

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

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**LAFCO**  
 San Bernardino County

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Bagley James R

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

Agency Name  
 Local Agency Formation Commission  
 Division, Board, Department, District, if applicable  
 Your Position  
 Public Member

► If filing for multiple positions, list below or on an attachment.

Agency: County Airport Commission Position: Commissioner

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

State  Judge (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, 2010, through December 31, 2010. **-or-**  **Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)  
 The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2010.  The period covered is January 1, 2010, through the date of leaving office.  
 **Assuming Office:** Date \_\_\_\_/\_\_\_\_/\_\_\_\_  The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.  
 **Candidate:** Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary**

Check applicable schedules or "None." **► Total number of pages including this cover page: \_\_\_\_\_**

**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)  
 \_\_\_\_\_ San Bernardino CA 92415-0490  
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
 \_\_\_\_\_ \_\_\_\_\_

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

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

Date Signed March 22, 2011  
 (month, day, year)

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



**COVER PAGE**

**LAFCO**  
 San Bernardino County

Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Coleman		Ginger	Ellen

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

Agency Name  
 Town of Apple Valley

Division, Board, Department, District, if applicable  
 Your Position  
 Council Member

► If filing for multiple positions, list below or on an attachment.

Agency: Local Agency Formation Commission Position: Board Member

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

<input type="checkbox"/> State	<input type="checkbox"/> Judge (Statewide Jurisdiction)
<input type="checkbox"/> Multi-County _____	<input type="checkbox"/> County of _____
<input checked="" type="checkbox"/> City of <u>Town of Apple Valley</u>	<input type="checkbox"/> Other _____

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

<input checked="" type="checkbox"/> <b>Annual:</b> The period covered is January 1, 2010, through December 31, 2010.	<input type="checkbox"/> <b>Leaving Office:</b> Date Left ____/____/____ (Check one)
<b>-or-</b>	<input type="radio"/> The period covered is January 1, 2010, through the date of leaving office.
The period covered is ____/____/____, through December 31, 2010.	<input type="radio"/> The period covered is ____/____/____, through the date of leaving office.
<input type="checkbox"/> <b>Assuming Office:</b> Date ____/____/____	
<input type="checkbox"/> <b>Candidate:</b> Election Year _____ Office sought, if different than Part 1: _____	

**4. Schedule Summary**

Check applicable schedules or "None." ► Total number of pages including this cover page: 12

<input type="checkbox"/> <b>Schedule A-1 - Investments</b> – schedule attached	<input checked="" type="checkbox"/> <b>Schedule C - Income, Loans, &amp; Business Positions</b> – schedule attached
<input checked="" type="checkbox"/> <b>Schedule A-2 - Investments</b> – schedule attached	<input checked="" type="checkbox"/> <b>Schedule D - Income – Gifts</b> – schedule attached
<input type="checkbox"/> <b>Schedule B - Real Property</b> – schedule attached	<input type="checkbox"/> <b>Schedule E - Income – Gifts – Travel Payments</b> – schedule attached

**-or-**

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

**5. Verification**

MAILING ADDRESS <i>(Business or Agency Address Recommended - Public Document)</i>	STREET	CITY	STATE	ZIP CODE
		Apple Valley	CA	92307
DAYTIME TELEPHONE NUMBER (_____)	E-MAIL ADDRESS			

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

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

Date Signed March 22, 2011  
(month, day, year)

Signature Jorge E. Coleman  
(File the originally signed statement with your filing official.)





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

**▶ 1. BUSINESS ENTITY OR TRUST**

Adams Development & Engineering, LLC  
Name  
████████████████████ Carson City, NV 89706  
Address (Business Address Acceptable)  
Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**  
Real Estate Consulting & Equipment Leasing

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

NATURE OF INVESTMENT  
 Sole Proprietorship     Partnership     Limited Liability Co.  
 Other

YOUR BUSINESS POSITION N/A (spouse)

**▶ 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.)**

\_\_\_\_\_

\_\_\_\_\_

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

Check one box:  
 INVESTMENT                       REAL PROPERTY

APN ██████████  
Name of Business Entity or  
Street Address or Assessor's Parcel Number of Real Property

Lucerne Valley, CA  
Description of Business Activity or  
City or Other Precise Location of Real Property

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

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

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

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

**▶ 1. BUSINESS ENTITY OR TRUST**

Adams Development & Engineering, LLC  
Name  
████████████████████ Carson City, NV  
Address (Business Address Acceptable)  
Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**  
Real Estate & Equipment Leasing

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

NATURE OF INVESTMENT  
 Sole Proprietorship     Partnership     Limited Liability Co.  
 Other

YOUR BUSINESS POSITION N/A (spouse)

**▶ 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.)**

\_\_\_\_\_

\_\_\_\_\_

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

Check one box:  
 INVESTMENT                       REAL PROPERTY

APN ██████████  
Name of Business Entity or  
Street Address or Assessor's Parcel Number of Real Property

Adelanto, CA  
Description of Business Activity or  
City or Other Precise Location of Real Property

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

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

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

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

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

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name \_\_\_\_\_  
Ginger Coleman

**1. BUSINESS ENTITY OR TRUST**

Adams Development & Engineering, LLC

Name \_\_\_\_\_  
Carson City, NV 89706

Address (Business Address Acceptable)  
Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**  
Real Estate Consulting & Equipment Leasing

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000                      \_\_\_\_\_ / \_\_\_\_ / 10                      \_\_\_\_\_ / \_\_\_\_ / 10  
 \$10,001 - \$100,000                      ACQUIRED                      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INVESTMENT  
 Sole Proprietorship     Partnership     Limited Liability Co.  
Other

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

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

Check one box:  
 INVESTMENT                       REAL PROPERTY

Clearwater Court

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

Victorville, CA

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

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000                      \_\_\_\_\_ / \_\_\_\_ / 10                      \_\_\_\_\_ / \_\_\_\_ / 10  
 \$10,001 - \$100,000                      ACQUIRED                      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

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: \_\_\_\_\_

**1. BUSINESS ENTITY OR TRUST**

Adams Development & Engineering, LLC

Name \_\_\_\_\_  
Carson City, NV 89706

Address (Business Address Acceptable)  
Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000                      \_\_\_\_\_ / \_\_\_\_ / 10                      \_\_\_\_\_ / \_\_\_\_ / 10  
 \$10,001 - \$100,000                      ACQUIRED                      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INVESTMENT  
 Sole Proprietorship     Partnership     Limited Liability Co.  
Other

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

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

Check one box:  
 INVESTMENT                       REAL PROPERTY

Clearwater Court

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

Victorville, CA

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

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000                      \_\_\_\_\_ / \_\_\_\_ / 10                      \_\_\_\_\_ / \_\_\_\_ / 10  
 \$10,001 - \$100,000                      ACQUIRED                      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

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: \_\_\_\_\_





**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

Ginger E. Coleman

**1. BUSINESS ENTITY OR TRUST**

Adams Development & Engineering, LLC

Name

[REDACTED], Carson City, NV 89706

Address (Business Address Acceptable)

Check one

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Real Estate Consulting & Equipment Leasing

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

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

ACQUIRED:    / / 10    / / 10  
DISPOSED:

NATURE OF INVESTMENT

Sole Proprietorship     Partnership     Limited Liability Co.

Other

YOUR BUSINESS POSITION: N/A (spouse)

**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.)**

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

Check one box:

INVESTMENT     REAL PROPERTY

APN [REDACTED]

Name of Business Entity or

Street Address or Assessor's Parcel Number of Real Property

Phelan, CA

Description of Business Activity or

City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

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

ACQUIRED:    / / 10    / / 10  
DISPOSED:

NATURE OF INTEREST

Property Ownership/Deed of Trust     Stock     Partnership

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

Other \_\_\_\_\_

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

Comments:

**1. BUSINESS ENTITY OR TRUST**

Adams Development & Engineering, LLC

Name

[REDACTED], Carson City, NV

Address (Business Address Acceptable)

Check one

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Real Estate & Equipment Leasing

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

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

ACQUIRED:    / / 10    / / 10  
DISPOSED:

NATURE OF INVESTMENT

Sole Proprietorship     Partnership     Limited Liability Co.

Other

YOUR BUSINESS POSITION: N/A (spouse)

**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.)**

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

Check one box:

INVESTMENT     REAL PROPERTY

APN [REDACTED]

Name of Business Entity or

Street Address or Assessor's Parcel Number of Real Property

Phelan, CA

Description of Business Activity or

City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

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

ACQUIRED:    / / 10    / / 10  
DISPOSED:

NATURE OF INTEREST

Property Ownership/Deed of Trust     Stock     Partnership

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

Other \_\_\_\_\_

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





**SCHEDULE D**  
**Income – Gifts**

Name  
Ginger Coleman

▶ NAME OF SOURCE  
Southern California Association of Governments  
ADDRESS (Business Address Acceptable)  
[REDACTED], Los Angeles, CA 9001  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Metropolitan Planning Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 7 / 10</u>	<u>\$ 25.00</u>	<u>lunch</u>
<u>2 / 4 / 10</u>	<u>\$ 25.00</u>	<u>lunch</u>
<u>3 / 4 / 10</u>	<u>\$ 25.00</u>	<u>lunch</u>

▶ NAME OF SOURCE  
Southern California Association of Governments  
ADDRESS (Business Address Acceptable)  
[REDACTED] Los Angeles, CA 9001  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Metropolitan Planning Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 4 / 10</u>	<u>\$ 25.00</u>	<u>lunch</u>
<u>12 / 2 / 10</u>	<u>\$ 25.00</u>	<u>lunch</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE  
Southern California Association of Governments  
ADDRESS (Business Address Acceptable)  
[REDACTED], Los Angeles, CA 9001  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Metropolitan Planning Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4 / 10 / 10</u>	<u>\$ 25.00</u>	<u>lunch</u>
<u>5 / 6 / 10</u>	<u>\$ \$200</u>	<u>General Assembly</u>
<u>6 / 3 / 10</u>	<u>\$ 25.00</u>	<u>lunch</u>

▶ NAME OF SOURCE  
League of California Cities  
ADDRESS (Business Address Acceptable)  
[REDACTED] Sacramento, CA 95814  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
City Advocate organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4 / 3 / 10</u>	<u>\$ 35.00</u>	<u>lunch</u>
<u>6 / 17 / 10</u>	<u>\$ 35.00</u>	<u>lunch</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE  
Southern California Association of Governments  
ADDRESS (Business Address Acceptable)  
[REDACTED], Los Angeles, CA 9001  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Metropolitan Planning Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7 / 1 / 10</u>	<u>\$ 25.00</u>	<u>lunch</u>
<u>9 / 2 / 10</u>	<u>\$ 25.00</u>	<u>lunch</u>
<u>10 / 7 / 10</u>	<u>\$ 25.00</u>	<u>lunch</u>

▶ NAME OF SOURCE  
League of California Cities Desert/Mountain Division  
ADDRESS (Business Address Acceptable)  
[REDACTED], Apple Valley, CA 92307  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Regional Division of the League of CA Cities

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 29 / 10</u>	<u>\$ 30.00</u>	<u>lunch</u>
<u>10 / 22 / 10</u>	<u>\$ 30.00</u>	<u>lunch</u>
<u>12 / 4 / 10</u>	<u>\$ 35.00</u>	<u>dinner</u>

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

**SCHEDULE D**  
**Income – Gifts**

Name  
 Ginger Coleman

▶ NAME OF SOURCE  
 Veolia Transportation

ADDRESS (Business Address Acceptable)  
 [REDACTED], Lombard, IL 60148

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 transportation services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 4 / 10	\$ 150.00	dinner (self & spouse)
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE

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

RECEIVED  
Date Received  
Official Use Only  
MAR 13 2011

LAFCO  
San Bernardino County

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
COLVEN ROBERT WILLIAM

1. Office, Agency, or Court

Agency Name  
LOCAL AGENCY FORMATION COMMISSIONER  
Division, Board, Department, District, if applicable  
COMMISSIONER LAFCO  
Your Position

► If filing for multiple positions, list below or on an attachment.

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

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

State  Judge (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, 2010, through December 31, 2010.  
-or-  
The period covered is 1/1/10 through December 31, 2010.  
 Assuming Office: Date \_\_\_\_\_  
 Leaving Office: Date Left \_\_\_\_\_  
(Check one)  
 The period covered is January 1, 2010, through the date of leaving office.  
 The period covered is \_\_\_\_\_ through the date of leaving office.  
 Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 2

Schedule A-1 - Investments - schedule attached  
 Schedule A-2 - Investments - schedule attached  
 Schedule B - Real Property - schedule attached  
 Schedule C - Income, Loans, & Business Positions - schedule attached  
 Schedule D - Income - Gifts - schedule attached  
 Schedule E - Income - Gifts - Travel Payments - schedule attached  
-or-  
 None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document) STREET CITY STATE ZIP CODE  
BIG BEAR CITY CALIFORNIA 92314  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS

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

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

Date Signed March 15 2011 Signature Robert W. Colven  
(month, day, year) (File the originally signed statement with your filing official.)

**SCHEDULE D**  
**Income - Gifts**

Name  
COLVEN

▶ NAME OF SOURCE  
ALSOP / B B & K LAW

ADDRESS (Business Address Acceptable)  
[REDACTED] ONTARIO

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
LAW

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>\$134.35</u>	<u>Food</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

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

STATEMENT OF ECONOMIC INTERESTS  
 COVER PAGE

RECEIVED  
 Data Received  
 Original Use Only  
 MAR 24 2011

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 COX KIMBERLY J

LAFCO  
 San Bernardino County

1. Office, Agency, or Court

Agency Name  
 MOJAVE WATER AGENCY  
 Division, Board, Department, District, if applicable  
 DIVISION 1  
 Your Position  
 DIRECTOR

► If filing for multiple positions, list below or on an attachment.

Agency: HELENDALE COMMUNITY SERVICE DISTRICT Position: GENERAL MANAGER

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

State  Judge (Statewide Jurisdiction)  
 Multi-County \_\_\_\_\_  County of \_\_\_\_\_  
 City of \_\_\_\_\_  Other SPECIAL DISTRICT

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

Annual: The period covered is January 1, 2010, through December 31, 2010. -or-  
 The period covered is \_\_\_\_\_, through December 31, 2010.  
 Assuming Office: Date \_\_\_\_\_  
 Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_  
 Leaving Office: Date Left \_\_\_\_\_ (Check one)  
 The period covered is January 1, 2010, through the date of leaving office.  
 The period covered is \_\_\_\_\_, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 3

Schedule A-1 - Investments - schedule attached  
 Schedule A-2 - Investments - schedule attached  
 Schedule B - Real Property - schedule attached  
 Schedule C - Income, Loans, & Business Positions - schedule attached  
 Schedule D - Income - Gifts - schedule attached  
 Schedule E - Income - Gifts - Travel Payments - schedule attached  
 -or-  
 None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
 (Business or Agency Address Recommended - Public Document)  
 \_\_\_\_\_ APPLE VALLEY CA 92307  
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
 \_\_\_\_\_ \_\_\_\_\_

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

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

Date Signed March 16, 2011  
 (month, day, year)

Signature [Handwritten Signature]  
 (File the originally signed statement with your filing official.)

California Form 700 – Fair Political Practices Commission

Statement of Economic Interests – 2010 Filing

**COX, Kimberly – Addendum**

1. Office, Agency or Court – Filing for Multiple Positions  
Agency: Local Agency Formation Commission  
Position: Commissioner



**STATEMENT OF ECONOMIC INTERESTS  
 COVER PAGE**

**RECEIVED**  
 APR 01 2011  
 Date Received: \_\_\_\_\_  
 Office: \_\_\_\_\_

**LAFCO**  
 San Bernardino County

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Curatalo James V. Jr.

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

Agency Name  
 Cucamonga Valley Water District [REDACTED] Cucamonga CA 91730  
 Division, Board, Department, District, if applicable Your Position  
 Board of Directors Director

► If filing for multiple positions, list below or on an attachment.

Agency: Local Agency Formation Co Position: Commissioner

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

- State
- Multi-County \_\_\_\_\_
- City of \_\_\_\_\_
- Judge (Statewide Jurisdiction)
- County of San Bernardino
- Other \_\_\_\_\_

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

- Annual: The period covered is January 1, 2010, through December 31, 2010. -or-  
 The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2010.
- Assuming Office: Date \_\_\_\_/\_\_\_\_/\_\_\_\_
- Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_
- Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)  
 The period covered is January 1, 2010, through the date of leaving office.  
 The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

**4. Schedule Summary**

- Check applicable schedules or "None." Total number of pages including this cover page: 03
- Schedule A-1 - Investments - schedule attached
  - Schedule A-2 - Investments - schedule attached
  - Schedule B - Real Property - schedule attached
  - Schedule C - Income, Loans, & Business Positions - schedule attached
  - Schedule D - Income - Gifts - schedule attached
  - Schedule E - Income - Gifts - Travel Payments - schedule attached
- or-  
 None - No reportable interests on any schedule

**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
 (Business or Agency Address Recommended - Public Document)  
 [REDACTED] Cucamonga CA 91730

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
 [REDACTED]

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

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

Date Signed March 29, 2011  
 (month, day, year)

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



**SCHEDULE D**  
**Income - Gifts**

Name  
*James Curatolo*

▶ NAME OF SOURCE  
~~Best, Best & Krueger~~ *Best, Best & Krueger*

ADDRESS (Business Address Acceptable)  
 [Redacted], *Ontario, CA 91764*

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
*Regal Council*

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>10/6/10</i>	<i>\$152.64</i>	<i>dinner@LAFCD conf.</i>
	\$	
	\$	

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE

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**

**RECEIVED**  
 MAR 13 2011

**LAFCO**  
 San Bernardino County

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Derry	Neiland	K.

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

Agency Name  
 San Bernardino County Board of Supervisors

Division, Board, Department, District, if applicable  
 3rd District

Your Position  
 Board Member

► If filing for multiple positions, list below or on an attachment.

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

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

State  Judge (Statewide Jurisdiction)

Multi-County \_\_\_\_\_  County of **San Bernardino**

City of \_\_\_\_\_  Other \_\_\_\_\_

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

**Annual:** The period covered is January 1, 2010, through December 31, 2010.  
 -or-  
 The period covered is 1 / 01 / 10, through December 31, 2010.

**Assuming Office:** Date \_\_\_\_\_

**Candidate:** Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_

**Leaving Office:** Date Left \_\_\_\_\_  
 (Check one)

The period covered is January 1, 2010, through the date of leaving office.

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

**4. Schedule Summary**

Check applicable schedules or "None."

► Total number of pages including this cover page: 5

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

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

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

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

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

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

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

**5. Verification**

MAILING ADDRESS (Business or Agency Address Recommended - Public Document)	STREET	CITY	STATE	ZIP CODE
_____	_____	San Bernardino	CA	92415
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS			
_____	_____			

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

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

Date Signed 3/15/11 Signature \_\_\_\_\_  
(month, day, year) (File the originally signed statement with your filing official.)

# SCHEDULE A-1

## Investments

### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM **700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Neil Derry

▶ NAME OF BUSINESS ENTITY  
Bank of America

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
\_\_\_\_\_

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:  
\_\_\_\_/\_\_\_\_/10      \_\_\_\_/\_\_\_\_/10  
ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
\_\_\_\_\_

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:  
\_\_\_\_/\_\_\_\_/10      \_\_\_\_/\_\_\_\_/10  
ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
\_\_\_\_\_

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:  
\_\_\_\_/\_\_\_\_/10      \_\_\_\_/\_\_\_\_/10  
ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
\_\_\_\_\_

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:  
\_\_\_\_/\_\_\_\_/10      \_\_\_\_/\_\_\_\_/10  
ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
\_\_\_\_\_

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:  
\_\_\_\_/\_\_\_\_/10      \_\_\_\_/\_\_\_\_/10  
ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
\_\_\_\_\_

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:  
\_\_\_\_/\_\_\_\_/10      \_\_\_\_/\_\_\_\_/10  
ACQUIRED      DISPOSED

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



**SCHEDULE D**  
**Income – Gifts**

Name  
 Neil Derry

▶ NAME OF SOURCE  
 Platinum Advisors, LLC

ADDRESS (Business Address Acceptable)  
 [REDACTED] Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Platinum Advisors Sponsored Dinner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 16 / 10	\$ 110.62	meal
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

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

SUPERVISOR NEIL DERRY  
3<sup>RD</sup> District  
Memberships and Appointments  
2010

- Agua Mansa Industrial Growth Association (AMIGA)
- Authority for the Handicapped Joint Powers Authority
- City/County Animal Services JPA
- Indian Gaming Local Benefit Committee
- Inland Valley Development Authority (IVDA)
- LAFCO
- Mojave Desert Air Quality Management District (MDAQMD)
- Morongo Basin Transit Authority
- Mountain Area Regional Transit Authority (MARTA)
- OMNITRANS
- SANBAG
- San Bernardino International Airport (SBIAA)

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

**RECEIVED**  
Date Received  
MAR 21 2011

**LAFCO**  
San Bernardino County

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
McCALLON LARRY KEITH

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

Agency Name  
LOCAL AGENCY FORMATION COMMISSION  
Division, Board, Department, District, if applicable  
Your Position  
CITY MEMBER

► If filing for multiple positions, list below or on an attachment.

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

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

State  Judge (Statewide Jurisdiction)  
 Multi-County \_\_\_\_\_  County of **SAN BERNARDINO**  
 City of \_\_\_\_\_  Other \_\_\_\_\_

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

Annual: The period covered is January 1, 2010, through December 31, 2010. -or-  
The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2010.  
 Assuming Office: Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_  
 Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)  
 The period covered is January 1, 2010, through the date of leaving office.  
 The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

**4. Schedule Summary**

Check applicable schedules or "None." ► Total number of pages including this cover page: 5  
 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)  
[REDACTED] HIGHLAND CA 92346  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
[REDACTED] [REDACTED]

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

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

Date Signed 3/22/11  
(month, day, year)

Signature [Handwritten Signature]  
(File the originally signed statement with your filing official.)

**SCHEDULE A-1  
Investments**

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

*Do not attach brokerage or financial statements.*

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

▶ NAME OF BUSINESS ENTITY  
**IMMANUEL BAPTIST CHURCH**

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
**NON-PROFIT RELIGIOUS**

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 **MORTGAGE BONDS**  
(Describe)

Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / **10**      \_\_\_\_\_ / \_\_\_\_\_ / **10**  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / **10**      \_\_\_\_\_ / \_\_\_\_\_ / **10**  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / **10**      \_\_\_\_\_ / \_\_\_\_\_ / **10**  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / **10**      \_\_\_\_\_ / \_\_\_\_\_ / **10**  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / **10**      \_\_\_\_\_ / \_\_\_\_\_ / **10**  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / **10**      \_\_\_\_\_ / \_\_\_\_\_ / **10**  
 ACQUIRED                                  DISPOSED

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

**SCHEDULE D**  
**Income - Gifts**

Name

LARRY McCALLON

▶ NAME OF SOURCE  
 LEWIS OPERATING COMPANY  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_, Upland, CA 91785  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 RESIDENTIAL & COMMERCIAL DEVELOPMENT

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 1 / 10	\$ 10.00	BREAKFAST
11 / 9 / 10	\$ 15.00	LUNCH
/ /	\$	

▶ NAME OF SOURCE  
 ASSOCIATED ENGINEERS, INC  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_ Highland, CA 92346  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 ENGINEERING CONSULTANT

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 9 / 10	\$ 15.00	LUNCH
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE  
 JOHN HUSING  
 ADDRESS (Business Address Acceptable)  
 ECONOMICS & POLITICS, INC  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 ECONOMIC CONSULTING

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 2 / 10	\$ 30.00	LUNCH
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE  
 MISSION DEVELOPMENT COMPANY  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_ Redlands, CA 92373  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 RESIDENTIAL & COMMERCIAL DEVELOPMENT

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 8 / 10	\$ 10.00	LUNCH
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE  
 SAN MANUEL BAND OF MISSION INDIANS  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_ Highland, CA 92346  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 INDIAN NATION

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 30 / 10	\$ 35.00	LUNCH
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE  
 BIA OF SOUTHERN CALIFORNIA  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_ Rancho Cucamonga, CA 91730  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 INDUSTRIAL ASSOCIATION

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 23 / 10	\$ 15.00	LUNCH
/ /	\$	
/ /	\$	

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

**SCHEDULE D**  
**Income - Gifts**

Name  
**LARRY McCALLON**

▶ NAME OF SOURCE  
**Sunland Communities, LLC**  
 ADDRESS (Business Address Acceptable)  
 [REDACTED] Rancho Cucamonga, CA 91730  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**LAND DEVELOPER**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 1 / 10	\$ 15.00	LUNCH
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE  
**SOUTHERN CALIFORNIA EDISON**  
 ADDRESS (Business Address Acceptable)  
 [REDACTED] Rosemead, CA 91770  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**UTILITY**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 12 / 10	\$ 270.00	Clippers Game Ticket
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

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

▶ NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

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

▶ NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

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

▶ NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

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

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

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

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

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**
- **You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.**

▶ NAME OF SOURCE  
 League of California Cities

ADDRESS (Business Address Acceptable)  
 [REDACTED]

CITY AND STATE  
 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 Advocacy for Cities & Their Residents

DATE(S): \_\_\_/\_\_\_/\_\_\_ - 4 / 9 / 10 AMT: \$ 34.21  
 (If applicable)

TYPE OF PAYMENT: (must check one)  Gift  Income

DESCRIPTION: Policy Committee Meeting Lunch

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$  
 (If applicable)

TYPE OF PAYMENT: (must check one)  Gift  Income

DESCRIPTION:

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$  
 (If applicable)

TYPE OF PAYMENT: (must check one)  Gift  Income

DESCRIPTION:

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$  
 (If applicable)

TYPE OF PAYMENT: (must check one)  Gift  Income

DESCRIPTION:

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

**STATEMENT OF ECONOMIC INTERESTS  
 COVER PAGE**

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**MAR 13 2011**

**LAFCO**  
 San Bernardino County

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
MITZELFELT	BRADLEY	VINCENT

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

Agency Name  
 San Bernardino County Board of Supervisors  
 Division, Board, Department, District, if applicable  
 Your Position  
 Vice Chairman, Board of Supervisors  
 First District

► If filing for multiple positions, list below or on an attachment.

Agency: See attached list. Position:

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

State  Judge (Statewide Jurisdiction)  
 Multi-County  County of San Bernardino  
 City of  Other

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

Annual: The period covered is January 1, 2010, through December 31, 2010. -or-  
 The period covered is \_\_\_\_\_ through December 31, 2010.  
 Assuming Office: Date \_\_\_\_\_  
 Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_

Leaving Office: Date Left \_\_\_\_\_ (Check one)  
 The period covered is January 1, 2010, through the date of leaving office.  
 The period covered is \_\_\_\_\_ through the date of leaving office.

**4. Schedule Summary**

Check applicable schedules or "None." Total number of pages including this cover page: 4

Schedule A-1 - Investments - schedule attached  
 Schedule A-2 - Investments - schedule attached  
 Schedule B - Real Property - schedule attached  
 Schedule C - Income, Loans, & Business Positions - schedule attached  
 Schedule D - Income - Gifts - schedule attached  
 Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-  
 None - No reportable interests on any schedule

**5. Verification**

MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
[REDACTED]	San Bernardino	CA	92415
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS		
[REDACTED]	[REDACTED]		

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

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

Date Signed 3/11/2011  
 (month, day, year)

Signature [Signature]  
 (File the original signed statement with your filing official.)

Bradley V. Mitzelfelt  
 California Form 700 – Statement of Economic Interests  
 Attachment for Multiple Agencies and Positions Held

<b>Multi-County San Bernardino and Los Angeles Counties</b>	
Name of Agency	Position Held
High Desert Corridor Joint Powers Authority	Chairman, Board
<b>Multi-County San Bernardino and Riverside Counties</b>	
Name of Agency	Position Held
Inland Empire Health Plan	Member, Board of Directors
Inland Empire Health Plan Health Access	Member, Board of Directors
Mojave Desert Air Quality Management District	Member, Board
Inland Empire Economic Recovery Corporation	Member, Board of Directors
<b>Multi-County San Bernardino, Riverside, Orange, Imperial, Los Angeles Counties</b>	
Name of Agency	Position Held
Southern California Association of Governments	Regional Council Officer
<b>San Bernardino County</b>	
Name of Agency	Position Held
Local Agency Formation Commission	Commissioner
Mojave Desert and Mountain Recycling J.P.A.	Member, Board
Morongo Basin Transit Authority	Member, Board
Omnitrans	Member, Board
San Bernardino Associated Governments	President, Board of Directors
Victor Valley Economic Development Authority	Chairman, Board
Victor Valley Transit Authority	Member, Board
Victor Valley Wastewater Reclamation Authority	Member, Board
<b>Multi-State California-Arizona-Nevada-Utah</b>	
Name of Agency	Position Held
Quad State Local Governments Authority J.P.A.	Member, Board

**SCHEDULE D**  
**Income - Gifts**

Name

BRADLEY V. MITZELFELT

▶ NAME OF SOURCE  
 Platinum Advisors, LLC  
 ADDRESS (Business Address Acceptable)  
 [REDACTED] Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Platinum Advisors Sponsored Dinner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 16 / 10	\$ 110.62	Dinner at SCAC
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE  
 15 & Minneola, LLC  
 ADDRESS (Business Address Acceptable)  
 [REDACTED] Los Angeles, CA 90067  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 01 / 10	\$ 50.00	Box Chocolates/Bowl
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE  
 BrightSource Energy, Inc.  
 ADDRESS (Business Address Acceptable)  
 [REDACTED] Oakland, CA 94612  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Ground Breaking Event

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 27 / 10	\$ 81.42	Meals/plaque
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE  
 Best Best & Krieger LLP  
 ADDRESS (Business Address Acceptable)  
 [REDACTED] Ontario, CA 91764  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 BBK Sponsored Dinner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 18 / 10	\$ 152.64	Meal at CALAFCO
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE  
 AMR - San Bernardino County  
 ADDRESS (Business Address Acceptable)  
 [REDACTED], Rancho Cucamonga, CA 91730  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 17 / 10	\$ 84.59	Food/Candy Basket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE  
 Robert Lovingood, President, ICR Inc.  
 ADDRESS (Business Address Acceptable)  
 [REDACTED] Victorville, CA 92392  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 ICR, Inc

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 26 / 10	\$ 208.00	Sports Tickets
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: Schedule D - Page 1 of 2

**SCHEDULE D  
 Income - Gifts**

▶ NAME OF SOURCE  
Boy Scouts of America, Inland Empire Council  
 ADDRESS (Business Address Acceptable)  
[REDACTED] Redlands, CA 92374  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Distinguished Citizen of the Year Award

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 30 / 10</u>	<u>\$ 250.00</u>	<u>Seiko Watch</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

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

▶ NAME OF SOURCE  
Carlos Rodriguez  
 ADDRESS (Business Address Acceptable)  
[REDACTED], Ste. B, Rancho Cucamonga, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
CEO, BIA, Baidy View Chapter

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 30 / 10</u>	<u>\$ 70.00</u>	<u>Sports Tickets</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

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

▶ NAME OF SOURCE  
Searles Valley Minerals, Inc.  
 ADDRESS (Business Address Acceptable)  
[REDACTED] Trona, CA 93562  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Mining

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 18 / 10</u>	<u>\$ 60.00</u>	<u>Gift Basket</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

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

Comments: Schedule D - Page 2 of 2

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

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LAFCO  
San Bernardino County

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Rutherford-Lim, Janice

1. Office, Agency, or Court

Agency Name  
Local Agency Formation Committee (LAFCO)  
Division, Board, Department, District, if applicable  
Your Position  
Commission Member

► If filing for multiple positions, list below or on an attachment.

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

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

State  Judge (Statewide Jurisdiction)  
 Multi-County \_\_\_\_\_  County of \_\_\_\_\_  
 City of \_\_\_\_\_  Other County of San Bernardino

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

Annual: The period covered is January 1, 2010, through December 31, 2010.  
-or-  
The period covered is \_\_\_\_\_ through December 31, 2010.  
 Assuming Office: Date 3 / 16 / 11  
 Leaving Office: Date Left \_\_\_\_\_ (Check one)  
○ The period covered is January 1, 2010, through the date of leaving office.  
○ The period covered is \_\_\_\_\_ through the date of leaving office.  
 Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."  
► Total number of pages including this cover page: \_\_\_\_\_  
 Schedule A-1 - Investments - schedule attached  
 Schedule A-2 - Investments - schedule attached  
 Schedule B - Real Property - schedule attached  
 Schedule C - Income, Loans, & Business Positions - schedule attached  
 Schedule D - Income - Gifts - schedule attached  
 Schedule E - Income - Gifts - Travel Payments - schedule attached  
-or-  
 None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
[Redacted] San Bernardino CA 92415  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
[Redacted] [Redacted]

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

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

Date Signed 3-17-11  
(month, day, year)

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

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

**▶ 1. BUSINESS ENTITY OR TRUST**

Lim Family Trust  
 Name  
 [REDACTED], Fontana, CA 92336  
 Address (Business Address Acceptable)  
 Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

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

NATURE OF INVESTMENT  
 Sole Proprietorship     Partnership     Other

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

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

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

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

\_\_\_\_\_  
 \_\_\_\_\_

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

Check one box:  
 INVESTMENT     REAL PROPERTY

24426 University Avenue  
 Name of Business Entity or  
 Street Address or Assessor's Parcel Number of Real Property

Loma Linda, CA 92354  
 Description of Business Activity or  
 City or Other Precise Location of Real Property

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

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

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

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

**▶ 1. BUSINESS ENTITY OR TRUST**

Name  
 Address (Business Address Acceptable)  
 Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

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

NATURE OF INVESTMENT  
 Sole Proprietorship     Partnership     Other

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

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

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

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

\_\_\_\_\_  
 \_\_\_\_\_

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

Check one box:  
 INVESTMENT     REAL PROPERTY

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

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

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

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

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

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

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

Name  
 Rutherford, Janice

▶ STREET ADDRESS OR PRECISE LOCATION  
 [REDACTED] University Avenue

CITY  
 Loma Linda, CA 92354

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

IF APPLICABLE, LIST DATE:  
 ACQUIRED: \_\_\_/\_\_\_/10      DISPOSED: \_\_\_/\_\_\_/10

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

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

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

▶ STREET ADDRESS OR PRECISE LOCATION  
 \_\_\_\_\_

CITY  
 \_\_\_\_\_

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

IF APPLICABLE, LIST DATE:  
 ACQUIRED: \_\_\_/\_\_\_/10      DISPOSED: \_\_\_/\_\_\_/10

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

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

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

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

NAME OF LENDER\*  
 \_\_\_\_\_

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

BUSINESS ACTIVITY, IF ANY, OF LENDER  
 \_\_\_\_\_

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

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

NAME OF LENDER\*  
 \_\_\_\_\_

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

BUSINESS ACTIVITY, IF ANY, OF LENDER  
 \_\_\_\_\_

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

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

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



# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b>
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <div style="text-align: center; border-bottom: 1px solid black; margin-top: 5px;">Rutherford, Janice</div>

▶ NAME OF SOURCE  
Gary Ovitt for Supervisor

ADDRESS (Business Address Acceptable)  
[REDACTED] Rancho Margarita, CA 92688

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Campaign

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 11 / 10</u>	<u>\$ 75.00</u>	<u>Dinner at Flemings</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE  
Josie Gonzales for Supervisor

ADDRESS (Business Address Acceptable)  
[REDACTED] Rancho Margarita, CA 92688

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Campaign

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 11 / 10</u>	<u>\$ 75.00</u>	<u>Dinner at Flemings</u>
<u>12 / 09 / 10</u>	<u>\$ 10.00</u>	<u>Fundraiser Meal</u>
<u>3 / 11 / 11</u>	<u>\$ 80.00</u>	<u>Dinner, New York Grill</u>

▶ NAME OF SOURCE  
Curt Hagman for Assembly

ADDRESS (Business Address Acceptable)  
[REDACTED] Chino Hills, CA 91709

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Campaign

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8 / 14 / 10</u>	<u>\$ 106.40</u>	<u>meal/self/spouse/kids</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE  
SLP Communications

ADDRESS (Business Address Acceptable)  
[REDACTED] Redlands, CA 92373

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Event Planing

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 18 / 10</u>	<u>\$ 250.00</u>	<u>Ticket/ Fiorina lunch</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

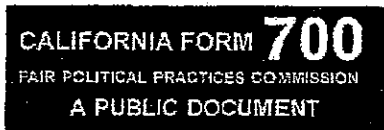
▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

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



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

RECEIVED APR 01 2011

LAFCO San Bernardino County

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Smith Robert Wayne

1. Office, Agency, or Court

Agency Name

Yermo Community Service District

Division, Board, Department, District, if applicable

Your Position

District

Director

If filing for multiple positions, list below or on an attachment.

Agency: LAFCO-San Bernardino County

Position: Commissioner

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

State

Judge (Statewide Jurisdiction)

Multi-County

County of San Bernardino

City of

Other Yermo Community Service District

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

Annual: The period covered is January 1, 2010, through December 31, 2010.

Leaving Office: Date Left (Check one)

The period covered is through December 31, 2010.

The period covered is January 1, 2010, through the date of leaving office.

Assuming Office: Date

The period covered is through the date of leaving office.

Candidate: Election Year

Office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

Total number of pages including this cover page:

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)

Yermo CA 92398

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS

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

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

Date Signed 3-31-2011 (month, day, year)

Signature Robert W. Smith (File the originally signed statement with your filing official.)

# SCHEDULE A-1 Investments

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

Do not attach brokerage or financial statements.

<b>CALIFORNIA FORM 700</b>	
FAIR POLITICAL PRACTICES COMMISSION	
Name	
Robert W. Smith	

▶ NAME OF BUSINESS ENTITY  
Abbott Laboratories

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Stock

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 10      \_\_\_\_\_ / \_\_\_\_\_ / 10  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
AT & T

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Stock

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 10      \_\_\_\_\_ / \_\_\_\_\_ / 10  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
EMC Corp Mass

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Stock

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 10      \_\_\_\_\_ / \_\_\_\_\_ / 10  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
Exxon Mobil Corp

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Stock

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 10      \_\_\_\_\_ / \_\_\_\_\_ / 10  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
Exelon Corp

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Stock

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 10      \_\_\_\_\_ / \_\_\_\_\_ / 10  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
Hewlett-Packard Company

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Stock

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 10      \_\_\_\_\_ / \_\_\_\_\_ / 10  
 ACQUIRED                                  DISPOSED

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

### SCHEDULE A-1 Investments

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

Do not attach brokerage or financial statements.

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
Robert W. Smith

▶ NAME OF BUSINESS ENTITY  
Idearc Inc

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Stock

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 10      \_\_\_\_\_ / \_\_\_\_\_ / 10  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
Fastenal Company

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Stock

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 10      \_\_\_\_\_ / \_\_\_\_\_ / 10  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
Illinois Tool Works Inc

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Stock

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 10      \_\_\_\_\_ / \_\_\_\_\_ / 10  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
Hospira Inc

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Stock

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 10      \_\_\_\_\_ / \_\_\_\_\_ / 10  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
Hanesbrands Inc

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Stock

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 10      \_\_\_\_\_ / \_\_\_\_\_ / 10  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
Intel Corp

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Stock

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 10      \_\_\_\_\_ / \_\_\_\_\_ / 10  
 ACQUIRED                                  DISPOSED

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

# SCHEDULE A-1

## Investments

### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Robert W. Smith

▶ NAME OF BUSINESS ENTITY  
Pitzer Inc

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Stock

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 10      \_\_\_\_\_ / \_\_\_\_\_ / 10  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Jacobs Engineering Group

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Stock

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 10      \_\_\_\_\_ / \_\_\_\_\_ / 10  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Plum Creek Timber

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Stock

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 10      \_\_\_\_\_ / \_\_\_\_\_ / 10  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
3 M Company

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Stock

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 10      \_\_\_\_\_ / \_\_\_\_\_ / 10  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Verizon Communications Inc

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Stock

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 10      \_\_\_\_\_ / \_\_\_\_\_ / 10  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Walgreen Company

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Stock

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 10      \_\_\_\_\_ / \_\_\_\_\_ / 10  
 ACQUIRED                      DISPOSED

Comments:

# SCHEDULE A-1

## Investments

### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name \_\_\_\_\_

▶ NAME OF BUSINESS ENTITY  
Washington Mutual Inc

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
\_\_\_\_\_

Stock

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 10      \_\_\_\_\_ / \_\_\_\_\_ / 10  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Sara Lee Corp

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
\_\_\_\_\_

Stock

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 10      \_\_\_\_\_ / \_\_\_\_\_ / 10  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
\_\_\_\_\_

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 10      \_\_\_\_\_ / \_\_\_\_\_ / 10  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
\_\_\_\_\_

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 10      \_\_\_\_\_ / \_\_\_\_\_ / 10  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
\_\_\_\_\_

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 10      \_\_\_\_\_ / \_\_\_\_\_ / 10  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
\_\_\_\_\_

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 10      \_\_\_\_\_ / \_\_\_\_\_ / 10  
 ACQUIRED                      DISPOSED

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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION  
 Name  
 Robert W. Smith

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

▶ STREET ADDRESS OR PRECISE LOCATION  
 [REDACTED] Hurricane

CITY  
 Helendale, CA 92342

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

ACQUIRED: / / 10 DISPOSED: / / 10

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

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

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

▶ STREET ADDRESS OR PRECISE LOCATION

CITY

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

ACQUIRED: / / 10 DISPOSED: / / 10

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

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

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

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

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

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

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

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

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

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

Comments:

Please type or print in ink.

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

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

Agency Name  
 City of Rancho Cucamonga  
 Division, Board, Department, District, if applicable  
 Your Position  
 City Council Member

► If filing for multiple positions, list below or on an attachment.

Agency: See attached list Position: \_\_\_\_\_

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

- State  Judge (Statewide Jurisdiction)
- Multi-County \_\_\_\_\_  County of \_\_\_\_\_
- City of \_\_\_\_\_  Other \_\_\_\_\_

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

- Annual: The period covered is January 1, 2010, through December 31, 2010.  
 -or-  
 The period covered is Jan / 01 / 10, through December 31, 2010.
- Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Check one)  
 The period covered is January 1, 2010, through the date of leaving office.  
 The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.
- Assuming Office: Date \_\_\_\_/\_\_\_\_/\_\_\_\_
- Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary**

- Check applicable schedules or "None."  
 ► Total number of pages including this cover page: \_\_\_\_\_
- Schedule A-1 - Investments - schedule attached
  - Schedule A-2 - Investments - schedule attached
  - Schedule B - Real Property - schedule attached
  - Schedule C - Income, Loans, & Business Positions - schedule attached
  - Schedule D - Income - Gifts - schedule attached
  - Schedule E - Income - Gifts - Travel Payments - schedule attached
- or-  
 None - No reportable interests on any schedule

**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
 (Business or Agency Address Recommended - Public Document)  
 \_\_\_\_\_ Ranch Cucamonga ca 91730  
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
 \_\_\_\_\_ \_\_\_\_\_

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

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

Date Signed March 31 2011 Signature Diane Williams  
 (month, day, year) (File the originally signed statement with your filing official.)

Diane Williams  
City Council member, City of Rancho Cucamonga

Form 700 – Attachment – Additional agencies/multiple positions  
January 01, 2010 – December 31, 2010

City Council Member  
**City of Rancho Cucamonga**  
[REDACTED]  
Rancho Cucamonga, CA 91730

Board Member  
**San Bernardino Associated Governments**  
[REDACTED]  
San Bernardino, CA 92410

Alternate Commission Member  
**San Bernardino County Local Agency Formation Commission**  
[REDACTED]  
San Bernardino, CA 92415

Alternate Board Member  
**Omnitrans**  
[REDACTED]  
San Bernardino, CA 92411

Alternate Board Member  
**Southern California Regional Rail Authority (Metrolink)**  
[REDACTED]  
Los Angeles, CA 90017

Alternate Board Member  
**Metro Gold Line Foothill Extension Construction Authority**  
[REDACTED]  
Monrovia, CA 91016



**SCHEDULE D**  
**Income - Gifts**

Name  
 Diane Williams

▶ NAME OF SOURCE  
 Tawa Supermarket, Inc.

ADDRESS (Business Address Acceptable)  
 [REDACTED] CA 90620

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 99 Ranch Market, Rancho Cucamonga

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / / 10	\$ 200	(2) \$100 gift cards
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: Gift cards donated to Friends of Pacific Electric Trail, non-profit ID #83-0415924