

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)
ALSOP 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 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.

-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: 2

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)

2855 E. Guasti Rd., Ste 400

Ontario

CA

91761

DAYTIME TELEPHONE NUMBER

(909) 989-8584

EMAIL ADDRESS

clark.alsop@bbklaw.com

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

Feb 1, 2025
(month, day, year)

Signature

[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 <input type="checkbox"/> No Income - Business Position Only	GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only
<input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000
<input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000	<input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	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"/> 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"/> 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"/> Sale of _____ (Real property, car, boat, etc.)
<input type="checkbox"/> Loan repayment	<input type="checkbox"/> Loan repayment
<input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more	<input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more
_____ (Describe)	_____ (Describe)
<input type="checkbox"/> Other _____ (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)	SECURITY FOR LOAN	
	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
BUSINESS ACTIVITY, IF ANY, OF LENDER	<input type="checkbox"/> Real Property _____	Street address
		City
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> Other _____	(Describe)
<input type="checkbox"/> \$1,001 - \$10,000		
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> OVER \$100,000		

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)
DE 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 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.

-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)

655 W. Broadway, 15th Flr

San Diego

CA

92101

DAYTIME TELEPHONE NUMBER

(619) 525-1300

EMAIL ADDRESS

Paula.deSousa@bbklaw.com

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

1/23/25
(month, day, year)

Signature

(File the originally signed 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 700
FAIR POLITICAL PRACTICES COMMISSION

Name

PAULA DE SOUSA

▶ NAME OF BUSINESS ENTITY

Best Best & Krieger LLP

GENERAL DESCRIPTION OF THIS BUSINESS

Law Firm

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 ____/____/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 ____/____/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 ____/____/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 ____/____/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 ____/____/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 ____/____/24

ACQUIRED DISPOSED

Comments: _____

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 <u>Best Best & Krieger LLP</u>	NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable) <u>655 W. Broadway, 15th Flr, San Diego CA 92101</u>	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Law Firm</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION <u>Equity Partner</u>	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only	GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only
<input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000
<input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000	<input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	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"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
<input checked="" type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater 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"/> Sale of _____ (Real property, car, boat, etc.)
<input type="checkbox"/> Loan repayment	<input type="checkbox"/> Loan repayment
<input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more	<input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more
_____ (Describe)	_____ (Describe)
<input type="checkbox"/> Other _____ (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)	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
BUSINESS ACTIVITY, IF ANY, OF LENDER	<input type="checkbox"/> Real Property _____	Street address
_____		City
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> Other _____	(Describe)
<input type="checkbox"/> \$1,001 - \$10,000		
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> OVER \$100,000		

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)
MARTINEZ	SAMUEL	DALE

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

EXECUTIVE OFFICER

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

Agency: n/a

Position: n/a

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

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 04/01/2025

(month, day, year)

Signature

Samuel Martinez
(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
SAMUEL MARTINEZ

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME KAISER PERMANENTE	NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable) 9961 Sierra Avenue, Fontana, CA 92335	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only	GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only
<input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000
<input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000	<input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	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"/> 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"/> 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"/> Sale of _____ (Real property, car, boat, etc.)
<input type="checkbox"/> Loan repayment	<input type="checkbox"/> Loan repayment
<input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more	<input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more
_____ (Describe)	_____ (Describe)
<input type="checkbox"/> Other _____ (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		

HIGHEST BALANCE DURING REPORTING PERIOD	SECURITY FOR LOAN	
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
<input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> Real Property _____ Street address	
<input type="checkbox"/> \$10,001 - \$100,000	_____ City	
<input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Guarantor _____	
	<input type="checkbox"/> Other _____ (Describe)	

Comments: _____

SCHEDULE D

Income – Gifts

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

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

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

Agency: Position: ANALYST

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.
- or-
- The period covered is / / , through December 31, 2024.
- ☐ **Assuming Office:** Date assumed / /
- ☐ **Candidate:** Date of Election and office sought, if different than Part 1:
- ☐ **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.

4. Schedule Summary (required)

► Total number of pages including this cover page: 2

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 4/1/2025
(month, day, year)

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

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name PASTOR

<p>▶ NAME OF SOURCE <i>(Not an Acronym)</i> BEST BEST & KRIEGER</p> <p>ADDRESS <i>(Business Address Acceptable)</i> 2855 E GUASTI RD, STE 400, ONTARIO, CA</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE HOSTED DINNER DURING CONFERENCE</p> <table><thead><tr><th>DATE (mm/dd/yy)</th><th>VALUE</th><th>DESCRIPTION OF GIFT(S)</th></tr></thead><tbody><tr><td>10 16 24</td><td>94.36</td><td>DINNER</td></tr><tr><td>____/____/____</td><td>\$ _____</td><td>_____</td></tr><tr><td>____/____/____</td><td>\$ _____</td><td>_____</td></tr><tr><td>____/____/____</td><td>\$ _____</td><td>_____</td></tr></tbody></table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	10 16 24	94.36	DINNER	____/____/____	\$ _____	_____	____/____/____	\$ _____	_____	____/____/____	\$ _____	_____	<p>▶ NAME OF SOURCE <i>(Not an Acronym)</i></p> <p>ADDRESS <i>(Business Address Acceptable)</i></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <table><thead><tr><th>DATE (mm/dd/yy)</th><th>VALUE</th><th>DESCRIPTION OF GIFT(S)</th></tr></thead><tbody><tr><td>____/____/____</td><td>\$ _____</td><td>_____</td></tr><tr><td>____/____/____</td><td>\$ _____</td><td>_____</td></tr><tr><td>____/____/____</td><td>\$ _____</td><td>_____</td></tr></tbody></table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	____/____/____	\$ _____	_____	____/____/____	\$ _____	_____	____/____/____	\$ _____	_____
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)																										
10 16 24	94.36	DINNER																										
____/____/____	\$ _____	_____																										
____/____/____	\$ _____	_____																										
____/____/____	\$ _____	_____																										
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)																										
____/____/____	\$ _____	_____																										
____/____/____	\$ _____	_____																										
____/____/____	\$ _____	_____																										
<p>▶ NAME OF SOURCE <i>(Not an Acronym)</i></p> <p>ADDRESS <i>(Business Address Acceptable)</i></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <table><thead><tr><th>DATE (mm/dd/yy)</th><th>VALUE</th><th>DESCRIPTION OF GIFT(S)</th></tr></thead><tbody><tr><td>____/____/____</td><td>\$ _____</td><td>_____</td></tr><tr><td>____/____/____</td><td>\$ _____</td><td>_____</td></tr><tr><td>____/____/____</td><td>\$ _____</td><td>_____</td></tr></tbody></table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	____/____/____	\$ _____	_____	____/____/____	\$ _____	_____	____/____/____	\$ _____	_____	<p>▶ NAME OF SOURCE <i>(Not an Acronym)</i></p> <p>ADDRESS <i>(Business Address Acceptable)</i></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <table><thead><tr><th>DATE (mm/dd/yy)</th><th>VALUE</th><th>DESCRIPTION OF GIFT(S)</th></tr></thead><tbody><tr><td>____/____/____</td><td>\$ _____</td><td>_____</td></tr><tr><td>____/____/____</td><td>\$ _____</td><td>_____</td></tr><tr><td>____/____/____</td><td>\$ _____</td><td>_____</td></tr></tbody></table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	____/____/____	\$ _____	_____	____/____/____	\$ _____	_____	____/____/____	\$ _____	_____			
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)																										
____/____/____	\$ _____	_____																										
____/____/____	\$ _____	_____																										
____/____/____	\$ _____	_____																										
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)																										
____/____/____	\$ _____	_____																										
____/____/____	\$ _____	_____																										
____/____/____	\$ _____	_____																										
<p>▶ NAME OF SOURCE <i>(Not an Acronym)</i></p> <p>ADDRESS <i>(Business Address Acceptable)</i></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <table><thead><tr><th>DATE (mm/dd/yy)</th><th>VALUE</th><th>DESCRIPTION OF GIFT(S)</th></tr></thead><tbody><tr><td>____/____/____</td><td>\$ _____</td><td>_____</td></tr><tr><td>____/____/____</td><td>\$ _____</td><td>_____</td></tr><tr><td>____/____/____</td><td>\$ _____</td><td>_____</td></tr></tbody></table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	____/____/____	\$ _____	_____	____/____/____	\$ _____	_____	____/____/____	\$ _____	_____	<p>▶ NAME OF SOURCE <i>(Not an Acronym)</i></p> <p>ADDRESS <i>(Business Address Acceptable)</i></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <table><thead><tr><th>DATE (mm/dd/yy)</th><th>VALUE</th><th>DESCRIPTION OF GIFT(S)</th></tr></thead><tbody><tr><td>____/____/____</td><td>\$ _____</td><td>_____</td></tr><tr><td>____/____/____</td><td>\$ _____</td><td>_____</td></tr><tr><td>____/____/____</td><td>\$ _____</td><td>_____</td></tr></tbody></table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	____/____/____	\$ _____	_____	____/____/____	\$ _____	_____	____/____/____	\$ _____	_____			
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)																										
____/____/____	\$ _____	_____																										
____/____/____	\$ _____	_____																										
____/____/____	\$ _____	_____																										
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)
RIDDELL **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 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.

-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: **6**

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)

3390 UNIVERSITY AVE., 5TH FLR

RIVERSIDE

CA

92501

DAYTIME TELEPHONE NUMBER

(**951**) **686-1450**

EMAIL ADDRESS

michael.riddell@bbklaw.com

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

1/16/25
(month, day, year)

Signature

Michael T. Riddell
(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 MICHAEL RIDDELL

▶ NAME OF BUSINESS ENTITY
AES CORPORATION

GENERAL DESCRIPTION OF THIS BUSINESS
SUPPLIER OF ELECTRICITY

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 ____/____/24
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
BOEING CO.

GENERAL DESCRIPTION OF THIS BUSINESS
AERONAUTICS

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 ____/____/24
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
ALCON INC.

GENERAL DESCRIPTION OF THIS BUSINESS
MEDICAL SUPPLIES

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 ____/____/24
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
CHEVRON CORPORATION

GENERAL DESCRIPTION OF THIS BUSINESS
PETROLEUM PRODUCTS

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 ____/____/24
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
AT&T

GENERAL DESCRIPTION OF THIS BUSINESS
TELEPHONE UTILITY

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 ____/____/24
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
CITIGROUP

GENERAL DESCRIPTION OF THIS BUSINESS
FINANCIAL SERVICES

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 ____/____/24
ACQUIRED DISPOSED

Comments: _____

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

MICHAEL RIDDELL

► NAME OF BUSINESS ENTITY
COLGATE PALMOLIVE

GENERAL DESCRIPTION OF THIS BUSINESS
SUPPLIER OF GOODS

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 ____/____/24
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
DISCOVER FINANCE SERVICES

GENERAL DESCRIPTION OF THIS BUSINESS
FINANCIAL SERVICES

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 ____/____/24
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
EAST GROUP PROPERTIES, INC.

GENERAL DESCRIPTION OF THIS BUSINESS
REAL PROPERTY INVESTMENTS

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 ____/____/24
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
ECOLAB

GENERAL DESCRIPTION OF THIS BUSINESS
PHARMACEUTICALS

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 ____/____/24
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
EDISON INTERNATIONAL

GENERAL DESCRIPTION OF THIS BUSINESS
ELECTRIC UTILITY

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 ____/____/24
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
EXXON MOBIL CORPORATION

GENERAL DESCRIPTION OF THIS BUSINESS
PETROLEUM PRODUCTS

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 ____/____/24
 ACQUIRED DISPOSED

Comments: _____

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 MICHAEL RIDDELL

NAME OF BUSINESS ENTITY GENERAL MILLS	
GENERAL DESCRIPTION OF THIS BUSINESS FOOD PRODUCTS	
FAIR MARKET VALUE	
<input type="checkbox"/> \$2,000 - \$10,000	<input checked="" type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$100,001 - \$1,000,000	<input type="checkbox"/> Over \$1,000,000
NATURE OF INVESTMENT	
<input checked="" type="checkbox"/> Stock	<input type="checkbox"/> Other (Describe)
<input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499	
<input type="radio"/> Income Received of \$500 or More (Report on Schedule C)	
IF APPLICABLE, LIST DATE:	
<u> </u> / <u> </u> / <u>24</u>	<u> </u> / <u> </u> / <u>24</u>
ACQUIRED	DISPOSED

NAME OF BUSINESS ENTITY HONEYWELL INTL. INC.	
GENERAL DESCRIPTION OF THIS BUSINESS MACHINE CONTROL SYSTEMS	
FAIR MARKET VALUE	
<input type="checkbox"/> \$2,000 - \$10,000	<input checked="" type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$100,001 - \$1,000,000	<input type="checkbox"/> Over \$1,000,000
NATURE OF INVESTMENT	
<input checked="" type="checkbox"/> Stock	<input type="checkbox"/> Other (Describe)
<input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499	
<input type="radio"/> Income Received of \$500 or More (Report on Schedule C)	
IF APPLICABLE, LIST DATE:	
<u> </u> / <u> </u> / <u>24</u>	<u> </u> / <u> </u> / <u>24</u>
ACQUIRED	DISPOSED

NAME OF BUSINESS ENTITY IBM	
GENERAL DESCRIPTION OF THIS BUSINESS COMPUTERS	
FAIR MARKET VALUE	
<input type="checkbox"/> \$2,000 - \$10,000	<input checked="" type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$100,001 - \$1,000,000	<input type="checkbox"/> Over \$1,000,000
NATURE OF INVESTMENT	
<input checked="" type="checkbox"/> Stock	<input type="checkbox"/> Other (Describe)
<input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499	
<input type="radio"/> Income Received of \$500 or More (Report on Schedule C)	
IF APPLICABLE, LIST DATE:	
<u> </u> / <u> </u> / <u>24</u>	<u> </u> / <u> </u> / <u>24</u>
ACQUIRED	DISPOSED

NAME OF BUSINESS ENTITY JOHNSON & JOHNSON	
GENERAL DESCRIPTION OF THIS BUSINESS PERSONAL GROOMING	
FAIR MARKET VALUE	
<input type="checkbox"/> \$2,000 - \$10,000	<input checked="" type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$100,001 - \$1,000,000	<input type="checkbox"/> Over \$1,000,000
NATURE OF INVESTMENT	
<input checked="" type="checkbox"/> Stock	<input type="checkbox"/> Other (Describe)
<input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499	
<input type="radio"/> Income Received of \$500 or More (Report on Schedule C)	
IF APPLICABLE, LIST DATE:	
<u> </u> / <u> </u> / <u>24</u>	<u> </u> / <u> </u> / <u>24</u>
ACQUIRED	DISPOSED

NAME OF BUSINESS ENTITY KIMBERLY CLARK	
GENERAL DESCRIPTION OF THIS BUSINESS PAPER GOODS	
FAIR MARKET VALUE	
<input type="checkbox"/> \$2,000 - \$10,000	<input checked="" type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$100,001 - \$1,000,000	<input type="checkbox"/> Over \$1,000,000
NATURE OF INVESTMENT	
<input checked="" type="checkbox"/> Stock	<input type="checkbox"/> Other (Describe)
<input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499	
<input type="radio"/> Income Received of \$500 or More (Report on Schedule C)	
IF APPLICABLE, LIST DATE:	
<u> </u> / <u> </u> / <u>24</u>	<u> </u> / <u> </u> / <u>24</u>
ACQUIRED	DISPOSED

NAME OF BUSINESS ENTITY MICROSOFT	
GENERAL DESCRIPTION OF THIS BUSINESS COMPUTER SOFTWARE	
FAIR MARKET VALUE	
<input type="checkbox"/> \$2,000 - \$10,000	<input checked="" type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$100,001 - \$1,000,000	<input type="checkbox"/> Over \$1,000,000
NATURE OF INVESTMENT	
<input checked="" type="checkbox"/> Stock	<input type="checkbox"/> Other (Describe)
<input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499	
<input type="radio"/> Income Received of \$500 or More (Report on Schedule C)	
IF APPLICABLE, LIST DATE:	
<u> </u> / <u> </u> / <u>24</u>	<u> </u> / <u> </u> / <u>24</u>
ACQUIRED	DISPOSED

Comments: _____

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 MICHAEL RIDDELL

► NAME OF BUSINESS ENTITY
NOVARTUS

GENERAL DESCRIPTION OF THIS BUSINESS
PHARMACEUTICALS

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 ____/____/24
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
ROYAL DUTCH SHELL

GENERAL DESCRIPTION OF THIS BUSINESS
PETROLEUM PRODUCTS

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 ____/____/24
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
ORACLE

GENERAL DESCRIPTION OF THIS BUSINESS
COMPUTER SOFTWARE

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 ____/____/24
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
SANDOZ GROUP AG

GENERAL DESCRIPTION OF THIS BUSINESS
PHARMACEUTICALS

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 ____/____/24
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
PROCTER & GAMBLE

GENERAL DESCRIPTION OF THIS BUSINESS
PERSONAL CARE PRODUCTS

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 ____/____/24
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
WARNER BROS. DISCOVERY INC.

GENERAL DESCRIPTION OF THIS BUSINESS
MEDIA AND ENTERTAINMENT

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 ____/____/24
ACQUIRED DISPOSED

Comments: _____

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

MICHAEL RIDDELL

1. BUSINESS ENTITY OR TRUST

MICHAEL T. RIDDELL, INC.

Name

3390 UNIVERSITY, 5TH FL, RIVERSIDE, CA 92501

Address (Business Address Acceptable)

Check one

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

GENERAL DESCRIPTION OF THIS BUSINESS

LEGAL CORPORATION

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 ☒ **CORPORATION**
Other

YOUR BUSINESS POSITION **PRESIDENT**

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

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 BY THE BUSINESS ENTITY OR TRUST

Check one box:

☒ 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

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 _____ ☐ Other _____
Yrs. remaining

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

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

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

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

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

FAIR MARKET VALUE

- ☐ \$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 _____ ☐ Other _____
Yrs. remaining

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

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)
TUERPE MICHAEL

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

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

Agency: Position: ASSISTANT EXECUTIVE OFFICER

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: 2

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 4/1/2025

(month, day, year)

Signature

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

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name TUERPE

▶ NAME OF SOURCE (Not an Acronym) BEST BEST & KRIEGER		
ADDRESS (Business Address Acceptable) 2855 E GUASTI RD, STE 400, ONTARIO, CA		
BUSINESS ACTIVITY, IF ANY, OF SOURCE HOSTED DINNER DURING 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 Official Use Only

Please type or print in ink.

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

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 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
(Business or Agency Address Recommended - Public Document)

CITY

STATE

ZIP CODE

18101 Von Karman Ave., Ste 1000

Irvine

CA

92612

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

(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 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

(month, day, year)

Signature

(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

ALISHA WINTERSWYK

NAME OF BUSINESS ENTITY

BEST BEST & KRIEGER LLP

GENERAL DESCRIPTION OF THIS BUSINESS

LAW FIRM

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

____/____/24
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

____/____/24
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

____/____/24
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

____/____/24
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

____/____/24
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

____/____/24
DISPOSED

Comments:

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>ALISHA WINTERSWYK</u>

1. INCOME RECEIVED	1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>BEST BEST & KRIEGER LLP</u>	NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable) <u>18101 VON KARMAN AVE., #1000, IRVINE, CA 92612</u>	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>LAW FIRM</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION <u>PARTNER</u>	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
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 checked="" 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 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		City
<input type="checkbox"/> \$500 - \$1,000		
<input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Other _____	(Describe)

Comments: _____