

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT

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

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

County of San Bernardino

Division, Board, Department, District, if applicable

Your Position

Supervisor

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

Agency: SEE ATTACHED LIST Position:

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

☐ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner  
(Statewide Jurisdiction)

☐ Multi-County

☒ County of San Bernardino

☐ 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: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one circle below.)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through  
December 31, 2024.

☐ The period covered is January 1, 2024, through the date of  
leaving office.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through  
the date of leaving office.

☐ Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Candidate: Date of Election \_\_\_\_ and office sought, if different than Part 1: \_\_\_\_

4. Schedule Summary (required)

► Total number of pages including this cover page: 10

Schedules attached

☐ Schedule A-1 - Investments - schedule attached

☒ Schedule C - Income, Loans, & Business Positions - schedule attached

☒ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☒ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

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

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document!)

385 N Arrowhead Ave # 2

San Bernardino

CA

92415-0103

DAYTIME TELEPHONE NUMBER

( 909 ) 387-3845

EMAIL ADDRESS

jesse.armendarez@bos.sbcounty.gov

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

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

Date Signed 03/20/2025 01:45 PM  
(month, day, year)

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

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE ATTACHMENT**

<b>CALIFORNIA FORM</b>	<b>700</b>
<small>FAIR POLITICAL PRACTICES COMMISSION</small>	
<b>Name</b> <div style="border-bottom: 1px solid black; width: 100%; text-align: center;">Jesse Armendarez</div>	

**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

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE ATTACHMENT**

<b>CALIFORNIA FORM</b> <span style="font-size: 2em; font-weight: bold;">700</span>
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
<b>Name</b> <div style="border-bottom: 1px solid black; margin-top: 2px; padding-bottom: 2px;">Jesse Armendarez</div>

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**  
(Ownership Interest is 10% or Greater)

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

<b>1. BUSINESS ENTITY OR TRUST</b>	
<b>DA Investment Holding LLC</b>	
Name <b>17062 Pinedale Ct., Fontana</b>	
Address (Business Address Acceptable)	
Check one <input type="checkbox"/> Trust, go to 2 <input checked="" type="checkbox"/> Business Entity, complete the box, then go to 2	
<b>GENERAL DESCRIPTION OF THIS BUSINESS</b> <b>Real Estate</b>	
FAIR MARKET VALUE <input checked="" type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/24    ____/____/24 ACQUIRED    DISPOSED
NATURE OF INVESTMENT <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other	
YOUR BUSINESS POSITION _____	

<b>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</b>	
<input checked="" type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
<b>3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)</b> <input checked="" type="checkbox"/> None    or <input type="checkbox"/> Names listed below	

<b>4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST</b>	
Check one box: <input type="checkbox"/> INVESTMENT <input type="checkbox"/> REAL PROPERTY	
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	
Description of Business Activity or City or Other Precise Location of Real Property	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/24    ____/____/24 ACQUIRED    DISPOSED
NATURE OF INTEREST <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership	
<input type="checkbox"/> Leasehold _____ Yrs. remaining <input type="checkbox"/> Other _____	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

<b>1. BUSINESS ENTITY OR TRUST</b>	
<b>JA &amp; JB Investments, LLC</b>	
Name <b>700 E. Redlands Blvd. Unit #321</b>	
Address (Business Address Acceptable)	
Check one <input type="checkbox"/> Trust, go to 2 <input checked="" type="checkbox"/> Business Entity, complete the box, then go to 2	
<b>GENERAL DESCRIPTION OF THIS BUSINESS</b> <b>Real Estate</b>	
FAIR MARKET VALUE <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/24    ____/____/24 ACQUIRED    DISPOSED
NATURE OF INVESTMENT <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other	
YOUR BUSINESS POSITION <b>Partner</b>	

<b>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</b>	
<input type="checkbox"/> \$0 - \$499 <input checked="" type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
<b>3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)</b> <input checked="" type="checkbox"/> None    or <input type="checkbox"/> Names listed below	

<b>4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST</b>	
Check one box: <input type="checkbox"/> INVESTMENT <input checked="" type="checkbox"/> REAL PROPERTY	
<b>0171-441-03-000</b>	
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	
<b>Redlands</b>	
Description of Business Activity or City or Other Precise Location of Real Property	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/24    ____/____/24 ACQUIRED    DISPOSED
NATURE OF INTEREST <input checked="" type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership	
<input type="checkbox"/> Leasehold _____ Yrs. remaining <input type="checkbox"/> Other _____	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

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



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

<b>CALIFORNIA FORM 700</b>
FAIR POLITICAL PRACTICES COMMISSION
Name <div style="text-align: right;">Jesse Armendarez</div>

<b>1. BUSINESS ENTITY OR TRUST</b>	
Laurel Investor	
Name	
9410 Sierra Ave., Fontana, CA 92335	
Address (Business Address Acceptable)	
Check one <input type="checkbox"/> Trust, go to 2 <input checked="" type="checkbox"/> Business Entity, complete the box, then go to 2	
<b>GENERAL DESCRIPTION OF THIS BUSINESS</b>	
Development Project	
FAIR MARKET VALUE <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/24    ____/____/24 ACQUIRED    DISPOSED
NATURE OF INVESTMENT <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other	
YOUR BUSINESS POSITION <u>Partner</u>	
<b>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</b>	
<input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000
<b>3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)</b>	
<input checked="" type="checkbox"/> None    or <input type="checkbox"/> Names listed below	
<b>4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST</b>	
Check one box: <input type="checkbox"/> INVESTMENT <input checked="" type="checkbox"/> REAL PROPERTY	
8534 Laurel Ave., Fontana, CA 92335	
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	
Laurel Investor	
Description of Business Activity or City or Other Precise Location of Real Property	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/24    ____/____/24 ACQUIRED    DISPOSED
NATURE OF INTEREST <input checked="" type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership	
<input type="checkbox"/> Leasehold _____ Yrs. remaining <input type="checkbox"/> Other _____	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

<b>1. BUSINESS ENTITY OR TRUST</b>	
Topify Inc.	
Name	
1020 Nevada St., Suite 200, Redlands, CA 92374	
Address (Business Address Acceptable)	
Check one <input type="checkbox"/> Trust, go to 2 <input checked="" type="checkbox"/> Business Entity, complete the box, then go to 2	
<b>GENERAL DESCRIPTION OF THIS BUSINESS</b>	
Realestate Consulting	
FAIR MARKET VALUE <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/24    ____/____/24 ACQUIRED    DISPOSED
NATURE OF INVESTMENT <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Other	
YOUR BUSINESS POSITION <u>Chief Executive Office</u>	
<b>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</b>	
<input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000
<b>3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)</b>	
<input type="checkbox"/> None    or <input checked="" type="checkbox"/> Names listed below	
Laurel Investor	
<b>4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST</b>	
Check one box: <input type="checkbox"/> INVESTMENT <input type="checkbox"/> REAL PROPERTY	
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	
Description of Business Activity or City or Other Precise Location of Real Property	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/24    ____/____/24 ACQUIRED    DISPOSED
NATURE OF INTEREST <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership	
<input type="checkbox"/> Leasehold _____ Yrs. remaining <input type="checkbox"/> Other _____	
<input type="checkbox"/> 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

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

0192-182-14-0-000

CITY

Fontana

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/24      \_\_\_\_/\_\_\_\_/24  
ACQUIRED      DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☒ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☒ None

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

0193-253-30-0-000

CITY

Fontana

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/24      \_\_\_\_/\_\_\_\_/24  
ACQUIRED      DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☒ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☒ None

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

NAME OF LENDER\*

John Rager Trust

ADDRESS (Business Address Acceptable)

9010 King Ranch Road Alta Loma, CA 91701

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

7 % ☐ None

TERM (Months/Years)

5 Year

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☒ OVER \$100,000

☐ Guarantor, if applicable

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

% ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

Comments:

**SCHEDULE 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

0194-441-61-0-000

CITY

Fontana

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/24      \_\_\_\_/\_\_\_\_/24  
ACQUIRED      DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☒ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☒ None

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

0246-121-41-0-000

CITY

Fontana

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/24      \_\_\_\_/\_\_\_\_/24  
ACQUIRED      DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☒ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☒ None

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

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

\_\_\_\_%      ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

\_\_\_\_%      ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

Comments:

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

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Jesse Armendarez

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

415-180-006

CITY

Beaumont

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/24      \_\_\_\_/\_\_\_\_/24  
ACQUIRED      DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☒ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☒ None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/24      \_\_\_\_/\_\_\_\_/24  
ACQUIRED      DISPOSED

NATURE OF INTEREST

☐ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☐ None

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

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

\_\_\_\_% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD.

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

\_\_\_\_% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

Comments:



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

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Jesse Armendarez

**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Sierra Realty

ADDRESS (Business Address Acceptable)

9410 Sierra Avenue

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED ☐ No Income - Business Position Only  
☐ \$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 \_\_\_\_\_  
(Real property, car, boat, etc.)

☐ Loan repayment

☒ Commission or ☐ Rental income, list each source of \$10,000 or more

Real Estate Sales

(Describe)

☐ Other \_\_\_\_\_  
(Describe)

**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED ☐ No Income - Business Position Only  
☐ \$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 \_\_\_\_\_  
(Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or ☐ Rental income, list each source of \$10,000 or more

(Describe)

☐ Other \_\_\_\_\_  
(Describe)

**2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

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

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000  
☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000  
☐ OVER \$100,000

INTEREST RATE

TERM (Months/Years)

\_\_\_\_\_% ☐ None

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property \_\_\_\_\_  
Street address

City

☐ Guarantor \_\_\_\_\_

☐ Other \_\_\_\_\_  
(Describe)

Comments:

## SCHEDULE D Income – Gifts

Name

Jesse Armendarez

► NAME OF SOURCE (Not an Acronym)

California State Association of Counties

ADDRESS (Business Address Acceptable)

1100 K Street, Suite 101, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

CSAC Board of Directors Event

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 28 / 24	\$ 68.23	BOD Reception
08 / 28 / 24	\$ 31.87	Meeting Meal
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE (Not an Acronym)

Sheriff's Employees' Benefit Association

ADDRESS (Business Address Acceptable)

1998 Orange Tree Ln., Redlands, CA 92374

BUSINESS ACTIVITY, IF ANY, OF SOURCE

SEBA Golf Tournament

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 19 / 24	\$ 519.99	Golf Tournament
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments:

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT

Date Initial Filing Received  
03/11/2025 05:09 PM

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

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

County of San Bernardino

Division, Board, Department, District, if applicable

Your Position

Supervisor

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

Agency: SEE ATTACHED LIST

Position:

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

☐ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner  
(Statewide Jurisdiction)

☐ Multi-County

☒ County of San Bernardino

☐ 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: Date Left \_\_\_\_\_  
(Check one circle below.)

-or-

The period covered is \_\_\_\_\_ through  
December 31, 2024.

☐ The period covered is January 1, 2024, through the date of  
leaving office.

-or-

☐ The period covered is \_\_\_\_\_ through  
the date of leaving office.

☐ Assuming Office: Date assumed \_\_\_\_\_

☐ Candidate: Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary (required)

► Total number of pages including this cover page: 4

Schedules attached

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☒ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

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

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document!)

385 N Arrowhead Ave 5th floor

San Bernardino

CA

92415-0103

DAYTIME TELEPHONE NUMBER

( 909 ) 387-4565 ext:74565

EMAIL ADDRESS

joe.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.

Date Signed 03/11/2025 05:09 PM  
(month, day, year)

Signature

Joe Baca Jr.

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

# STATEMENT OF ECONOMIC INTERESTS

## COVER PAGE ATTACHMENT

<b>CALIFORNIA FORM 700</b>	
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



## STATEMENT OF ECONOMIC INTERESTS

## COVER PAGE ATTACHMENT

CALIFORNIA FORM <b>700</b>	
FAIR POLITICAL PRACTICES COMMISSION	
Name	
Joe Baca Jr.	

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  
**7485 Eucalyptus Drive**

CITY  
**Highland**

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☒ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/24 ACQUIRED \_\_\_\_/\_\_\_\_/24 DISPOSED

NATURE OF INTEREST  
☒ Ownership/Deed of Trust ☐ Easement  
☐ Leasehold \_\_\_\_\_ Yrs. remaining ☐ \_\_\_\_\_ Other

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

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

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/24 ACQUIRED \_\_\_\_/\_\_\_\_/24 DISPOSED

NATURE OF INTEREST  
☐ Ownership/Deed of Trust ☐ Easement  
☐ Leasehold \_\_\_\_\_ Yrs. remaining ☐ \_\_\_\_\_ Other

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

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

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

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

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

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

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

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

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

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

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT

Date Initial Filing Received  
Filing Official Use Only

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 acronyms)

LOCAL AGENCY FORMATION COMMISSION FOR SAN BERNARDINO COUNTY

Division, Board, Department, District, if applicable

Your Position

Public Member

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

Agency: Position:

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

☐ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner  
(Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☒ Other SAN BERNARDINO COUNTY

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

☒ Annual: The period covered is January 1, 2024, through  
December 31, 2024.

☐ Leaving Office: Date Left / /  
(Check one circle below.)

-or-

The period covered is / /, through  
December 31, 2024.

☐ The period covered is January 1, 2024, through the date of  
leaving office.

-or-

☐ Assuming Office: Date assumed / /

☐ The period covered is / /, through  
the date of leaving office.

☐ Candidate: Date of Election and office sought, if different than Part 1:

4. Schedule Summary (required)

► Total number of pages including this cover page:

Schedules attached

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☒ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

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

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
1601 E. 3RD STREET, SUITE 102 SAN BERNARDINO CA 92415-0490  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 909 ) 388-0480 LAFCO@LAFCO.SBCOUNTY.GOV

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

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

Date Signed 3/31/2025  
(month, day, year)

Signature

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

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

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <b>James R Bagley</b>

<b>1. BUSINESS ENTITY OR TRUST</b>	
Name <b>Jim Bagley Realtor</b>	
Address (Business Address Acceptable) <b>73353 Two Mile Road, Twentynine Palms, Ca 92277</b>	
Check one <input type="checkbox"/> Trust, go to 2 <input type="checkbox"/> Business Entity, complete the box, then go to 2	
<b>GENERAL DESCRIPTION OF THIS BUSINESS</b>	
FAIR MARKET VALUE <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: <div style="display: flex; justify-content: space-around;"><div>____/____/24 ACQUIRED</div><div>____/____/24 DISPOSED</div></div>
NATURE OF INVESTMENT <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other	
YOUR BUSINESS POSITION <b>Broker Owner</b>	

<b>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</b>	
<input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000

<b>3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)</b>	
<input type="checkbox"/> None    or <input type="checkbox"/> Names listed below	

<b>4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST</b>	
Check one box: <input type="checkbox"/> INVESTMENT <input type="checkbox"/> REAL PROPERTY	
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	
Description of Business Activity or City or Other Precise Location of Real Property	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: <div style="display: flex; justify-content: space-around;"><div>____/____/24 ACQUIRED</div><div>____/____/24 DISPOSED</div></div>
NATURE OF INTEREST <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership <input type="checkbox"/> Leasehold _____ Yrs. remaining <input type="checkbox"/> Other _____	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

<b>1. BUSINESS ENTITY OR TRUST</b>	
Name	
Address (Business Address Acceptable)	
Check one <input type="checkbox"/> Trust, go to 2 <input type="checkbox"/> Business Entity, complete the box, then go to 2	
<b>GENERAL DESCRIPTION OF THIS BUSINESS</b>	
FAIR MARKET VALUE <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: <div style="display: flex; justify-content: space-around;"><div>____/____/24 ACQUIRED</div><div>____/____/24 DISPOSED</div></div>
NATURE OF INVESTMENT <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other	
YOUR BUSINESS POSITION	

<b>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</b>	
<input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000

<b>3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)</b>	
<input type="checkbox"/> None    or <input type="checkbox"/> Names listed below	

<b>4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST</b>	
Check one box: <input type="checkbox"/> INVESTMENT <input type="checkbox"/> REAL PROPERTY	
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	
Description of Business Activity or City or Other Precise Location of Real Property	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: <div style="display: flex; justify-content: space-around;"><div>____/____/24 ACQUIRED</div><div>____/____/24 DISPOSED</div></div>
NATURE OF INTEREST <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership <input type="checkbox"/> Leasehold _____ Yrs. remaining <input type="checkbox"/> Other _____	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

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



SCHEDULE D

Income – Gifts

NAME OF SOURCE (Not an Acronym)

BEST BEST & KRIEGER LLP

ADDRESS (Business Address Acceptable)

2855 E. Guasti Road, Suite 400, Ontario, CA 91761

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Hosted Dinner During the CALAFCO Conference

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 16 24	\$ 94.36	Dinner
	\$	
	\$	
	\$	

NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments:

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT

Date Initial Filing Received  
Filing Office: \_\_\_\_\_

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

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Regional Water Quality Control Board, Lahontan Region

Division, Board, Department, District, if applicable

Your Position

Board Member

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

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

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

☐ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner  
(Statewide Jurisdiction)

☐ Multi-County \_\_\_\_\_

☐ County of \_\_\_\_\_

☐ City of \_\_\_\_\_

☒ Other Lahontan Region

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

☒ Annual: The period covered is January 1, 2024, through  
December 31, 2024.

☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one circle below.)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_ through  
December 31, 2024.

☐ The period covered is January 1, 2024, through the date of  
leaving office.

-or-

☐ Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_ through  
the date of leaving office.

☐ Candidate: Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary (required)

► Total number of pages including this cover page: 4

Schedules attached

☐ Schedule A-1 - Investments - schedule attached

☒ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☒ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

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

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)

2501 Lake Tahoe Blvd. Lake Tahoe CA 96150

DAYTIME TELEPHONE NUMBER

( 530 ) 542-5400

EMAIL ADDRESS

Kimberly.Cox@Waterboards.ca.gov

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

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

Date Signed 03/24/2025 05:41 PM  
(month, day, year)

Signature

  
Kimberly Cox

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

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

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <b>Kimberly Cox</b>

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS <b>14593 Mast Lane</b>	
CITY <b>Helendale, CA</b>	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/24    ____/____/24 ACQUIRED    DISPOSED
NATURE OF INTEREST <input checked="" type="checkbox"/> Ownership/Deed of Trust <input type="checkbox"/> Easement <input type="checkbox"/> Leasehold    ____ Yrs. remaining <input type="checkbox"/> Other	
IF RENTAL PROPERTY, GROSS INCOME RECEIVED <input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	
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. <input checked="" type="checkbox"/> None	

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS <b>28172 Brookside Lane</b>	
CITY <b>Helendale, CA</b>	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/24    ____/____/24 ACQUIRED    DISPOSED
NATURE OF INTEREST <input checked="" type="checkbox"/> Ownership/Deed of Trust <input type="checkbox"/> Easement <input type="checkbox"/> Leasehold    ____ Yrs. remaining <input type="checkbox"/> Other	
IF RENTAL PROPERTY, GROSS INCOME RECEIVED <input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	
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. <input checked="" type="checkbox"/> None	

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

NAME OF LENDER*	
ADDRESS (Business Address Acceptable)	
BUSINESS ACTIVITY, IF ANY, OF LENDER	
INTEREST RATE _____% <input type="checkbox"/> None	TERM (Months/Years) _____
HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 <input type="checkbox"/> Guarantor, if applicable	

NAME OF LENDER*	
ADDRESS (Business Address Acceptable)	
BUSINESS ACTIVITY, IF ANY, OF LENDER	
INTEREST RATE _____% <input type="checkbox"/> None	TERM (Months/Years) _____
HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 <input type="checkbox"/> Guarantor, if applicable	

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

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

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <u>Kimberly Cox</u>

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>Greg Heldreth</u>	NAME OF SOURCE OF INCOME <u>Helendale Community Services District</u>
ADDRESS (Business Address Acceptable) <u>28172 Brookside Lane, Helendale CA</u>	ADDRESS (Business Address Acceptable) <u>P.O. Box 359/26540 Vista Road, Ste B Helendale</u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Cubic</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Local Government Agency</u>
YOUR BUSINESS POSITION <u>Senior Field Engineer</u>	YOUR BUSINESS POSITION <u>General Manager</u>
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> Other _____ (Describe)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> Other _____ (Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

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

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

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



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

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <u>Kimberly Cox</u>

1. INCOME RECEIVED	1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>Local Agency Formation Commission</u>	NAME OF SOURCE OF INCOME <u>Mojave Water Agency</u>
ADDRESS (Business Address Acceptable) <u>1601 E. 3rd Street, Suite 102, San Bernardino, CA</u>	ADDRESS (Business Address Acceptable) <u>13846 Conference Center Drive, Apple Valley, CA</u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>LAFCO</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Water Wholesale/State Water Contractor</u>
YOUR BUSINESS POSITION <u>Commissioner</u>	YOUR BUSINESS POSITION <u>Board Member</u>
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$100,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 <input type="checkbox"/> No Income - Business Position Only <input checked="" type="checkbox"/> \$1,001 - \$10,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$100,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 <input type="checkbox"/> No Income - Business Position Only <input checked="" type="checkbox"/> \$1,001 - \$10,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input checked="" type="checkbox"/> Other <u>Stipend</u> _____ (Describe)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input checked="" type="checkbox"/> Other <u>Stipend</u> _____ (Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD		
<p>* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:</p>		
NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
_____ ADDRESS (Business Address Acceptable)	_____% <input type="checkbox"/> None	_____
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	
_____ HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
<input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Real Property _____ _____ Street address _____ City	
	<input type="checkbox"/> Guarantor _____	
	<input type="checkbox"/> Other _____ _____ (Describe)	
Comments: _____		

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



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
DENISON RICKI STEVEN

**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

COMMISSIONER

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

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

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

☐ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner  
(Statewide Jurisdiction)

☐ Multi-County \_\_\_\_\_

☐ County of \_\_\_\_\_

☐ City of \_\_\_\_\_

☒ Other SAN BERNARDINO COUNTY

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

☒ **Annual:** The period covered is January 1, 2024, through  
December 31, 2024.

☐ **Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one circle below.)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through  
December 31, 2024.

☐ The period covered is January 1, 2024, through the date of  
leaving office.

-or-

☐ **Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through  
the date of leaving office.

☐ **Candidate:** Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary (required)**

► **Total number of pages including this cover page:** \_\_\_\_\_

**Schedules attached**

☐ **Schedule A-1 - Investments** – schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☐ **Schedule A-2 - Investments** – schedule attached

☐ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

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

**5. Verification**

MAILING ADDRESS (Business or Agency Address Recommended - Public Document)	STREET	CITY	STATE	ZIP CODE
<u>1601 E. 3RD STREET, SUITE 102</u>	<u>SAN BERNARDINO</u>	<u>CA</u>	<u>92415-0490</u>	
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
<u>( 909 ) 388-0480</u>		<u>LAFCO@LAFCO.SBCOUNTY.GOV</u>		

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

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

Date Signed 03/20/2025  
(month, day, year)

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

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

Date Initial Filing Received  
Filing Official Use Only

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

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Dupper Phillip A

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

Agency Name (Do not use acronyms)

City of Loma Linda

Division, Board, Department, District, if applicable

Your Position

City Council Member

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

Agency: Position:

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

☐ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner  
(Statewide Jurisdiction)

☐ Multi-County

☐ County of

☒ City of Loma Linda

☐ Other

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

☒ **Annual:** The period covered is January 1, 2024, through  
December 31, 2024.

☐ **Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one circle below.)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through  
December 31, 2024.

☐ The period covered is January 1, 2024, through the date of  
leaving office.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through  
the date of leaving office.

☐ **Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ **Candidate:** Date of Election \_\_\_\_ and office sought, if different than Part 1: \_\_\_\_

**4. Schedule Summary (required)**

► Total number of pages including this cover page: 1

**Schedules attached**

☐ **Schedule A-1 - Investments** – schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☐ **Schedule A-2 - Investments** – schedule attached

☐ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

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

**5. Verification**

MAILING ADDRESS STREET  
(Business or Agency Address Recommended - Public Document)

CITY

STATE

ZIP CODE

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

( )

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

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

Date Signed 01/06/2025 02:11 PM  
(month, day, year)

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

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT

Date Initial Filing Received  
Filing Official Use Only

Please type or print in ink.

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

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

Commissioner

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

Agency: Position:

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

☐ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner  
(Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☒ Other San Bernardino County

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

☒ Annual: The period covered is January 1, 2024, through  
December 31, 2024.

☐ Leaving Office: Date Left / /  
(Check one circle below.)

-or-

The period covered is / / through  
December 31, 2024.

☐ The period covered is January 1, 2024, through the date of  
leaving office.

-or-

☐ Assuming Office: Date assumed / /

☐ The period covered is / / through  
the date of leaving office.

☐ Candidate: Date of Election and office sought, if different than Part 1:

4. Schedule Summary (required)

► Total number of pages including this cover page: 3

Schedules attached

☒ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

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

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)

1601 E. 3rd Street, Suite 102

San Bernardino

CA

92415-0490

DAYTIME TELEPHONE NUMBER

(909) 388-0480

EMAIL ADDRESS

lafco@lafco.sbcounty.gov

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

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

Date Signed MARCH 27, 2025  
(month, day, year)

Signature

*Sen CrSaulf*

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



**SCHEDULE A-1**  
**Investments**

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

Investments must be itemized.

Do not attach brokerage or financial statements.

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Steven Farrell

► NAME OF BUSINESS ENTITY

Amgen

GENERAL DESCRIPTION OF THIS BUSINESS

Biotechnology

FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

04 / 22 / 24  
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

AT&T

GENERAL DESCRIPTION OF THIS BUSINESS

Telecommunications

FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

04 / 22 / 24  
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

DTE Energy

GENERAL DESCRIPTION OF THIS BUSINESS

Energy

FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

04 / 22 / 24  
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

Prologis Inc

GENERAL DESCRIPTION OF THIS BUSINESS

Real Estate / Supply Logistics

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

04 / 22 / 24  
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

Public Storage

GENERAL DESCRIPTION OF THIS BUSINESS

REIT

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

04 / 22 / 24  
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_ / \_\_\_\_ / 24  
ACQUIRED DISPOSED

Comments:

# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <u>Steven Farrell</u>
--

<p>► NAME OF SOURCE (Not an Acronym)  <u>Best Best &amp; Krieger</u></p> <p>ADDRESS (Business Address Acceptable)  <u>2855 E. Guasti Road, Suite 400, Ontario, CA 91761</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE  <u>Attorneys at Law</u></p> <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td><u>12 / 04 / 24</u></td> <td><u>\$ 65.22</u></td> <td><u>Meal</u></td> </tr> <tr> <td><u>    /    /    </u></td> <td><u>\$</u></td> <td><u>    </u></td> </tr> <tr> <td><u>    /    /    </u></td> <td><u>\$</u></td> <td><u>    </u></td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	<u>12 / 04 / 24</u>	<u>\$ 65.22</u>	<u>Meal</u>	<u>    /    /    </u>	<u>\$</u>	<u>    </u>	<u>    /    /    </u>	<u>\$</u>	<u>    </u>	<p>► NAME OF SOURCE (Not an Acronym)  <u>Albert A Webb Associates</u></p> <p>ADDRESS (Business Address Acceptable)  <u>3788 Mccray St #32, Riverside, CA 92506</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE  <u>Engineering / Consulting</u></p> <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td><u>12 / 04 / 24</u></td> <td><u>\$ 65.22</u></td> <td><u>Meal</u></td> </tr> <tr> <td><u>    /    /    </u></td> <td><u>\$</u></td> <td><u>    </u></td> </tr> <tr> <td><u>    /    /    </u></td> <td><u>\$</u></td> <td><u>    </u></td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	<u>12 / 04 / 24</u>	<u>\$ 65.22</u>	<u>Meal</u>	<u>    /    /    </u>	<u>\$</u>	<u>    </u>	<u>    /    /    </u>	<u>\$</u>	<u>    </u>
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Comments: \_\_\_\_\_

\_\_\_\_\_

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

Date Initial Filing Received  
Filing Official Use Only

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

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Hagman Curt C

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

Agency Name (Do not use acronyms)

County of San Bernardino

Division, Board, Department, District, if applicable

Your Position

Supervisor

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

Agency: SEE ATTACHED LIST

Position:

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

☐ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner  
(Statewide Jurisdiction)

☐ Multi-County

☒ County of San Bernardino

☐ City of

☐ Other

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

☒ Annual: The period covered is January 1, 2024, through  
December 31, 2024.

-or-

The period covered is / / , through  
December 31, 2024.

☐ Assuming Office: Date assumed / /

☐ Leaving Office: Date Left / /  
(Check one circle below.)

☐ The period covered is January 1, 2024, through the date of  
leaving office.

-or-

☐ The period covered is / / , through  
the date of leaving office.

☐ Candidate: Date of Election and office sought, if different than Part 1:

**4. Schedule Summary (required)**

► Total number of pages including this cover page: 7

**Schedules attached**

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☒ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☒ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

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

**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
385 N Arrowhead Ave, Fifth Floor San Bernardino CA 92415-0103  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 909 ) 387-4866 curt.hagman@bos.sbcounty.gov

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

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

Date Signed 02/27/2025 03:15 PM  
(month, day, year)

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

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE ATTACHMENT**

<b>CALIFORNIA FORM</b> <span style="font-size: 24pt; font-weight: bold;">700</span> <small>FAIR POLITICAL PRACTICES COMMISSION</small>
<b>Name</b> <div style="text-align: right; border-top: 1px solid black; padding-top: 2px;">Curt Hagman</div>

**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 Agency (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

# STATEMENT OF ECONOMIC INTERESTS

## COVER PAGE ATTACHMENT

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



STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE ATTACHMENT

CALIFORNIA FORM		700
FAIR POLITICAL PRACTICES COMMISSION		
Name		
Curt Hagman		

**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 **700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Curt Hagman

► 1. BUSINESS ENTITY OR TRUST

California Business Solutions Holding Group

Name

4195 Chino Hills Pkwy, #204

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2

☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

Business Consulting

FAIR MARKET VALUE

- ☐ \$0 - \$1,999  
☐ \$2,000 - \$10,000  
☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/24      \_\_\_\_/\_\_\_\_/24  
ACQUIRED      DISPOSED

NATURE OF INVESTMENT

☐ Partnership ☐ Sole Proprietorship ☒ LLC ☐ Other

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

► 1. BUSINESS ENTITY OR TRUST

Name

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2

☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- ☐ \$0 - \$1,999  
☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/24      \_\_\_\_/\_\_\_\_/24  
ACQUIRED      DISPOSED

NATURE OF INVESTMENT

☐ Partnership ☐ Sole Proprietorship ☐ Other

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

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

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

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

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

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

☒ None or ☐ Names listed below

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

☐ None or ☐ Names listed below

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

Check one box:

☐ INVESTMENT

☐ REAL PROPERTY

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

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

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/24      \_\_\_\_/\_\_\_\_/24  
ACQUIRED      DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold \_\_\_\_\_  
Yrs. remaining

☐ Other \_\_\_\_\_

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

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

Check one box:

☐ INVESTMENT

☐ REAL PROPERTY

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

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

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/24      \_\_\_\_/\_\_\_\_/24  
ACQUIRED      DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold \_\_\_\_\_  
Yrs. remaining

☐ Other \_\_\_\_\_

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

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

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

CALIFORNIA FORM **700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Curt Hagman

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

Vacant Land - Tejon View (Approx. 5 Acres) Assessor #401-260-09-00-6

CITY

Tehachapi

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☒ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/24      \_\_\_\_/\_\_\_\_/24  
ACQUIRED      DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust      ☐ Easement

☐ Leasehold      ☐ \_\_\_\_\_  
Yrs. remaining      Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

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

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☒ None

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

Vacant Land - Tejon View (Approx. 5 Acres) Assessor #401-260-24-00-9

CITY

Tehachapi

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☒ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/24      \_\_\_\_/\_\_\_\_/24  
ACQUIRED      DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust      ☐ Easement

☐ Leasehold      ☐ \_\_\_\_\_  
Yrs. remaining      Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

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

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☒ None

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

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE      TERM (Months/Years)

\_\_\_\_%      ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000

☐ Guarantor, if applicable

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE      TERM (Months/Years)

\_\_\_\_%      ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000

☐ Guarantor, if applicable

Comments:

## SCHEDULE D Income – Gifts

CALIFORNIA FORM **700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Curt Hagman

► NAME OF SOURCE (Not an Acronym)

Chino Valley Fire Foundation

ADDRESS (Business Address Acceptable)

14011 City Center Drive, Chino Hills, CA 91709

BUSINESS ACTIVITY, IF ANY, OF SOURCE

St. Paddy's Day Brewfest

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 09 / 24	\$ 100	Tickets
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

Herzog Contracting Corp.

ADDRESS (Business Address Acceptable)

8236 East Peacock Lane Orange, CA 92869

BUSINESS ACTIVITY, IF ANY, OF SOURCE

KC Chief vs. LA Chargers Football Game

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 29 / 24	\$ 346	Tickets
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

Curt Hagman for Supervisor 2026 ID# 1456812

ADDRESS (Business Address Acceptable)

4195 Chino Hills Pkwy #204 Chino Hills, CA 91709

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Staff Holiday Dinner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 12 / 24	\$ 118.40	Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

BIASC

ADDRESS (Business Address Acceptable)

17192 Murphy Avenue #14445 Irvine, CA 92602

BUSINESS ACTIVITY, IF ANY, OF SOURCE

PAC Gala

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 24 / 24	\$ 550	Gala Tickets
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

Marc Troast & Associates

ADDRESS (Business Address Acceptable)

3649 Mission Inn Avenue Riverside, CA 92501

BUSINESS ACTIVITY, IF ANY, OF SOURCE

BIASC Dinner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 09 / 24	\$ 300	Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

Athens Services

ADDRESS (Business Address Acceptable)

13920 City Center Drive Chino Hills, CA 91709

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Christmas Gift / See's Candy Box

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 17 / 24	\$ 155	Gift Box
/ /	\$	
/ /	\$	

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

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT

Date Initial Filing Received  
*(Filing Official Use Only)*

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Lucerne Valley Unified School District

Division, Board, Department, District, if applicable

District

Your Position

Board Member

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

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

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

☐ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner  
(Statewide Jurisdiction)

☐ Multi-County \_\_\_\_\_

☒ County of San Bernardino

☐ City of \_\_\_\_\_

☐ Other \_\_\_\_\_

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

☒ Annual: The period covered is January 1, 2024, through  
December 31, 2024.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_ through  
December 31, 2024.

☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one circle below.)

☐ The period covered is January 1, 2024, through the date of  
leaving office.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_ through  
the date of leaving office.

☐ Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Candidate: Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary (required)

► Total number of pages including this cover page: 3

Schedules attached

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☒ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

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

5. Verification

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document)				
<u>8580 Aliento Road</u>		<u>Lucerne Valley</u>	<u>CA</u>	<u>92356</u>
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS			
<u>( 760 ) 248-6108</u>	<u>jim_harvey@lucernevalleyusd.org</u>			

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

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

Date Signed 1/9/2025  
(month, day, year)

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



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

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <b>Jim Harvey</b>

▶ 1. BUSINESS ENTITY OR TRUST

**I Candy Website and Graphic Design**

Name \_\_\_\_\_

Address (Business Address Acceptable) \_\_\_\_\_

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

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	_____ / <u>24</u> / _____
<input type="checkbox"/> \$2,000 - \$10,000	_____ / <u>24</u> / _____
<input checked="" type="checkbox"/> \$10,001 - \$100,000	ACQUIRED      DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT  
☐ Partnership    ☒ Sole Proprietorship    ☐ \_\_\_\_\_ Other \_\_\_\_\_

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

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME 10 THE ENTITY/TRUST)

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

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

☐ None    or    ☐ Names listed below

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

Check one box:  
☐ INVESTMENT    ☐ REAL PROPERTY

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

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

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	_____ / <u>24</u> / _____
<input type="checkbox"/> \$10,001 - \$100,000	_____ / <u>24</u> / _____
<input type="checkbox"/> \$100,001 - \$1,000,000	ACQUIRED      DISPOSED
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST  
☐ Property Ownership/Deed of Trust    ☐ Stock    ☐ Partnership

☐ Leasehold \_\_\_\_\_ Yrs remaining    ☐ Other \_\_\_\_\_

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

▶ 1. BUSINESS ENTITY OR TRUST

Name \_\_\_\_\_

Address (Business Address Acceptable) \_\_\_\_\_

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

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	_____ / <u>24</u> / _____
<input type="checkbox"/> \$2,000 - \$10,000	_____ / <u>24</u> / _____
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED      DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT  
☐ Partnership    ☐ Sole Proprietorship    ☐ \_\_\_\_\_ Other \_\_\_\_\_

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

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME 10 THE ENTITY/TRUST)

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

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

☐ None    or    ☐ Names listed below

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

Check one box:  
☐ INVESTMENT    ☐ REAL PROPERTY

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

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

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	_____ / <u>24</u> / _____
<input type="checkbox"/> \$10,001 - \$100,000	_____ / <u>24</u> / _____
<input type="checkbox"/> \$100,001 - \$1,000,000	ACQUIRED      DISPOSED
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST  
☐ Property Ownership/Deed of Trust    ☐ Stock    ☐ Partnership

☐ Leasehold \_\_\_\_\_ Yrs remaining    ☐ Other \_\_\_\_\_

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

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

# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <b>Jim Harvey</b>

▶ NAME OF SOURCE (Not an Acronym) <b>Best Best &amp; Krieger LLP</b>		
ADDRESS (Business Address Acceptable) <b>2855 E Guasti Road, Suite 400, Ontario, CA 91761</b>		
BUSINESS ACTIVITY, IF ANY, OF SOURCE <b>Attorneys at Law</b>		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<b>10 16 24</b>	<b>188.72</b>	<b>Dinner</b>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

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

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT

Date Initial Filing Received  
Filing Official Use Only

Please type or print in ink.

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

COMMISSIONER

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

Agency: Position:

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

☐ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner  
(Statewide Jurisdiction)

☐ Multi-County

☒ County of SAN BERNARDINO 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: Date Left / /  
(Check one circle below.)

-or-

The period covered is / / , through  
December 31, 2024.

☐ The period covered is January 1, 2024, through the date of  
leaving office.

-or-

☐ Assuming Office: Date assumed / /

☐ The period covered is / / , through  
the date of leaving office.

☐ Candidate: Date of Election and office sought, if different than Part 1:

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

Schedules attached

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

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

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)

1170 WEST THIRD STREET, UNIT 150

SAN BERNARDINO

CA

92415

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

( 909 ) 388-0480

LAFCO@LAFCO.SBCOUNTY.GOV

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

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

Date Signed 2/11/25  
(month, day, year)

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

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

Date Initial Filing Received  
Filing Official Use Only

Please type or print in ink.

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

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

Agency Name (Do not use acronyms)

Local Agency Formation Commission

Division, Board, Department, District, if applicable

Your Position

Commissioner

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

Agency: Position:

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

☐ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner  
(Statewide Jurisdiction)

☐ Multi-County

☒ County of San Bernardino

☐ 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:** Date Left / /  
(Check one circle below.)

-or-

The period covered is / / , through  
December 31, 2024.

☐ The period covered is January 1, 2024, through the date of  
leaving office.

-or-

☐ The period covered is / / , through  
the date of leaving office.

☐ **Assuming Office:** Date assumed / /

☐ **Candidate:** Date of Election and office sought, if different than Part 1:

**4. Schedule Summary (required)**

► Total number of pages including this cover page:

**Schedules attached**

☐ **Schedule A-1 - Investments** – schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☒ **Schedule A-2 - Investments** – schedule attached

☐ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

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

**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)

8353 Sierra Ave

Fontana

CA

92335

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

( 909 ) 350-7606

awarren@fontanaca.gov

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

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

Date Signed

3-18-2025  
(month, day, year)

Signature

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

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

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
Name  
**Acquanetta Warren**

**1. BUSINESS ENTITY OR TRUST**  
**Royal Blue Consulting, LLC**  
Name  
**15218 Summit Avenue, Fontana, CA 92336**  
Address (Business Address Acceptable)  
Check one  
☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**  
**Consulting**

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  
\_\_\_\_\_/\_\_\_\_\_/24 \_\_\_\_/\_\_\_\_\_/24  
ACQUIRED DISPOSED

NATURE OF INVESTMENT  
☐ Partnership ☒ Sole Proprietorship ☐ Other

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

**2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**  
☒ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000 ☐ \$10,001 - \$100,000 ☐ 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.)**  
☐ 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:  
☐ INVESTMENT ☐ REAL PROPERTY

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

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

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000 ☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000  
\_\_\_\_\_/\_\_\_\_\_/24 \_\_\_\_/\_\_\_\_\_/24  
ACQUIRED DISPOSED

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

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

**1. BUSINESS ENTITY OR TRUST**  
Name  
Address (Business Address Acceptable)  
Check one  
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**

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  
\_\_\_\_\_/\_\_\_\_\_/24 \_\_\_\_/\_\_\_\_\_/24  
ACQUIRED DISPOSED

NATURE OF INVESTMENT  
☐ Partnership ☐ Sole Proprietorship ☐ Other

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

**2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**  
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000 ☐ \$10,001 - \$100,000 ☐ 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.)**  
☐ None or ☐ Names listed below

**4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**  
Check one box:  
☐ INVESTMENT ☐ REAL PROPERTY

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

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

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000 ☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000  
\_\_\_\_\_/\_\_\_\_\_/24 \_\_\_\_/\_\_\_\_\_/24  
ACQUIRED DISPOSED

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

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

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