

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

Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
CENTENO GAVIN LANCE

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

LOCAL AGENCY FORMATION COMMISSION FOR SAN BERNARDINO COUNTY

Division, Board, Department, District, if applicable

Your Position

Project Manager/Clerk to Commission

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

Agency: _____ Position: _____

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

☐ State

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

☐ Multi-County _____

☐ County of _____

☐ City of _____

☒ Other **SAN BERNARDINO COUNTY**

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

☒ **Annual:** The period covered is January 1, 2025, through December 31, 2025.

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

-or-

The period covered is ____/____/____, through December 31, 2025.

☐ The period covered is January 1, 2025, through the date of leaving office.

-or-

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

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

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

4. Schedule Summary (required)

► Total number of pages including this cover page: **1**

Schedules attached

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

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

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

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

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

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

☐ **Attachment 700-P - Prospective Employment (87200 Filers Only)** – schedule attached

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

5. Verification

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

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

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

Date Signed **04/01/2026**

(month, day, year)

Signature

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

SCHEDULE D Income – Gifts

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
CENTENO

► NAME OF SOURCE (Not an Acronym)
BEST, BEST, & KRIEGER

ADDRESS (Business Address Acceptable)
2855 E GUASTI RD, ONTARIO, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
HOSTED DINNER DURING CONFERENCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 22 25	141.42	DINNER
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: _____

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

Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
DE SOUSA PAULA

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

LAFCO, San Bernardino County

Division, Board, Department, District, if applicable

Your Position

General Counsel

RECEIVED

MAR 25 2026

LAFCO

San Bernardino County

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

Agency: _____ Position: _____

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

☐ State

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

☐ Multi-County _____

☐ County of _____

☐ City of _____

☒ Other San Bernardino County

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

☒ **Annual:** The period covered is January 1, 2025, through December 31, 2025.

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

-or-

The period covered is ____/____/____, through December 31, 2025.

☐ The period covered is January 1, 2025, through the date of leaving office.

-or-

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

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

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

4. Schedule Summary (required)

► Total number of pages including this cover page: 3

Schedules attached

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

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

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

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

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

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

☐ **Attachment 700-P - Prospective Employment (87200 Filers Only)** – schedule attached

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

5. Verification

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document)				
655 W. Broadway, 15th Flr		San Diego	CA	92101
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
(619) 525-1300		Paula.deSousa@bbklaw.com		

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

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

Date Signed 3/10/26
(month, day, year)

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

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name PAULA DE SOUSA

► NAME OF BUSINESS ENTITY
Best Best & Krieger LLP

GENERAL DESCRIPTION OF THIS BUSINESS
Law Firm

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

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

IF APPLICABLE, LIST DATE:
____/____/25 ____/____/25
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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

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

IF APPLICABLE, LIST DATE:
____/____/25 ____/____/25
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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

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

IF APPLICABLE, LIST DATE:
____/____/25 ____/____/25
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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

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

IF APPLICABLE, LIST DATE:
____/____/25 ____/____/25
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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

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

IF APPLICABLE, LIST DATE:
____/____/25 ____/____/25
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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

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

IF APPLICABLE, LIST DATE:
____/____/25 ____/____/25
ACQUIRED DISPOSED

Comments: _____

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
PAULA DE SOUSA

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>Best Best & Krieger LLP</u>	NAME OF SOURCE OF INCOME _____
ADDRESS (Business Address Acceptable) <u>655 W. Broadway, 15th Flr, San Diego CA 92101</u>	ADDRESS (Business Address Acceptable) _____
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Law Firm</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE _____
YOUR BUSINESS POSITION <u>Equity Partner</u>	YOUR BUSINESS POSITION _____
GROSS INCOME RECEIVED ☐ No Income - Business Position Only	GROSS INCOME RECEIVED ☐ No Income - Business Position Only
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000	☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☒ OVER \$100,000	☐ \$10,001 - \$100,000 ☐ OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☐ Salary ☐ Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	☐ Salary ☐ Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
☒ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
☐ Sale of _____ (Real property, car, boat, etc.)	☐ Sale of _____ (Real property, car, boat, etc.)
☐ Loan repayment	☐ Loan repayment
☐ Commission or ☐ Rental Income, list each source of \$10,000 or more _____ (Describe)	☐ Commission or ☐ Rental Income, list each source of \$10,000 or more _____ (Describe)
☐ Other _____ (Describe)	☐ Other _____ (Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

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

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

Comments: _____

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

Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
MARTINEZ	SAMUEL	DALE

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

LOCAL AGENCY FORMATION COMMISSION FOR SAN BERNARDINO COUNTY

Division, Board, Department, District, if applicable

Your Position

Executive Officer

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

Agency: n/a Position: n/a

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

☐ State

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

☐ Multi-County

☐ County of

☐ City of

☒ Other SAN BERNARDINO COUNTY

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

☒ **Annual:** The period covered is January 1, 2025, through December 31, 2025.

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

-or-

The period covered is ____/____/____, through December 31, 2025.

☐ The period covered is January 1, 2025, through the date of leaving office.

-or-

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

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

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

4. Schedule Summary (required)

► Total number of pages including this cover page: ____

Schedules attached

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

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

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

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

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

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

☐ **Attachment 700-P - Prospective Employment (87200 Filers Only)** – 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
1601 E. 3RD STREET, SUITE 102		SAN BERNARDINO	CA	92415-0490
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS			
(909) 388-0480	LAFCO@LAFCO.SBCOUNTY.GOV			

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

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

Date Signed 03/31/2026
(month, day, year)

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

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name SAMUEL MARTINEZ

1. INCOME RECEIVED	1. INCOME RECEIVED
NAME OF SOURCE OF INCOME KAISER PERMANENTE	NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable) 9961 SIERRA AVE., FONTANA, CA	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED ☐ No Income - Business Position Only ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000 ☐ \$10,001 - \$100,000 ☒ OVER \$100,000	GROSS INCOME RECEIVED ☐ No Income - Business Position Only ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000 ☐ \$10,001 - \$100,000 ☐ OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED ☐ Salary ☒ Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) ☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) ☐ Sale of _____ (Real property, car, boat, etc.) ☐ Loan repayment ☐ Commission or ☐ Rental Income, list each source of \$10,000 or more _____ (Describe) ☐ Other _____ (Describe)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED ☐ Salary ☐ Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) ☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) ☐ Sale of _____ (Real property, car, boat, etc.) ☐ Loan repayment ☐ Commission or ☐ Rental Income, list each source of \$10,000 or more _____ (Describe) ☐ Other _____ (Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

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

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

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM	700
FAIR POLITICAL PRACTICES COMMISSION	
Name	
SAMUEL MARTINEZ	

▶ NAME OF SOURCE (Not an Acronym)		
Best best & Krieger, LLP		
ADDRESS (Business Address Acceptable)		
2855 E. Guasti Road, Suite 400, Ontario, CA 91761		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 22 / 25	\$ 141.42	CALAFCO Conference Meal
/ /	\$	
/ /	\$	

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

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

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

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

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

Comments: _____

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

Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
PASTOR ARTURO

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

LOCAL AGENCY FORMATION COMMISSION FOR SAN BERNARDINO COUNTY

Division, Board, Department, District, if applicable

Your Position

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

Agency: Position: **ANALYST**

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

☐ State

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

☐ Multi-County

☐ County of

☐ City of

☒ Other **SAN BERNARDINO COUNTY**

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

☒ **Annual:** The period covered is January 1, 2025, through December 31, 2025.

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

-or-

The period covered is ____/____/____, through December 31, 2025.

☐ The period covered is January 1, 2025, through the date of leaving office.

-or-

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

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

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

4. Schedule Summary (required)

► Total number of pages including this cover page: **2**

Schedules attached

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

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

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

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

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

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

☐ **Attachment 700-P - Prospective Employment (87200 Filers Only)** – schedule attached

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

5. Verification

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

1601 E. 3RD STREET, SUITE 102

SAN BERNARDINO

CA

92415-0490

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

(909) **388-0480**

LAFCO@LAFCO.SBCOUNTY.GOV

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

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

Date Signed **3/31/2026**

(month, day, year)

Signature

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

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name PASTOR

▶ NAME OF SOURCE (Not an Acronym) BEST BEST & KRIEGER		
ADDRESS (Business Address Acceptable) 2855 E GUASTI RD, STE 400, ONTARIO, CA		
BUSINESS ACTIVITY, IF ANY, OF SOURCE HOSTED DINNER DURING CONFERENCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10/22/25	\$ 141.42	DINNER
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

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

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

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

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

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

Comments: _____

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

Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

LOCAL AGENCY FORMATION COMMISSION FOR SAN BERNARDINO COUNTY

Division, Board, Department, District, if applicable

Your Position

ASSISTANT EXECUTIVE OFFICER

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

Agency: Position:

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

☐ State

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

☐ Multi-County

☐ County of

☐ City of

☒ Other SAN BERNARDINO COUNTY

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

☒ **Annual:** The period covered is January 1, 2025, through December 31, 2025.

-or-

The period covered is / / , through December 31, 2025.

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

☐ The period covered is January 1, 2025, through the date of leaving office.

-or-

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

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

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

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

Schedules attached

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

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

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

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

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

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

☐ **Attachment 700-P - Prospective Employment (87200 Filers Only)** – schedule attached

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

5. Verification

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

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

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

Date Signed 04/01/2026

(month, day, year)

Signature

Michael Arthur Tuerpe

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

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name TUERPE
--

▶ NAME OF SOURCE (Not an Acronym) BEST, BEST, & KRIEGER ADDRESS (Business Address Acceptable) 2855 E GUASTI RD, ONTARIO, CA BUSINESS ACTIVITY, IF ANY, OF SOURCE HOSTED DINNER DURING CONFERENCE <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td>10/22/25</td> <td>141.42</td> <td>DINNER</td> </tr> <tr> <td>____/____/____</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>____/____/____</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>____/____/____</td> <td>\$ _____</td> <td>_____</td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	10/22/25	141.42	DINNER	____/____/____	\$ _____	_____	____/____/____	\$ _____	_____	____/____/____	\$ _____	_____	▶ NAME OF SOURCE (Not an Acronym) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td>____/____/____</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>____/____/____</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>____/____/____</td> <td>\$ _____</td> <td>_____</td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	____/____/____	\$ _____	_____	____/____/____	\$ _____	_____	____/____/____	\$ _____	_____
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)																										
10/22/25	141.42	DINNER																										
____/____/____	\$ _____	_____																										
____/____/____	\$ _____	_____																										
____/____/____	\$ _____	_____																										
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)																										
____/____/____	\$ _____	_____																										
____/____/____	\$ _____	_____																										
____/____/____	\$ _____	_____																										
▶ NAME OF SOURCE (Not an Acronym) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td>____/____/____</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>____/____/____</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>____/____/____</td> <td>\$ _____</td> <td>_____</td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	____/____/____	\$ _____	_____	____/____/____	\$ _____	_____	____/____/____	\$ _____	_____	▶ NAME OF SOURCE (Not an Acronym) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td>____/____/____</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>____/____/____</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>____/____/____</td> <td>\$ _____</td> <td>_____</td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	____/____/____	\$ _____	_____	____/____/____	\$ _____	_____	____/____/____	\$ _____	_____			
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)																										
____/____/____	\$ _____	_____																										
____/____/____	\$ _____	_____																										
____/____/____	\$ _____	_____																										
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)																										
____/____/____	\$ _____	_____																										
____/____/____	\$ _____	_____																										
____/____/____	\$ _____	_____																										
▶ NAME OF SOURCE (Not an Acronym) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td>____/____/____</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>____/____/____</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>____/____/____</td> <td>\$ _____</td> <td>_____</td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	____/____/____	\$ _____	_____	____/____/____	\$ _____	_____	____/____/____	\$ _____	_____	▶ NAME OF SOURCE (Not an Acronym) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td>____/____/____</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>____/____/____</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>____/____/____</td> <td>\$ _____</td> <td>_____</td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	____/____/____	\$ _____	_____	____/____/____	\$ _____	_____	____/____/____	\$ _____	_____			
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)																										
____/____/____	\$ _____	_____																										
____/____/____	\$ _____	_____																										
____/____/____	\$ _____	_____																										
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)																										
____/____/____	\$ _____	_____																										
____/____/____	\$ _____	_____																										
____/____/____	\$ _____	_____																										

Comments: _____
