

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Date Initial Filing Received
Filing Official Use Only

Ple	ease type or print in ink.		
NA	ME OF FILER (LAST)	(FIRST)	(MIDDLE)
Α	LSOP	CLARK	
1.	Office, Agency, or Court		
	Agency Name (Do not use acronyms)		
	LAFCO, San Bernardino County		
	Division, Board, Department, District, if applicable		Your Position
			General Counsel
	▶ If filing for multiple positions, list below or on a	n attachment. (Do not u	ise acronyms)
	Agency:		Position:
_ 2.	Jurisdiction of Office (Check at least of	ne 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 t		
	Annual: The period covered is January 1, 2 December 31, 2024.	•	Leaving Office: Date Left/
	The period covered is/ December 31, 2024 .	_/, through	The period covered is January 1, 2024, through the date of leaving officeor-
	Assuming Office: Date assumed/_		The period covered is/, through the date of leaving office.
	Candidate: Date of Election	and office sough	nt, if different than Part 1:
4.	Schedule Summary (required)	► Total numbe	er of pages including this cover page:
	Schedules attached		
	Schedule A-1 - Investments - schedule a	tached	Schedule C - Income, Loans, & Business Positions - schedule attached
	Schedule A-2 - Investments - schedule at	tached	Schedule D - Income - Gifts - schedule attached
	Schedule B - Real Property - schedule at	tached [Schedule E - Income - Gifts - Travel Payments - schedule attached
 -	or- None - No reportable interests o	n any schodulo	
_	. Verification	Tally Schedule	
J.	MAILING ADDRESS STREET	CITY	STATE ZIP CODE
	(Business or Agency Address Recommended - Public Documen		wio CA 01761
	2855 E. Guasti Rd., Ste 400 DAYTIME TELEPHONE NUMBER	Onta	rio CA 91761
	(909) 989-8584		clark.alsop@bbklaw.com
	I have used all reasonable diligence in preparing the	nis statement. I have rev	iewed this statement and to the best of my knowledge the information contained
	herein and in any attached schedules is true and I certify under penalty of perjury under the law		
	. co.o., and ponding of polyary and the full	elate el enno	that we s
	Date Signed Feb 202	5	Signature (File the originally signed paper statement with your filing official)

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION				
Name				
	CLARK ALSOP			

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
BEST BEST & KRIEGER LLP	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
2855 E. GUASTI RD. STE 400 ONTARIO CA 91761	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
LAW FIRM	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
PARTNER	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	\$1,001 - \$10,000
\$10,001 - \$100,000 X OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership, For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership, For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other	Other
(Describe)	(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P	PERIOD
a retail installment or credit card transaction, made in the	lending institution, or any indebtedness created as part of ne lender's regular course of business on terms available status. Personal loans and loans received not in a lender's s:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	% None
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	-
\$1,001 - \$10,000	City
\$10,001 - \$100,000	Guarantor
OVER \$100,000	_
	Other(Describe)
Comments:	

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received
Filing Official Use Only

Ple	ease type or print in ink.		
NAN	ME OF FILER (LAST) (FIRST)		(MIDDLE)
DE	E SOUSA PAULA		
1.	Office, Agency, or Court		
	Agency Name (Do not use acronyms)		
	LAFCO, San Bernardino County		
	Division, Board, Department, District, if applicable		Your Position
			General Counsel
	▶ If filing for multiple positions, list below or on an attachment	(Do not u	
	If filling for multiple positions, list below of on all attachment	(DO NOE U	oc autonyma)
	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
	Type of Statement (Check at least one box)		
٠.			Leaving Officer Date Left
	Annual: The period covered is January 1, 2024, through December 31, 2024.		Leaving Office: Date Left//(Check one circle below.)
	The period covered is/	, through	 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 sough	t, if different than Part 1:
4.	Schedule Summary (required) ► Tot	al numbe	r of pages including this cover page:
•	Schedules attached	ur 11 u 111.20	
	Schedule A-1 - Investments – schedule attached	F	Schedule C - Income, Loans, & Business Positions - schedule attached
	Schedule A-2 - Investments – schedule attached	Ī	Schedule D - Income - Gifts - schedule attached
	Schedule B - Real Property – schedule attached	Ī	Schedule E - Income - Gifts - Travel Payments - schedule attached
	_		
-0	or- \square None - No reportable interests on any sche	edule	
5.	Verification		
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE
	655 W. Broadway, 15th FIr	San [Diego CA 92101
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
	(619) 525-1300		Paula.deSousa@bbklaw.com
	I have used all reasonable diligence in preparing this statement herein and in any attached schedules is true and complete. I		ewed this statement and to the best of my knowledge the information contained at this is a public document.
	I certify under penalty of perjury under the laws of the Sta	_	
	Date Signed 1/23/25		Signature (File the originally signed paper statement with your filing official.)
_	hosting not beat		the state of the s

SCHEDULE A-1 Investments

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

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

Name

PAULA DE SOUSA

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Best Best & Krieger LLP	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
L Firms	
Law Firm	
FAIR MARKET VALUE	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000
\$2,000 - \$10,000 \$10,000 \$10,000 \$1,000,000 Over \$1,000,000	\$2,000 - \$10,000 \$10,001 - \$100,000 Over \$1,000,000
[
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
➤ Partnership ○ Income Received of \$0 - \$499 ★ Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 24 , , 24	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,000 Over \$1,000,000	\$2,000 - \$10,000
[] \$100,001 - \$1,000,000 [] Over \$1,000,000	\$\psi \text{1000,000} \text{1,0000,000}
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
Partnership O Income Received of \$0 - \$499	Partnership Oncome Received of \$0 - \$499 Oncome Received of \$500 or More (Report on Schedule C)
☐ Income Received of \$500 or More (Report on Schedule C)	O income Received of \$300 of More (Report of Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
AOQUINED BIOLOGED	NOGUNES SIGNOCES
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000
\$2,000 - \$10,000 \$100,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT
NATURE OF INVESTMENT Stock Other	☐ Stock ☐ Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership Oncome Received of \$0 - \$499 Oncome Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	<u></u>
ACQUIRED DISPOSED	ACQUIRED DISPOSED

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name

PAULA DE SOUSA

- 1, INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Best Best & Krieger LLP	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
655 W. Broadway, 15th Flr, San Diego CA 92101	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Firm	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Equity Partner	
GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 X OVER \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED	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.)	Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
X Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other	Other
(Describe)	(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING F	PERIOD
a retail installment or credit card transaction, made in the	lending institution, or any indebtedness created as part of he lender's regular course of business on terms available status. Personal loans and loans received not in a lender's s: INTEREST RATE TERM (Months/Years)
NAME OF LENDER	TETAL (MODILIS/18815)
ADDRESS (Business Address Acceptable)	% None
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	
\$1,001 - \$10,000	City
	Guarantor
\$10,001 - \$100,000	
OVER \$100,000	
	Other(Describe)
Comments:	



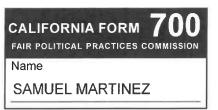
STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received
Filing Official Use Only

Ple	ease type or print in ink.						
NA	NE OF FILER (LAST)	(FIRST)			(MIDDLE)		
M.	ARTINEZ	SAMUEL			DALÉ		
1.	Office, Agency, or Court						
	Agency Name (Do not use acronyms) LOCAL AGENCY FORMATION COMMISSION FOR SAN BERNARDINO COUNTY						
			OR SAN				
	Division, Board, Department, District, if a	pplicable		Your Position			
				EXECU	TIVE OFFICER		
	▶ If filing for multiple positions, list belo	w or on an attachment. (I	Do not use	acronyms)			
	Agency: n/a			Position:	n/a		
	Jurisdiction of Office (Check a	nt least one box)					
	State				etired Judge, Pro Tem Jude Jurisdiction)	dge, or Court Commissioner	
	Multi-County			County of			
	City of			Other S	AN BERNARDINO (COUNTY	
3.	Type of Statement (Check at le						
•.	Annual: The period covered is Jar December 31, 2024.	•		Leaving	Office: Date Left(Check one cir		
	-or- The period covered is December 31, 2024.		through	·	period covered is January ng office.	, 1, 2024, through the date of	
	Assuming Office: Date assumed		-	☐ The	period covered is	/, through	
	Candidate: Date of Election	and offic	ce sought,	if different than Pa	art 1:		
1	Schedule Summary (required	1\		of names inclu	iding this cover pag	3	
→.	Schedules attached	A) ► TOTAL I	lulliber	or pages mon	iding this cover pag	<i>je.</i>	
	Schedule A-1 - Investments – se	chedule attached				Positions - schedule attached	
	Schedule A-2 - Investments - se	chedule attached	\checkmark		come – Gifts – schedule		
	Schedule B - Real Property – se	chedule attached		Schedule E - Inc	come – Gifts – Travel Pay	yments - schedule attached	
-0	or- None - No reportable inte	erests on any schedul	le				
	Verification	or any concau					
•	MAILING ADDRESS STREET (Business or Agency Address Recommended - Pub	lin Document)	CITY		STATE	ZIP CODE	
	1601 E. 3RD STREET, SUITE	•	SAN BE	ERNARDINO	CA	92415-0490	
	DAYTIME TELEPHONE NUMBER		0, 11 0	EMAIL ADDRESS			
	(909) 388-0480			LAFCO@LAFC	O.SBCOUNTY.GOV		
	I have used all reasonable diligence in p herein and in any attached schedules is					owledge the information contained	
	I certify under penalty of perjury under		-	•			
					S. A.	T.	
	Date Signed 04/01/2025		Si	gnature	Summer	nanum	
	(month, day, yea	r)			File the diiginally signed paper state	етен with your in a опсы.	

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)



1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
KAISER PERMANENTE	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
9961 Sierra Avenue, Fontana, CA 92335	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,000	\$500 - \$1,000 \$1,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)	(For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other	Other
(Describe)	(Describe)
> 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING	PERIOD
a retail installment or credit card transaction, made in	al lending institution, or any indebtedness created as part of the lender's regular course of business on terms available al status. Personal loans and loans received not in a lender's ws:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
Table 1	% None
ADDRESS (Business Address Acceptable)	
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	<u> </u>
\$1,001 - \$10,000	City
\$10,001 - \$100,000	Guarantor
	_
OVER \$100,000	Other(Describe)
Comments:	

SCHEDULE D Income - Gifts



► NAME OF SOURCE (Not an Acronym) Best Best & Krieger, LLP	▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable) 2855 E. Guasti Road, Suite 400, Ontario, CA 91761	ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE LAFCO Legal Counsel	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
10 16 24 94.36 CALAFCO Conference Meal	\$		
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
	\$		
	\$		
	\$		
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
	/		
	\$\$		



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received Filing Official Use Only

Ple	ease type or print in in	K.				
	ME OF FILER (LAST)	(FIRST)			(MIDDLE)	
P	ASTOR	ARTURO)			
1.	Office, Agency, o	or Court				
	Agency Name (Do not	• •				
		CY FORMATION COMMIS	SSION F			DUNTY
	Division, Board, Depart	ment, District, if applicable		Your Posi	ion	
	► If filing for multiple	positions, list below or on an attachment.	(Do not use			
	Agency:			Position:	ANALYST	
	Jurisdiction of (Office (Check at least one box)				
	State				Retired Judge, Pro Tem Jud le Jurisdiction)	dge, or Court Commissioner
	Multi-County			County	of	
	L			Other	SAN BERNARDII	NO COUNTY
3.	Type of Stateme	ent (Check at least one box)				
	Decemb	od covered is January 1, 2024, through er 31, 2024.		Leavin	g Office: Date Left (Check one circ	
		od covered is/ er 31, 2024.	_, through		period covered is January ving office.	1, 2024, through the date of
	Assuming Office:	Date assumed/		☐ The	period covered is/. date of leaving office.	, through
	Candidate: Date	of Election and c	office sought,	if different than F	Part 1:	
4.	Schedule Summ	nary (required) ► Tota	l number	of pages incl	uding this cover pag	re: 2
	Schedules atta	ched				S
	Schedule A-1	Investments – schedule attached		Schedule C - I	ncome, Loans, & Business	Positions - schedule attached
	Schedule A-2	Investments - schedule attached	<u> </u>	=	ncome – Gifts – schedule a	
	Schedule B - /	Real Property – schedule attached	L	Schedule E - //	ncome – Gifts – Travel Pay	ments - schedule attached
-0	or- 🗆 None - No	reportable interests on any schel	dule			
	Verification	Toponable interests on any cone	20.0			
	MAILING ADDRESS	STREET Recommended - Public Document)	CITY		STATE	ZIP CODE
	1601 E. 3RD STF	,	SAN B	ERNARDINO	CA	92415-0490
	DAYTIME TELEPHONE NUM			EMAIL ADDRESS		*
	(909) 388-0480)		LAFCO@LAF	CO.SBCOUNTY.GOV	
		able diligence in preparing this statement. Sched schedules is true and complete. I a				wledge the information contained
	I certify under penalty	y of perjury under the laws of the Stat	e of Califorr	nia that the foreg	oing is true and correct.	
	Date Signed 4/1/20	125	ė	ignature	91	•
	Date Signed -7/1/20	(month, day, year)		ignature	(File the diginally signed paper state	ment with your filing official.)

SCHEDULE D Income - Gifts



NAME OF SOURCE (Not an Acronym) BEST BEST & KRIEGER			► NAME OF SOURCE (Not an Acronym)				
	ADDRESS (Business Address Acceptable) 2855 E GUASTI RD, STE 400, ONTARIO, CA			ADDRESS (Business Address Acceptable)			
		TY, IF ANY, OF SO	OURCE G CONFERENCE	=8	BUSINESS ACTIV	ITY, IF ANY, OF S	OURCE
DATE (r	nm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)		DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10,	16, 24	\$	DINNER	-8		\$	
/_		\$		-		\$	
/_		\$				\$	
► NAME (OF SOURC	E (Not an Acronym)			► NAME OF SOURCE	CE (Not an Acronyr	n)
ADDRE	SS (Busines	ss Address Acceptab	ole)	-	ADDRESS (Busine	ss Address Accepta	able)
BUSINE	SS ACTIVI	TY, IF ANY, OF SO	DURCE	->	BUSINESS ACTIV	ITY, IF ANY, OF S	OURCE
DATE (r	mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)		DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	/	\$	l a -			\$	
	/	\$		-		\$	
		\$	-	_1		\$	-
► NAME	OF SOURC	E (Not an Acronym)			► NAME OF SOURCE	CE (Not an Acronyr	n)
ADDRE	SS (Busines	ss Address Acceptat	ble)		ADDRESS (Busine	ss Address Accept	able)
BUSINE	SS ACTIVI	TY, IF ANY, OF SO	DURCE	=1	BUSINESS ACTIV	ITY, IF ANY, OF S	OURCE
DATE (r	mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	-	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
		\$: 2			\$	(T)
	/	\$		-		\$	-
		\$		_		\$	7
Comme	ents:						



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received
Filing Official Use Only

Ple	ease type or print in ink.		
NA	ME OF FILER (LAST)	(FIRST)	(MIDDLE)
RI	IDDELL	MICHAEL	
1.	Office, Agency, or Court		
	Agency Name (Do not use acronyms)		
	LAFCO, San Bernardino County		
	Division, Board, Department, District, if applicable		Your Position
			General Counsel
	▶ If filling for multiple positions, list below or on an	attachment. (Do not u	
	Agency:		Position:
2.	Jurisdiction of Office (Check at least one	box)	
	State	,	Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
	Guid		(Statewide Jurisdiction)
	Multi-County		County of
	City of		■ Other San Bernardino County
_			
3.	Type of Statement (Check at least one bo		
	Annual: The period covered is January 1, 202 December 31, 2024.	.4, through	Leaving Office: Date Left//(Check one circle below.)
	The period covered is/	through	The period covered is January 1, 2024, through the date of leaving office.
		,	Or- The period covered is/, through
	Assuming Office: Date assumed/		the date of leaving office.
	Candidate: Date of Election	and office sough	t, if different than Part 1:
4.	Schedule Summary (required)	► Total numbe	r of pages including this cover page: 6
	Schedules attached	P Total Halliso	of pages metaling the series pages
	Schodulo A.1 Investments schodule atte	chod [Schedule C - Income, Loans, & Business Positions - schedule attached
	Schedule A-1 - Investments – schedule atta Schedule A-2 - Investments – schedule atta Schedule A-2 - Investments – schedule atta Schedule A-2 - Investments – schedule atta Schedule A-3 - Investments – schedule atta Schedule A-4 - Investments – schedule atta Schedule A-5 - Investments – schedule atta Schedule A-6 - Investments – schedule atta Schedule A-7 - Investments – schedule atta Schedule A-8 - Investments – schedule A-8		Schedule D • Income – Gifts – schedule attached
	Schedule B - Real Property – schedule atta		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) 3390 UNIVERSITY AVE., 5TH FLR	RIVE	RSIDE CA 92501
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
	(951) 686-1450		michael.riddell@bbklaw.com
	I have used all reasonable diligence in preparing this herein and in any attached schedules is true and co		ewed this statement and to the best of my knowledge the information contained this is a public document.
	I certify under penalty of perjury under the laws		
	j ı		24 0 0-1 22 0
	Date Signed / // 25		Signature (File the originally sighed paper statement with your filing official.)

Investments

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

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

Name

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
AES CORPORATION	BOEING CO.
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
SUPPLIER OF ELECTRICITY	AERONAUTICS
FAIR MARKET VALUE	FAIR MARKET VALUE
× \$2,000 - \$10,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
ALCON INC.	CHEVRON CORPORATION
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
MEDICAL SUPPLIES	PETROLEUM PRODUCTS
FAIR MARKET VALUE	FAIR MARKET VALUE
X \$2,000 - \$10,000	\$2,000 - \$10,000 🔀 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
(Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 24 , , 24	, , 24 , , 24
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
AT&T	CITIGROUP
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
TELEPHONE UTILITY	FINANCIAL SERVICES
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 X \$10,001 - \$100,000	\$2,000 - \$10,000 X \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other(Describe)	Stock Other
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
_	, , 24 , , 24
ACQUIRED DISPOSED	ACQUIRED DISPOSED
2.1.	1
Comments:	

Investments

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

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

Name

► NAME OF	BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
COLGA	ATE PALMOLIVE	ECOLAB
GENERAL	DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
SUPPL	IER OF GOODS	PHARMACEUTICALS
	KET VALUE	FAIR MARKET VALUE
	- \$10,000 × \$10,001 - \$100,000	\$2,000 - \$10,000 \times \$10,001 - \$100,000
	01 - \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE	OF INIVESTMENT	NATURE OF INVESTMENT
X Stock	OF INVESTMENT Other	NATURE OF INVESTMENT Stock Other
	(Describe)	(Describe)
Partner	rship Oncome Received of \$0 - \$499 Oncome Received of \$500 or More (Report on Schedule C)	Partnership Oncome Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
	O Income Received of \$500 of More (Report on Schedule of	Integrate Necessary of the Integral of Serious Sy
IF APPLIC	ABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
,	, 24,, 24	
ACQU		ACQUIRED DISPOSED
► NAME OF	BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	VER FINANCE SERVICES	EDISON INTERNATIONAL
	L DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FINAN	CIAL SERVICES	ELECTRIC UTILITY
FAIR MAR	KET VALUE	FAIR MARKET VALUE
\$2,000	- \$10,000 🔀 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,00	01 - \$1,000,000 Over \$1,000,000	★ \$100,001 - \$1,000,000
NATURE (OF INVESTMENT	NATURE OF INVESTMENT
X Stock	Other	X Stock Other
	(Describe)	(Describe) Partnership () Income Received of \$0 - \$499
Partner	rship O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLIC	:ABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
,		
ACQL		ACQUIRED DISPOSED
► NAME OF	BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
EAST C	BROUP PROPERTIES, INC.	EXXON MOBIL CORPORATION
GENERAL	DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
REAL F	PROPERTY INVESTMENTS	PETROLEUM PRODUCTS
FAIR MAR	KET VALUE	FAIR MARKET VALUE
_	- \$10,000 🔀 \$10,001 - \$100,000	[X] \$2,000 - \$10,000
	01 - \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE (OF INVESTMENT	NATURE OF INVESTMENT
X Stock	Other	X Stock Other
Partne	(Describe) rship (Income Received of \$0 - \$499	Partnership () Income Received of \$0 - \$499
rartie	○ Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IE A DOLLO	MARKE LICT DATE.	IF APPLICABLE. LIST DATE:
IF APPLIC	ABLE, LIST DATE:	
/_		
ACQL	JIRED DISPOSED	ACQUIRED DISPOSED
Comments		

Investments

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

Investments must be itemized. Do not attach brokerage or financial statements. **CALIFORNIA FORM** FAIR POLITICAL PRACTICES COMMISSION

Name

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL MILLS	JOHNSON &JOHNSON
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FOOD PRODUCTS	PERSONAL GROOMING
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000 \$ \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
HONEYWELL INTL. INC.	KIMBERLY CLARK
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
MACHINE CONTROL SYSTEMS	PAPER GOODS
FAIR MARKET VALUE	FAIR MARKET VALUE
	\$2,000 - \$10,000 X \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other(Describe)	Stock Other(Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 24 , , 24	, , 24 , , 24
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
IBM	MICROSOFT
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
COMPUTERS	COMPUTER SOFTWARE
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 X \$10,001 - \$100,000	\$2,000 - \$10,000 X \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	X Stock Other
Partnership Olncome Received of \$0 - \$499 Olncome Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 24 , , 24	, , 24 , , 24
ACQUIRED DISPOSED	ACQUIRED DISPOSED
'	I.
Comments:	

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Investments

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

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

Name

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
NOVARTUS	ROYAL DUTCH SHELL
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
PHARMACEUTICALS	PETROLEUM PRODUCTS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 X \$10,001 - \$100,000	\$2,000 - \$10,000 \$ \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other (Describe)	Stock Other(Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
ORACLE	SANDOZ GROUP AG
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
COMPUTER SOFTWARE	PHARMACEUTICALS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	× \$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other	Stock Other (Describe)
(Describe) Partnership Oncome Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Oncome Received of \$0 - \$499 Oncome Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 24 , , 24	, , 24 , _ , 24
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
PROCTER &GAMBLE	WARNER BROS. DISCOVERY INC.
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
PERSONAL CARE PRODUCTS	MEDIA AND ENTERTAINMENT
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	3 \$2,000 - \$10,000 3 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	X Stock (Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Oncome Received of \$0 - \$499 Oncome Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
	•
Comments:	

FAIR POLITICAL PRACTICES COMMISSION Name

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

▶ 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
MICHAEL T. RIDDELL, INC.	
Name	Name
3390 UNIVERSITY, 5TH FL, RIVERSIDE, CA 92501	
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one	Check one
Trust, go to 2 Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS LEGAL CORPORATION	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Partnership Sole Proprietorship CORPORATION Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION PRESIDENT	YOUR BUSINESS POSITION
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
\$0 - \$499	\$0 - \$499 \$10,000 - \$100,000 \$500 - \$1,000 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 BEST BEST &KRIEGER LLP	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 <u>BY</u> THE BUSINESS ENTITY OR TRUST Check one box:	▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:
INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
BEST BEST &KRIEGER LLP	
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property LAW FIRM	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments:	5005 700 51 1 1.000.0000



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received
Filing Official Use Only

Ple	ease type or print in ink.				
NA	ME OF FILER (LAST) (FIRS	T)		(MIDDLE)	
Т	UERPE MIC	CHAEL			
1.	Office, Agency, or Court				
	Agency Name (Do not use acronyms) LOCAL AGENCY FORMATION CO	MMISSION F	FOR SAN BERI	NARDINO CO	UNTY
	Division, Board, Department, District, if applicable		Your Position		
	► If filing for multiple positions, list below or on an attac	·			
	Agency:		Position: AS	SISTANT EXE	ECUTIVE OFFICER
 2.	Jurisdiction of Office (Check at least one box				
	State		☐ Judge, Retire (Statewide Ju		dge, or Court Commissioner
	Multi-County		County of		
	City of			N BERNARDII	
					
3.	Type of Statement (Check at least one box)				
	Annual: The period covered is January 1, 2024, th December 31, 2024.	rough	Leaving Off	ice: Date Left (Check one circ	
	The period covered is/	, through	☐ The perion leaving of -or-		1, 2024, through the date of
	Assuming Office: Date assumed		☐ The perio	od covered is/. of leaving office.	, through
	Candidate: Date of Election	and office sought	, if different than Part 1	:	
_					
4.	Schedule Summary (required) Schedules attached	· Total number	of pages includin	ng this cover pag	e: <u>2</u>
	Schedule A-1 - Investments - schedule attached		Schedule C - Incom	e, Loans, & Business	Positions – schedule attached
	Schedule A-2 - Investments – schedule attached		Schedule D - Incom	e – Gifts – schedule a	attached
	Schedule B - Real Property – schedule attached		Schedule E - Income	e – Gifts – Travel Pay	ments – schedule attached
-(or- None - No reportable interests on any	schedule			
5.	Verification				
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY		STATE	ZIP CODE
	1601 E. 3RD STREET, SUITE 102	SAN B	ERNARDINO	CA	92415-0490
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
	(909) 388-0480		LAFCO@LAFCO.S	BCOUNTY.GOV	
	I have used all reasonable diligence in preparing this state herein and in any attached schedules is true and complete				wledge the information contained
	I certify under penalty of perjury under the laws of the	ne State of Californ	nia that the foregoing	is true and correct.	
			n. l	1	
	Date Signed 4/1/2025		Signature // // // // Sile ti	The state of the state of the	ment with your filing official.)
	(month, day, year)		(File ti	re myrnany paneu paper state.	anem wan your ming omodi.)

SCHEDULE D Income - Gifts



► NAME OF SOURCE (Not an Acronym) BEST BEST & KRIEGER		► NAME OF SOURCE	E (Not an Acron)	ym)
ADDRESS (Business Address Acceptable) 2855 E GUASTI RD, STE 400, ONTARIO, CA		ADDRESS (Busines	ADDRESS (Business Address Acceptable)	
BUSINESS ACTIVITY, IF ANY, OF SO HOSTED DINNER DURING		BUSINESS ACTIVI	TY, IF ANY, OF	SOURCE
DATE (mm/dd/yy) VALUE 10, 16, 24	DINNER	DATE (mm/dd/yy)		DESCRIPTION OF GIFT(S)
/\$			\$	
► NAME OF SOURCE (Not an Acronym)		► NAME OF SOURC	E (Not an Acrony	ym)
ADDRESS (Business Address Acceptab	le)	ADDRESS (Busines	ss Address Accep	otable)
BUSINESS ACTIVITY, IF ANY, OF SO	URCE	BUSINESS ACTIVI	TY, IF ANY, OF	SOURCE
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/\$	-		\$	
\$				
\$			\$	-
▶ NAME OF SOURCE (Not an Acronym)		► NAME OF SOURC	E (Not an Acron)	vm)
ADDRESS (Business Address Acceptab	le)	ADDRESS (Busines	ss Address Accep	otable)
BUSINESS ACTIVITY, IF ANY, OF SO	URCE	BUSINESS ACTIVI	TY, IF ANY, OF	SOURCE
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/\$			\$	
			\$	
/\$		11/	\$	
Comments:				



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received Filing Officer Use Only

Note					
1. Office, Agency, or Court Agency Name (Do not use acronyms) LAFCO, San Bernardino County Division, Board, Department, District, if applicable If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: Position: Agency: Position: State Judge, Retired Judge, Pro Tem Judge (Statewide Jurisdiction) Multi-County City of Other San Bernardino County Annual: The period covered is January 1, 2024, through December 31, 2024. The period covered is January 1, 2024, through December 31, 2024. Assuming Office: Date assumed Assuming Office: Date assumed Schedule Date of Election and office sought, if different than Part 1: 4. Schedule Summary (required) Schedule A-1 - Investments - schedule attached Schedule A-2 - Investments - schedule attached Schedule B - Real Property - schedule attached Schedule B - Real Property - schedule attached Schedule B - Real Property - schedule attached Schedule Schedule Schedule Schedule Schedule E - Income - Gifts - Travel Payme Or- None - No reportable interests on any schedule Schedule Schedule Schedule Schedule E - Income - Gifts - Travel Payme The period covered is Schedule E - Income - Gifts - Travel Payme Or- None - No reportable interests on any schedule Schedule Schedule Schedule Schedule E - Income - Gifts - Schedule Advance Recommended - Public Document) DayTime TelePricove Number (1801) 18101 VON Karman AVe., Stel 1000 DayTime TelePricove Number In aver reviewed this statement and to the best of my knowle herein and in any attached schedules is true and complete. I acknowledge this is a public document.	LE)				
Agency Name (Do not use acronyms) LAFCO, San Bernardino County Division, Board, Department, District, if applicable Fiffling 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 (Statewide Jurisdiction) Multi-County County of					
Division, Board, Department, District, if applicable Vour Position					
Division, Board, Department, District, if applicable General Counsel If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: Position: 2. Jurisdiction of Office (Check at least one box) State Multi-County City of 3. Type of Statement (Check at least one box) Example Property - The period covered is January 1, 2024, through December 31, 2024. The period covered is January 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,					
General Counsel 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 State State Other San Bernardino County City of Annual: The period covered is January 1, 2024, through December 31, 2024. The period covered is January 1, 2024, through December 31, 2024. The period covered is January 1, leaving Office: Date Left Office: Date assumed Assuming Office: Date assumed The period covered is January 1, leaving office. Candidate: Date of Election and office sought, if different than Part 1: 4. Schedule Summary (required) Schedules attached Schedule A1 - Investments – schedule attached Schedule A2 - Investments – schedule attached Schedule B - Real Property – schedule attached Schedule Schedule B - Real Property – schedule attached Schedule Schedule B - Real Property – schedule attached Schedule Schedule B - Income – Gifts – Travel Payme Or - None - No reportable interests on any schedule Schedule B - Income – Gifts – Travel Payme Or - None - No reportable interests on any schedule Schedule B - Income – Gifts – Travel Payme Or - None - No reportable interests on any schedule Schedule B - Income – Gifts – Travel Payme Or - None - No reportable interests on any schedule Schedule B - Income – Gifts – Travel Payme Or - None - No reportable interests on any schedule Schedule B - Income – Gifts – Travel Payme Or - None - No reportable interests on any schedule Schedule B - Income – Gifts – Travel Payme Or - None - No reportable interests on any schedule Schedule B - Income – Gifts – Travel Payme Or - None - No reportable interests on any schedule Schedule B - Income – Gifts – Travel Payme Or - None - No reportable interests on any schedule Schedule B - Income					
Agency:					
Agency:					
Agency:	-				
2. Jurisdiction of Office (Check at least one box) State State Judge, Retired Judge, Pro Tem Judge (Statewide Jurisdiction) Multi-County City of 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2024, through December 31, 2024. The period covered is					
State Judge, Retired Judge, Pro Tem Judge (Statewide Jurisdiction) Multi-County County of City of Other San Bernardino County Annual: The period covered is January 1, 2024, through December 31, 2024. The period covered is January 1, 2024, through December 31, 2024. The period covered is January 1, leaving Office: Date Left Other San Bernardino County The period covered is January 1, 2024, through December 31, 2024. The period covered is January 1, leaving office. The period covered is January 1, leaving office. Assuming Office: Date assumed The period covered is January 1, leaving office. Candidate: Date of Election and office sought, if different than Part 1: Schedule Summary (required) Total number of pages including this cover page: Schedules attached Schedule C - Income, Loans, & Business Potentials Schedule A2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule D - Income - Gifts - Travel Payme Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payme Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payme Schedule B - Real Property - Sch					
State Judge, Retired Judge, Pro Tem Judge (Statewide Jurisdiction) Multi-County County of City of Other San Bernardino County Annual: The period covered is January 1, 2024, through December 31, 2024. The period covered is January 1, 2024, through December 31, 2024. The period covered is January 1, leaving Office: Date Left Other San Bernardino County The period covered is January 1, 2024, through December 31, 2024. The period covered is January 1, leaving office. The period covered is January 1, leaving office. Assuming Office: Date assumed The period covered is January 1, leaving office. Candidate: Date of Election and office sought, if different than Part 1: Schedule Summary (required) Total number of pages including this cover page: Schedules attached Schedule C - Income, Loans, & Business Potentials Schedule A2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule D - Income - Gifts - Travel Payme Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payme Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payme Schedule B - Real Property - Sch					
Multi-County County of					
City of X Other San Bernardino County Check one circle Check one ci	em Judge, or Court Commissioner				
City of					
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. -or- The period covered is, through December 31, 2024. -or- The period covered is, through December 31, 2024. -or- The period covered is, through December 31, 2024. -or- The period covered is, through December 31, 2024. -or- The period covered is, through Deacember 31, 2024. -or- The period covered is, through Deacember 31, 2024. -or- The period covered is, through Deacember 31, 2024. -or- The period covered is, through Deacember 31, 2024. -or- The period covered is, through Deaving office.					
Annual: The period covered is January 1, 2024, through December 31, 2024. -or- The period covered is/, through December 31, 2024. The period covered is/, through December 31, 2024. Assuming Office: Date assumed/, through December 31, 2024. Assuming Office: Date assumed/, through December 31, 2024. The period covered is/, through December 31, 2024. The period covered is January 1, 2024. The period covered is January					
December 31, 2024. The period covered is					
The period covered is					
Assuming Office: Date assumed	anuary 1, 2024, through the date of				
4. Schedule Summary (required) ► Total number of pages including this cover page: Schedules attached Schedule A-1 - Investments – schedule attached Schedule D - Income – Gifts – schedule attached Schedule B - Real Property – schedule attached Schedule E - Income – Gifts – Travel Payme -Or- None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) 18101 Von Karman Ave., Ste 1000 DAYTIME TELEPHONE NUMBER (949) 263-2600 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowle herein and in any attached schedules is true and complete. I acknowledge this is a public document.					
Schedules attached Schedule A-1 - Investments - schedule attached Schedule D - Income, Loans, & Business Polymonia Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule E - Income - Gifts - Travel Payments -Or- None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) 18101 Von Karman Ave., Ste 1000 Invine CA DAYTIME TELEPHONE NUMBER (949) 263-2600 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowled herein and in any attached schedules is true and complete. I acknowledge this is a public document.					
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Schedule A-2 - Investments – schedule attached Schedule B - Real Property – schedule attached Schedule E - Income – Gifts – schedule attached Schedule E - Income – Gifts – Travel Payme -Or- None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) 18101 Von Karman Ave., Ste 1000 DAYTIME TELEPHONE NUMBER (949) 263-2600 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowled herein and in any attached schedules is true and complete. I acknowledge this is a public document.					
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Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payme -Or- None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET CITY STATE (Business or Agency Address Recommended - Public Document) 18101 Von Karman Ave., Ste 1000 Irvine CA 92 DAYTIME TELEPHONE NUMBER (949) 263-2600 alisha.winterswyk@bbklaw.com I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowled herein and in any attached schedules is true and complete. I acknowledge this is a public document.					
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DAYTIME TELEPHONE NUMBER (949) 263-2600 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowled herein and in any attached schedules is true and complete. I acknowledge this is a public document.	92612				
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowled herein and in any attached schedules is true and complete. I acknowledge this is a public document.					
herein and in any attached schedules is true and complete. I acknowledge this is a public document.	com				
	my knowledge the information contained				
	orrect.				
Date Signed Signature (File the on inally signed paper statemen	1				

SCHEDULE A-1 Investments

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

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

ALISHA WINTERSWYK

<u> </u>	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY	
	BEST BEST & KRIEGER LLP		
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS	_
	LAW FIRM		
	FAIR MARKET VALUE	FAIR MARKET VALUE	_
	\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000	
		\$100,001 - \$1,000,000 Over \$1,000,000	
	NATURE OF INVESTMENT	NATURE OF INVESTMENT	
	NATURE OF INVESTMENT Stock Other	Stock Cothor	
	(Describe)	(Describe)	=
	■ Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedi	ule C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:	
_	ACQUIRED DISPOSED	ACQUIRED DISPOSED	
•	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY	
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS	
	FAIR MARKET VALUE	FAIR MARKET VALUE	
	\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \qquad \qqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqq	
	\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000	
	NATURE OF INVESTMENT	NATURE OF INVESTMENT	
	Stock Other	Stock Other	
	(Describe)	(Describe)	8
	Partnership Oncome Received of \$0 - \$499 Oncome Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedu	ule C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:	
	ACQUIRED DISPOSED	ACQUIRED DISPOSED	
_	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY	
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS	<u> </u>
	GENERAL DESCRIPTION OF THIS DOSINESS	SERENCE BESONI FION OF THIS BESINESS	
		<u></u>	_
	FAIR MARKET VALUE	FAIR MARKET VALUE	
	\$2,000 - \$10,000	\$2,000 - \$10,000	
	\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000	
	NATURE OF INVESTMENT	NATURE OF INVESTMENT	
	Stock Other (Describe)	Stock Other (Describe)	=
	Partnership Oncome Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedu	ule C)
	IF APPLICABLE, LIST DATE:		
		H	
	ACQUIRED DISPOSED	ACQUIRED DISPOSED	
_			
Co	omments:		

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
ALISHA WINTERSWYK

▶ 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
BEST BEST & KRIEGER LLP	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
18101 VON KARMAN AVE., #1000, IRVINE, CA 92612	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
LAW FIRM	Y
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
PARTNER	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,000
\$10,001 - \$100,000 X OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
	Other
Other(Describe)	(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING F	PERIOD
a retail installment or credit card transaction, made in the	lending institution, or any indebtedness created as part of ne lender's regular course of business on terms available status. Personal loans and loans received not in a lender's s:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	% None
ADDRESS (Busiless Address Acceptable)	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
BUSINESS ACTIVITY, II ART, OF ELINDER	
	Real PropertyStreet address
HIGHEST BALANCE DURING REPORTING PERIOD	
\$500 - \$1,000	City
\$1,001 - \$10,000	Guarantor
\$10,001 - \$100,000	
OVER \$100,000	Other
	(Describe)
Comments:	