

**STATEMENT OF ECONOMIC INTERESTS
 COVER PAGE**

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 MAR 29 2011

LAFCO
 San Bernardino County

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 ROLLINGS-McDONALD KATHLEEN ANN

1. Office, Agency, or Court

Agency Name
 LOCAL AGENCY FORMATION COMMISSION
 Division, Board, Department, District, if applicable Your Position
 EXECUTIVE OFFICER

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

Agency: _____ Position: _____

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

- State
- Multi-County _____
- City of _____
- Judge (Statewide Jurisdiction)
- County 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 _____ 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 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 29, 2011
 (month, day, year)

Signature Kathleen Rollings McDonald
 (File the originally signed statement with your filing official.)

SCHEDULE D
Income – Gifts

Name
K. ROLLINGS-McDONALD

▶ NAME OF SOURCE
BEST BEST & KRIEGER
 ADDRESS (Business Address Acceptable)
[REDACTED] RIVERSIDE
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
LEGAL COUNSEL

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 07 / 10</u>	<u>\$ 152.64</u>	<u>DINNER</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
TOM DODSON & ASSOCIATES
 ADDRESS (Business Address Acceptable)
[REDACTED] San Bernardino
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Environmental Consultant

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 01 / 10</u>	<u>\$ 250</u>	<u>Retirement Gift Card</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**

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 MAR 03 2011

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NAME OF FILER (LAST) (FIRST) (MIDDLE)
 MARTINEZ SAMUEL DALE
 LAFCO
 San Bernardino County

1. Office, Agency, or Court

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

► 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 ____/____/____, 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 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 <i>(Business or Agency Address Recommended - Public Document)</i>	STREET	CITY	STATE	ZIP CODE
_____	_____	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 9, 2011 Signature 
(month, day, year) (File the originally signed statement with your filing official.)

SCHEDULE D
Income – Gifts

Name
 Samuel Martinez

▶ NAME OF SOURCE
 BEST, BEST, & KREIGER LLP

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Legal Counsel for LAFCO

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 07 / 10	\$ 134.35	BBK Dinner
	\$	
	\$	

▶ NAME OF SOURCE
 KATHLEEN ROLLINGS-MCDONALD

ADDRESS (Business Address Acceptable)
 [REDACTED], San Bernardino, CA 92415

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Executive Officer for LAFCO

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 20 / 10	\$ 100.00	Christmas Gift to Staff
	\$	
	\$	

▶ 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

Date Received
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 MAR 18 2011

Please type or print in ink.

San Bernardino County

NAME OF FILER (LAST) (FIRST) (MIDDLE)
TUERPE MICHAEL Arthur

1. Office, Agency, or Court

Agency Name
Local Agency Formation Commission for San Bernardino County
 Division, Board, Department, District, if applicable
 Your Position
LAFCO Analyst

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

Agency: _____ Position: _____

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

- State
- Multi-County _____
- City of _____
- Judge (Statewide Jurisdiction)
- County of _____
- Other SAN BERNARDINO COUNTY

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 (Check one)
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 - 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 91106
 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 18, 2011 Signature Michael Tuerpe
 (month, day, year) (File the originally signed statement with your filing official.)

SCHEDULE D
Income - Gifts

Name
Michael Tuerpe

▶ NAME OF SOURCE
Kathleen Rollings-McDonald
 ADDRESS (Business Address Acceptable)
 [REDACTED] San Bernardino CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
LAFCO Executive Officer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/20/10</u>	<u>\$100.00</u>	<u>Christmas staff gift</u>
	\$	
	\$	

▶ 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: _____