2 - Investments – schedule attached		Schedule D - Income		
	Schedule B - Real Property – schedule attached		Schedule E - Income	– Gifts – Travel Pay	ments – schedule attached
-6	or- 💢 None - No reportable interests on any sch	nedule			
	Verification	, cours			18
•	MAILING ADDRESS STREET	CITY		STATE	ZIP CODE
	(Business or Agency Address Recommended - Public Document)	OANIDE	DNIADDINIO	C4	00445 0400
	1601 E. 3RD STREET, SUITE 102 DAYTIME TELEPHONE NUMBER		RNARDINO EMAIL ADDRESS	CA	92415-0490
	(909) 388-0480		LAFCO@LAFCO.S	BCOUNTY.GOV	
	I have used all reasonable diligence in preparing this statement herein and in any attached schedules is true and complete.	nt. I have reviewe	ed this statement and	to the best of my kno	wledge the information contained
	I certify under penalty of perjury under the laws of the S	tate of California	that the foregoing	is true and correct.	
			1	^	
	Date Signed 03/20/2025	Sig	nature (File th	e originally signed paper state	ment with your filing official.)



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received
Filing Official Use Only

A PUBLIC DOCUMENT

Filed Date: 01/06/2025 02:11 PM SAN: FPPC

Please type or print	in ink.	
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Dupper	Phillip	Α
1. Office, Agenc	y, or Court	
Agency Name (De	o not use acronyms)	
City of Loma	Linda	
Division, Board, De	epartment, District, if applicable	Your Position
		City Council Member
► If filing for multi	iple 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 Lom	a Linda	Other
3. Type of State	ement (Check at least one box)	
Dec	period covered is January 1, 2024, through ember 31, 2024.	Leaving Office: Date Left/(Check one circle below.)
	period covered is/, through	h
Assuming Of	ifice: Date assumed//	The period covered is/, through the date of leaving office.
Candidate:	Date of Election and office soug	ght, if different than Part 1:
4. Schedule Su	mmary (required) ► Total numb	er of pages including this cover page:
Schedules a		
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	The reportable interests on any conceans	
MAILING ADDRESS	STREET CITY	STATE ZIP CODE
(Business or Agency A	ddress Recommended - Public Document)	
DAYTIME TELEPHONE	NUMBER	EMAIL ADDRESS
()		
	sonable diligence in preparing this statement. I have re attached schedules is true and complete. I acknowled	eviewed this statement and to the best of my knowledge the information contained ge this is a public document.
I certify under pe	nalty of perjury under the laws of the State of Calif	fornia that the foregoing is true and correct.
Date Signed	01/06/2025 02:11 PM	Signature
	(month, day, year)	(File the originally signed paper statement with your filing official.)



STATEMENT OF ECONOMIC INTERESTS Date Initial Filing Received **COVER PAGE**

A PUBLIC DOCUMENT Please type or print in ink.

NAI	ME OF FILER (LAST)	(FIRST)	(MIDDLE)
F	arrell	Steven	(
1.	Office, Agency, or Court		
	Agency Name (Do not use acronyms)		
		Commission fo	r San Bernardino County
	Division, Board, Department, District, if applic	able	Your Position
			Commissioner
	► If filing for multiple positions, list below or	on an attachment. (Do not	
	Agency:		Position:
2.	Jurisdiction of Office (Check at lea	est one box)	
	State		Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
	Multi County		(Statewide Jurisdiction)
	Multi-County		County of
	City of		■ other San Bernardino County
3.	Type of Statement (Check at least of	nne box)	
	Annual: The period covered is January December 31, 2024.	1, 2024, through	Leaving Office: Date Left(Check one circle below.)
	The period covered is/_ December 31, 2024.	, through	The period covered is January 1, 2024, through the date of leaving office.
	Assuming Office: Date assumed		The period covered is/, through the date of leaving office.
	Candidate: Date of Election	and office soug	tht, if different than Part 1:
4	Schedule Summary (required)		
ľ	Schedules attached	> Iotal numb	er of pages including this cover page: 3
	Schedule A-1 - Investments - schedu	ile attached	Schedule C - Income, Loans, & Business Positions - schedule attached
	Schedule A-2 - Investments - schedu		Schedule D - Income - Gifts - schedule attached
	Schedule B - Real Property - schedu	le attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-0	or- None - No reportable interes	's on any schedule	
5.	Verification		
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Doc	CITY CITY	STATE ZIP CODE
	1601 E. 3rd Street, Suite 102		Bernardino CA 92415-0490
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
	(909) 388-0480		lafco@lafco.sbcounty.gov
	I have used all reasonable diligence in prepari herein and in any attached schedules is true	ng this statement. I have rev and complete. I acknowledg	riewed this statement and to the best of my knowledge the information contained ge this is a public document.
	I certify under penalty of perjury under the	laws of the State of Califo	ornia that the foregoing is true and correct.
	Date Signed MARCH 2	7, 2025	Signature Son Cr Soull
_	(month, day, year)	/	(File the originally signed paper statement with your filing official.)

SCHEDULE A-1

Investments

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized. Do not attach brokerage or financial statements. Steven Farrell

Name

► NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
Amgen	Prologis Inc
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Biotechnology	Real Estate / Supply Logistics
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000 X \$10,001 - \$100,000
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)
Lambership O income Received of \$0 - \$499	(Describe) Partnership 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:
04 / 22 / 24	04 , 22 , 24 , , 24
ACQUIRED DISPOSED	04 / 22 / 24 / / 24 ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
AT&T	Public Storage
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Telecommunications	REIT
FAIR MARKET VALUE	FAIR MARKET VALUE
× \$2,000 - \$10,000	\$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 Other (Describe)	X Stock Other
Partnership O Income Received of \$0 - \$499	(Describe) Partnership O Income Received of \$0 - \$499
ncome 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:
04 / 22 / 24 / / 24	
04 / 22 / 24 / / 24 ACQUIRED DISPOSED	04 / 22 / 24 / / 24 ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	
DTE Energy	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	
	GENERAL DESCRIPTION OF THIS BUSINESS
Energy	
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	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT
(Describe)	Stock Other (Describe)
Partnership O 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:	
04 22 24 24	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	
	ACQUIRED DISPOSED
Comments:	

SCHEDULE D Income - Gifts



Steven Farrell

▶ NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
Best Best & Krieger	Albert A Webb Associates
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
2855 E. Guasti Road, Suite 400, Ontario, CA 91761	3788 Mccray St #32, Riverside, CA 92506
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Attorneys at Law	Engineering / Consulting
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
0000	
12 / 04 / 24 s 65.22 Meal	12 / 04 / 24 s 65.22 Meal
	{ }
\$	
▶ NAME OF SOURCE (Not an Acronym)	▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
\$	
\$	
1 1 **	
	\$
NAME OF SOURCE (Not an Acronym)	▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
1 1 *	
s	
	•
Comments:	

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received

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Filed Date: 02/27/2025 03:15 PM SAN: FPPC

Ple	ease type or	print in ink.						
NA	ME OF FILER	(LAST)	(FIRST)			(MIDDLE)		
H	agman		Curt			С		
1.	Office, A	gency, or Court						
	Agency Nan	ne (Do not use acronym	ns)					
	County of	f San Bernardino						
	Division, Bo	ard, Department, District	if applicable		Your Position			
					Superviso	r		
	► If filing fo	r multiple positions, list	below or on an attachme	ent. (Do not use	acronyms)			
	9	EE ATTACHED III	ST					
	Agency: 👱	EE ATTACHED LI	01		Position:			
2.	Jurisdict	tion of Office (Che	ck at least one box)					
	State				Judge Retir	ed Judge, Pro Tem Jud	ge, or Court Commissio	ner
					(Statewide J		9-1	
	Multi-Co	unty			■ County of §	San Bernardino		
					Other			
_								
3.	• •	Statement (Check						
	_	December 31, 2024.	January 1, 2024, throug	ph .		ffice: Date Left (Check one circle		
	-or	The period covered is December 31, 2024.		, through		riod covered is January office.	1, 2024, through the da	te of
	Assum	ing Office: Date assum	ned/		○ The per	riod covered is/_ e of leaving office.	, thr	ough
	☐ Candid	ate: Date of Election	an	nd office sought, it	different than Part	1:		
4.		e Summary (requ	irea) > /	otal number o	t pages includi	ing this cover page	9: 7	
	Scriedui	es attached					e e a la la m	
	=	edule A-1 - Investments				ne, Loans, & Business I ne – Gifts – schedule a		acned
		edule A-2 - Investments		~ *		ne – Gifts – Scrieddie a ne – Gifts – Travel Payi		ed
	× Sch	edule B - Real Property	- schedule attached		OGNEGATION - MICON	no - Onis - Havor i dyi		
_1	or- 🗆 No	nne - No renortable	interests on any sci	hedule				
_	Verificati		morodic on any con	10000	_			
J.	MAILING ADDI			CITY		STATE	ZIP CODE	
	(Business or A	gency Address Recommended		O D		CA	92415-0103	
		rowhead Ave, Fiftle	1 FIOOF		mardino EMAIL ADDRESS	CA	92410-0100	
		387-4866			curt.hagman@l	oos.sbcounty.gov		
	I have used	all reasonable diligence	in preparing this stateme s is true and complete.	nt. I have review	ed this statement ar	d to the best of my know	wledge the information of	ontained
		•	is is true and complete. under the laws of the S					
	Date Signed	02/27/202 (month, da	5 03:15 PM	Sig	nature	Curt C Ha		_
		monta, ac	D lead		fs uc	Serveril Server bester, occupa-	,	

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Curt Hagman

EXPANDED STATEMENT LIST

Agency Name	Division, Board. Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
Southern CA Assn. of Governments		Regional Council Member	SEE BELOW	Annual	01/01/24 - 12/31/24
South Coast Air Quality Management District		SCAQMD Board Member	Multi-county Los Angeles, Orange, Riverside, San Bernardino	Annual	01/01/24 - 12/31/24
Big Bear Valley Recreation and Park District	Board of Directors	Chairman	County of San Bernardino	Annual	01/01/24 - 12/31/24
Bloomington Recreation and Park District	Board of Directors	Chairman	County of San Bernardino	Annual	01/01/24 - 12/31/24
Board Governed County Service Areas	Board of Directors	Chairman	County of San Bernardino	Annual	01/01/24 - 12/31/24
Cal-ID Remote Access Network Board	Board of Directors	Delegate	County of San Bernardino	Annual	01/01/24 - 12/31/24
California State Association of Counties (CSAC)	Board of Directors	Alternate	County of San Bernardino	Annual	01/01/24 - 12/31/24
County Industrial Development Authority (CoIDA)	Board of Directors	Chairman	County of San Bernardino	Annual	01/01/24 - 12/31/24
Fenner Valley Water Authority (FVWA)	Board of Directors	Ex-Officio Member	County of San Bernardino	Annual	01/01/24 - 12/31/24
In-Home Supportive Services Public Authority	Board of Directors	Chairman	County of San Bernardino	Annual	01/01/24 - 12/31/24
Indian Gaming Local Benefit Committee	Board of Directors	Alternate	County of San Bernardino	Annual	01/01/24 - 12/31/24
Inland Counties Emergency Medical Agendy (ICEMA)	Board of Directors	Chairman	County of San Bernardino	Annual	01/01/24 - 12/31/24
Inland Empire Health Plan (IEHP)	Board of Directors	Delegate	County of San Bernardino	Annual	01/01/24 - 12/31/24
Inland Empire Public Facilities Corporation	Board of Directors	Chairman	County of San Bernardino	Annual	01/01/24 - 12/31/24
Inland Regional Energy Network (I-REN)	Board of Directors / Executive Committee	Board Member	County of San Bernardino	Annual	01/01/24 - 12/31/24
Law Library Board of Trustees	Board of Directors	Delegate	County of San Bernardino	Annual	01/01/24 - 12/31/24
Local Agency Formation Commission (LAFCo)	Board of Supervisors	Delegate	County of San Bernardino	Annual	01/01/24 - 12/31/24
National Association of Counties (NACo)	Board of Supervisors	Board Member	County of San Bernardino	Annual	01/01/24 - 12/31/24

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Curt Hagman

Agency Name	Division, Board. Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
OmniTrans	Board of Directors	Board Member	County of San Bernardino	Annual	01/01/24 - 12/31/24
Ontario International Airport Authority (OIAA)	Board of Directors	Vice President	County of San Bernardino	Annual	01/01/24 - 12/31/24
San Bernardino Associated Governments (SANBAG)	Board of Directors	Board Member	County of San Bernardino	Annual	01/01/24 - 12/31/24
San Bernardino County Financing Authority	Board of Directors	Chairman	County of San Bernardino	Annual	01/01/24 - 12/31/24
San Bernardino County Fire Protection District	Board of Directors	Chairman	County of San Bernardino	Annual	01/01/24 - 12/31/24
San Bernardino County Flood Control District	Board of Directors	Chairman	County of San Bernardino	Annual	01/01/24 - 12/31/24
San Bernardino County Transportation Authority (SBCTA)	Board of Directors	Board Member	County of San Bernardino	Annual	01/01/24 - 12/31/24
Santa Ana River Parkway Policy Advisory Group	Board of Directors	Alternate	County of San Bernardino	Annual	01/01/24 - 12/31/24
Solid Waste Advisory Task Force (SWAT)	Board of Supervisors	Board Member	County of San Bernardino	Annual	01/01/24 - 12/31/24
South Coast Air Quality Management District (SCAQMD)	Board of Directors	Board Member	Multi-county Los Angeles, Orange, Riverside, and San Bernardino Counties	Annual	01/01/24 - 12/31/24
Southern California Associated Governments (SCAG)	Regional Council	Regional Council Member / President	SEE BELOW	Annual	01/01/24 - 12/31/24
Successor Agency to the County of San Bernardino Redevelopment Agency	Board of Directors	Chairman	County of San Bernardino	Annual	01/01/24 - 12/31/24
Urban Counties Caucus	Board of Directors	Board Member	County of San Bernardino	Annual	01/01/24 - 12/31/24

DESCRIPTION OF JURISDICTION

Agency: Southern CA Assn. of Governments

Jurisdiction Type: Multi-county

Description: Multi-county Imperial, Los Angeles, Orange, Riverside, San Bernardino, Ventura



Agency: Southern California Associated Governments (SCAG)

Jurisdiction Type: Multi-county

Description: Multi-county Imperial, Los Angeles, Orange, Riverside, San Bernardino, and Ventura Counties

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700FAIR POLITICAL PRACTICES COMMISSION Name

Curt Hagman

▶ 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
California Business Solutions Holding Group	
Name 4195 Chino Hills Pkwy, #204	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2	Check one Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Business Consulting	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$100,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Partnership Sole Proprietorship Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION	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)
□ \$0 - \$499	\$0 - \$499 \$10,001 - \$100,000 OVER \$100,000 OVER \$100,000
3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Allach a separate sheet if necessary) None or Names listed below	3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (ARTORN & 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 Chack one box:	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
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
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
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments:	FPPC Form 700 - Schedule A-2 (2024/2025)

SCHEDULE B

Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Curt Hagman

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS			
Vacant Land - Tejon View (Approx. 5 Acres) Assessor #401-260-09-00-6	Vacant Land - Tejon View (Approx. 5 Acres) Assessor #401-260-24-00-9			
CITY	CITY			
Tehachapi	Tehachapi			
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 / / 24	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$1,000,000 ACQUIRED DISPOSED 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	\$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	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, fist the name of each tenant that is a single source of income of \$10,000 or more. None			
business on terms available to members of the public loans received not in a lender's regular course of bus				
business on terms available to members of the public	without regard to your official status. Personal loans and			
business on terms available to members of the public loans received not in a lender's regular course of bus	without regard to your official status. Personal loans and iness must be disclosed as follows:			
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable)	without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER*			
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)			
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER			
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)			
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	without regard to your official status. Personal loans and iness must be disclosed as follows:			
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER*			

SCHEDULE D Income - Gifts



NAME OF SOUR	TE (Not on Across	um)	NAME OF SOURCE	E (Not an Ac	moum)
► NAME OF SOURCE (Not an Acronym) Chino Valley Fire Foundation		BIASC	NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable) 14011 City Center Drive, Chino Hills, CA 91709			ADDRESS (Business Address Acceptable)		
		III '	17192 Murphy Avenue #14445 Irvine, CA 92602		
BUSINESS ACTIV			BUSINESS ACTIV		
St. Paddy's D			PAC Gala		
DATE (mm/dd/yy)	-	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
D, (12 (111112a)),	***************************************	,	11		
03 / 09 / 24	s 100	Tickets	06 / 24 / 24	\$ 550	Gala Tickets
	\$			\$	
//	\$	s :		\$	
NAME OF SOURCE	CE (Not an Acron	ym)	► NAME OF SOURCE	•	
Herzog Contra	acting Corp.		Marc Troast 8		
ADDRESS (Busines	•	•	ADDRESS (Busine		
8236 East Per	acock Lane	Orange, CA 92869			ue Riverside, CA 92501
BUSINESS ACTIV			BUSINESS ACTIV		OF SOURCE
KC Chief vs. L	_A Chargers	Football Game	BIASC Dinner		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 29 / 24	ş 346	Tickets	12 , 09 , 24	\$ 300	Dinner
	\$	P1 S1 1900-01-K		\$:
	\$			\$	
NAME OF SOURCE	E (Not an Acron	ym)	► NAME OF SOURCE	E (Not an Ac	ronym)
Curt Hagman	for Supervis	or 2026 ID# 1456812	Athens Service	es	
ADDRESS (Busine	ss Address Accep	otable)	ADDRESS (Busine	ss Address Ad	cceptable)
4195 Chino H	lills Pkwy #2	04 Chino Hills, CA 91709	13920 City Ce	enter Drive	e Chino Hills, CA 91709
BUSINESS ACTIV			BUSINESS ACTIV	ITY, IF ANY,	OF SOURCE
Staff Holiday	Dinner		Christmas Gif	t / See's C	Candy Box
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 12 / 24	<u>\$ 118.40</u>	Dinner	12 , 17 , 24	\$ 155	Gift Box
	\$			\$	
	\$	- v		\$	
Comments:		5			



STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Date Initial Filing Received

A PUBLIC DOCUMENT

NAME OF FILER (L	AST) (FI	RST)	(MIDDLE)		
Harvey	J	m			
. Office, Age	ency, or Court				
	(Do not use acronyms)				
	Valley Unified School Dist	rict			
Division, Board	d, Department, District, if applicable		Your Position		
District			Board Member		
► If filing for	multiple positions, list below or on an at	achment. (Do not use acro	nyms)		
Agency:			Position:		
	on of Office (Check at least one b	 ox)			
State			Judge, Retired Judge, Pro Tem Judge, (Statewide Jurisdiction)	dge, or Court Commissioner	
Multi-Coun	uty		County of San Bernarding		
			Other		
	tatement (Check at least one box)				
	The period covered is January 1, 2024,	through	Leaving Office: Date Left		
_	December 31, 2024.	3	(Check one cir		
-or-	The period covered is/	, through	The period covered is January leaving office.	y 1, 2024, through the date of	
-	December 31, 2024.		-or-	I I through	
Assumin	g Office: Date assumed		the date of leaving office.	,, Illiougii	
Candidat	te: Date of Election	and office sought, if dif	ferent than Part 1:		
4. Schedule	Summary (required)	► Total number of p	ages including this cover pag	ye: 3	
Schedule	s attached				
Sched	Iule A-1 - Investments - schedule attacl	ed Scl	edule C - Income, Loans, & Business	Positions - schedule attached	
	Iule A-2 - Investments - schedule attacl	ned Sci	nedule D · Income - Gifts - schedule		
Sched	iule B · Real Property - schedule attacl	ed Sci	nedule E - Income - Gifts - Travel Pa	yments - schedule attached	
or - Mou	ne - No reportable interests on a	av schodulo			
5. Verificatio		Ty Schedule			
WAILING ADDRE		CITY	STATE	ZIP CODE	
	ency Address Recommended - Public Document)		illev CA	92356	
8560 Alies	PHONE NUMBER	Lucerne Va	L ADDRESS	82000	
	248-6108	iim	harvey@lucemevalleyusd.org		
I have used a	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.				
	er penalty of perjury under the laws of				
I certify und					
I certify und	1/9/2025	Signat		ement with your Ming official)	

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Jim Harvey

▶ 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
I Candy Website and Graphic Design	
Name	Name
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
FAIR MARKET VALUE 1F APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Partnership Sole Proprietorship Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>10</u> THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
\$0 - \$499	S0 - \$499 S10,001 - \$100,000 OVER \$100,000 S1,001 - \$10,000
3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet it necessary) None or Names listed below	S. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if tercessary) 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	► 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	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	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$1000,000 \$100,001 - \$1,000,000 Over \$1,000,000 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 are attached	Check box if additional schedules reporting investments or real property are attached
Comments:	500C Carry 700 - Catrodulo e 2 (2024/2000

SCHEDULE D Income - Gifts



NAME OF SOURCE (Not an Acronym) Best Best & Krieger LLP	M
ADDRESS (Business Address Acceptable) 2855 E Guasti Road, Suite 400, Ontario, CA 917	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE Attorneys at Law	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S
10,16,24 ,188.72 Dinner	
	_ /
s	/ s
NAME OF SOURCE (Not an Acronym)	▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S
	/ s
\$	
NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S
s	
\$	s



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received
Filing Official Use Only

A PUBLIC DOCUMENT

Ple	ease type or print in ink.				
NA	ME OF FILER (LAST) (FIRST)			(MIDDLE)	
K	ENLEY KEVIN				
1.	Office, Agency, or Court				
	Agency Name (Do not use acronyms) LOCAL AGENCY FORMATION COMMISSION FOR SAN BERNARDINO COUNTY				
	Division, Board, Department, District, if applicable		Your Position		
			COMMISS	SIONER	
	▶ If filing for multiple positions, list below or on an attachment.	(Do not us	e acronyms)		
	Agency:		Position:		
_ 2.	Jurisdiction of Office (Check at least one box)				
	State		Judge, Retired (Statewide Juri		dge, or Court Commissioner
	Multi-County		County of	AN BERNARI	DINO COUNTY
	City of		Other		
3.	Type of Statement (Check at least one box)				
	Annual: The period covered is January 1, 2024, through December 31, 2024.		Leaving Office	ce: Date Left (Check one cir	cle below.)
	The period covered is/	, through	☐ The period leaving of -or-		1, 2024, through the date of
	Assuming Office: Date assumed/	=-	☐ The perio	d covered is/ of leaving office.	/, through
	Candidate: Date of Election and of	fice sought	, if different than Part 1:		*
4.		number	of pages including	g this cover pag	ge:/
	Schedules attached				
	Schedule A-1 - Investments - schedule attached				Positions – schedule attached
	Schedule A-2 - Investments — schedule attached	L	Schedule D - Income		attached yments – schedule attached
	Schedule B - Real Property – schedule attached	L	_ Schedule E - micome	- Onis - Traverray	yments – sonedule attached
-(or- Vone - No reportable interests on any sched	ule			
5.	Verification				
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY		STATE	ZIP CODE
	1170 WEST THIRD STREET, UNIT 150	SAN E	ERNARDINO	CA	92415
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
	(909) 388-0480		LAFCO@LAFCO.SE		
	I have used all reasonable diligence in preparing this statement. I herein and in any attached schedules is true and complete. I ac	knowledge	this is a public docume	nt.	
	I certify under penalty of perjury under the laws of the State	of Califor	nia that the foregoing i	is true and correct.	
	Date Signed 2/11/25	8	Signature		
	(month, day, year)		(File the	e originally signed paper state	ment with your filing official.)



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received
Filing Official Use Only

A PUBLIC DOCUMENT

Please	e type or print in ink.				
NAME (OF FILER (LAST)	(FIRST)		(MIDDLE)	
Warr	ren	Acquanetta			
1. Of	fice, Agency, or Court				
Āg	ency Name (Do not use acronyms)				
L	ocal Agency Formation Commi	ssion			
Div	vision, Board, Department, District, if applicable		Your P	osition	
			Cor	nmissioner	
•	If filing for multiple positions, list below or on an	attachment. (Do not	use acronyms)		
Ą	gency:		Position	on:	
2. J	urisdiction of Office (Check at least or	e box)			
] State			e, Retired Judge, Pro Tem Ju wide Jurisdiction)	dge, or Court Commissioner
	Multi-County		Coun	ty of San Bernardine	0
	City of				/
3. I	ype of Statement (Check at least one b	-			
	Annual: The period covered is January 1, 20 December 31, 2024.	24, through	Lea	ving Office: Date Left (Check one cir	
	The period covered is/////	J, through	•	The period covered is January leaving office.	y 1, 2024, through the date of
	Assuming Office: Date assumed/			The period covered is he date of leaving office.	/, through
	Candidate: Date of Election	and office soug	ght, if different tha	n Part 1:	
4. S	chedule Summary (required)	► Total numb	er of pages in	ncluding this cover pag	ge:
S	chedules attached				
	Schedule A-1 - Investments - schedule at	ached	Schedule C	- Income, Loans, & Business	Positions - schedule attached
	Schedule A-2 - Investments – schedule at	ached		- Income - Gifts - schedule	
	Schedule B - Real Property - schedule at	ached	Schedule E	 Income – Gifts – Travel Pa 	yments - schedule attached
-or-	None - No reportable interests or	any schedule			
5. Ve	erification				<u> </u>
	AILING ADDRESS STREET usiness or Agency Address Recommended - Public Document	CITY		STATE	ZIP CODE
	3353 Sierra Ave	Font	ana	CA	92335
	AYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
(909) 350-7606		awarren@fo	ontanaca.gov	
	nave used all reasonable diligence in preparing the prein and in any attached schedules is true and				owledge the information contained
Lo	certify under penalty of perjury under the law	s of the State of Calif	ornia that the fo	regoing is true and correct	
Da	ate Signed 3-18-20a (month day year)		Signature	(File the originally signed paper stat	rement with vour filling afficial \
	(month, day, year)			traic trie originally signed paper stat	omore with your ming unitial,

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)



▶ 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Royal Blue Consulting, LLC	
Name	Name
15218 Summit Avenue, Fontana, CA 92336 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 Consulting	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 ACQUIRED DISPOSED S100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \(\) \$10,001 - \$100,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Partnership Sole Proprietorship Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION	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)
\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000	\$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	➤ 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
WIMS INVESTMENTS, LLC WIMS VENTURE	
▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:	▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
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, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity <u>or</u> City or Other Precise Location 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 / /24 / /24 /24 /24 /24 /24 /24 /24	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

Comments: __