CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

Filed Date: 03/26/2026 03:28 PM
SAN: FPPC

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Armendarez	Jesse	

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
County of San Bernardino

Division, Board, Department, District, if applicable

Your Position
Supervisor

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

Agency: SEE ATTACHED LIST 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 San Bernardino
- ☐ City of
- ☐ Other

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.

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

☐ **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.

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

4. Schedule Summary (required)

► ***Total number of pages including this cover page:*** 10

Schedules attached

- ☐ **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
- ☐ **Attachment 700-P** - *Prospective Employment (87200 Filers Only)* – 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
385 N Arrowhead Ave # 2	San Bernardino	CA	92415-0103

DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
(909) 387-3845	jesse.armendarez@bos.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 03/26/2026 03:28 PM *(month, day, year)*

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

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE ATTACHMENT

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Jesse Armendarez

EXPANDED STATEMENT LIST

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
Agua Mansa Industrial Growth Association	Board	Alternate	County of San Bernardino	Annual	01/01/25 - 12/31/25
Animal Resource Center of the Inland Empire	Board	Alternate	County of San Bernardino	Annual	01/01/25 - 12/31/25
Behavioral Health Commission	Board	Delegate	County of San Bernardino	Annual	01/01/25 - 12/31/25
Big Bear Valley Recreation and Park District	Board	Member	County of San Bernardino	Annual	01/01/25 - 12/31/25
Bloomington Recreation and Park District	Board	Member	County of San Bernardino	Annual	01/01/25 - 12/31/25
Board Governed County Service Areas	Board	Member	County of San Bernardino	Annual	01/01/25 - 12/31/25
Cal- ID Remote Access Network Board	Board	Member	County of San Bernardino	Annual	01/01/25 - 12/31/25
California State Association of Counties (CSAC)	Board	Delegate	County of San Bernardino	Annual	01/01/25 - 12/31/25
Con Fire Agency	Board	Alternate	County of San Bernardino	Annual	01/01/25 - 12/31/25
In Home Support Services Public Authority	Board	Member	County of San Bernardino	Annual	01/01/25 - 12/31/25
Inland Counties Emergency Medical Agency	Board	Member	County of San Bernardino	Annual	01/01/25 - 12/31/25
Inland Empire Health Plan	Board	Member	County of San Bernardino	Annual	01/01/25 - 12/31/25
Inland Empire Public Facilities Corporation	Board	Member	County of San Bernardino	Annual	01/01/25 - 12/31/25
Inland Valley Development Agency	Board	Member	County of San Bernardino	Annual	01/01/25 - 12/31/25
Interagency Council on Homelessness	Board	Delegate	County of San Bernardino	Annual	01/01/25 - 12/31/25
Local Agency Formation Commission	Board	Alternate	County of San Bernardino	Annual	01/01/25 - 12/31/25
Mountain Area Regional Transit Authority	Board	Delegate	County of San Bernardino	Annual	01/01/25 - 12/31/25
National Association of Counties (NACo)	Board	Delegate	County of San Bernardino	Annual	01/01/25 - 12/31/25
Omnitrans Board of Directors	Board	Member	County of San Bernardino	Annual	01/01/25 - 12/31/25

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE ATTACHMENT

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Jesse Armendarez

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
San Bernardino County Financing Authority	Board	Member	County of San Bernardino	Annual	01/01/25 - 12/31/25
San Bernardino County Fire Protection District	Board	Member	County of San Bernardino	Annual	01/01/25 - 12/31/25
San Bernardino County Flood Control District	Board	Member	County of San Bernardino	Annual	01/01/25 - 12/31/25
San Bernardino County Industrial Development Authority	Board	Member	County of San Bernardino	Annual	01/01/25 - 12/31/25
San Bernardino County Transportation Authority	Board	Member	County of San Bernardino	Annual	01/01/25 - 12/31/25
SAWPA OWOW Steering Commitee	Board	Member	County of San Bernardino	Annual	01/01/25 - 12/31/25
Solid Waste Advisory Task Force	Board	Delegate	County of San Bernardino	Annual	01/01/25 - 12/31/25
Southern California Water Committee	Board	Member	County of San Bernardino	Annual	01/01/25 - 12/31/25
Successor Agency to the County of San Bernardino Redevelopment Agency	Board	Member	County of San Bernardino	Annual	01/01/25 - 12/31/25
Urban Counties Caucus	Board	Member	County of San Bernardino	Annual	01/01/25 - 12/31/25

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: Jesse Armendarez

▶ 1. BUSINESS ENTITY OR TRUST

DA Investment Holding LLC
Name

17062 Pinedale Ct., Fontana
Address *(Business Address Acceptable)*

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

GENERAL DESCRIPTION OF THIS BUSINESS
Real Estate

FAIR MARKET VALUE
☒ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

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

NATURE OF INVESTMENT
☐ Partnership ☒ Sole Proprietorship ☐ _____ Other

YOUR BUSINESS POSITION _____

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

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

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

☒ None or ☐ Names listed below

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

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

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

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

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

IF APPLICABLE, LIST DATE:
__/__/25 ACQUIRED
__/__/25 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

---

▶ 1. BUSINESS ENTITY OR TRUST

JA & JB Investments, LLC
Name

700 E. Redlands Blvd. Unit #321
Address *(Business Address Acceptable)*

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

GENERAL DESCRIPTION OF THIS BUSINESS
Real Estate

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☒ $100,001 - $1,000,000
☐ Over $1,000,000

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

NATURE OF INVESTMENT
☒ Partnership ☐ Sole Proprietorship ☐ _____ Other

YOUR BUSINESS POSITION Partner

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

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

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

☒ None or ☐ Names listed below

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

Check one box:
☐ INVESTMENT ☒ REAL PROPERTY

0171-441-03-000
Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

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

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

IF APPLICABLE, LIST DATE:
__/__/25 ACQUIRED
__/__/25 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

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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: Jesse Armendarez

▶ 1. BUSINESS ENTITY OR TRUST

Name: Laurel Investor

Address *(Business Address Acceptable)*: 9410 Sierra Ave., Fontana, CA 92335

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

GENERAL DESCRIPTION OF THIS BUSINESS: Development Project

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☒ $100,001 - $1,000,000
☐ Over $1,000,000

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

NATURE OF INVESTMENT
☒ Partnership ☐ Sole Proprietorship ☐ ____ Other

YOUR BUSINESS POSITION: Partner

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

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

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

☒ None or ☐ Names listed below

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

Check one box:
☐ INVESTMENT ☒ REAL PROPERTY

8534 Laurel Ave., Fontana, CA 92335
Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

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

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

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

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

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▶ 1. BUSINESS ENTITY OR TRUST

Name: Topify Inc.

Address *(Business Address Acceptable)*: 1020 Nevada St., Suite 200, Redlands, CA 92374

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

GENERAL DESCRIPTION OF THIS BUSINESS: Realestate Consulting

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☒ $100,001 - $1,000,000
☐ Over $1,000,000

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

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☒ Corporation Other

YOUR BUSINESS POSITION: Chief Executive Office

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

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

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

☐ None or ☒ Names listed below

Laurel Investor

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

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

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

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

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

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

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

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Comments: _____

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Jesse Armendarez

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

0192-182-14-0-000

CITY

Fontana

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

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

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.
- ☒ None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

0193-253-30-0-000

CITY

Fontana

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

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

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.
- ☒ None

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* You are not required to report loans from a commercial lending institution 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*

John Rager Trust

ADDRESS *(Business Address Acceptable)*

9010 King Ranch Road Alta Loma, CA 91701

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE: 7 % ☐ None

TERM (Months/Years): 5 Year

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: _____ % ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

☐ Guarantor, if applicable

Comments:

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Jesse Armendarez

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

0194-441-61-0-000

CITY

Fontana

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

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

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.
- ☒ None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

0246-121-41-0-000

CITY

Fontana

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

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

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.
- ☒ None

---

* You are not required to report loans from a commercial lending institution 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 _____% ☐ None

TERM (Months/Years)

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 _____% ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

☐ Guarantor, if applicable

Comments: _____

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Jesse Armendarez

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
415-180-006

CITY
Beaumont

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

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

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.
- ☒ None

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

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

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

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.
- ☐ None

* You are not required to report loans from a commercial lending institution 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 _____% ☐ None

TERM (Months/Years)

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 _____% ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

☐ Guarantor, if applicable

Comments: _____

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Jesse Armendarez

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME: Sierra Realtly

ADDRESS *(Business Address Acceptable)*: 9410 Sierra Avenue

BUSINESS ACTIVITY, IF ANY, OF SOURCE:

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

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*

Real Estate Sales *(Describe)*

- ☐ Other _____ *(Describe)*

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME:

ADDRESS *(Business Address Acceptable)*:

BUSINESS ACTIVITY, IF ANY, OF SOURCE:

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

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*:

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

TERM (Months/Years):

SECURITY FOR LOAN
- ☐ None
- ☐ Personal residence
- ☐ Real Property _____ *Street address*

_____ *City*

- ☐ Guarantor _____
- ☐ Other _____ *(Describe)*

Comments:

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Jesse Armendarez

▶ NAME OF SOURCE *(Not an Acronym)*
Wellness Ranch Therapy

ADDRESS *(Business Address Acceptable)*
Brilliant Ln., Rancho Cucamonga

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Christmas Gift

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 17 / 25	$ 275.00	Wellness Basket
___/___/___	$______	
___/___/___	$______	

▶ 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: ______

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Initial Filing Received

Filed Date: 03/11/2026 08:54 AM
SAN: FPPC

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Baca Jr.	Joe	

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
County of San Bernardino

Division, Board, Department, District, if applicable

Your Position
Supervisor

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

Agency: SEE ATTACHED LIST

Position:

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

- ☐ State
- ☐ Multi-County
- ☐ City of
- ☐ Judge (Supreme, Appellate, Superior Court), Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- ☒ County of San Bernardino
- ☐ Other

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.
- ☐ **Assuming Office:** Date assumed __/__/__
- ☐ **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.
- ☐ **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 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
- ☐ **Attachment 700-P** - *Prospective Employment (87200 Filers Only)* – 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
385 N Arrowhead Ave 5th floor	San Bernardino	CA	92415-0103

DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS
(909) 387-4565 ext:74565	joe.baca@bos.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 03/11/2026 08:54 AM *(month, day, year)*

Signature Joe Baca Jr. *(File the originally signed paper statement with your filing official.)*

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE ATTACHMENT

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Joe Baca Jr.

EXPANDED STATEMENT LIST

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
Agua Mansa Industrial Growth Association	Board of Directors	Board Member	County of San Bernardino	Annual	01/01/25 - 12/31/25
ARMC Joint Conference Committee	Board of Directors	Board Member	County of San Bernardino	Annual	01/01/25 - 12/31/25
Big Bear Valley Recreation and Park District	Board of Directors	Board Member	County of San Bernardino	Annual	01/01/25 - 12/31/25
Bloomington Recreation and Park District	Board of Directors	Board Member	County of San Bernardino	Annual	01/01/25 - 12/31/25
Board Governed County Service Areas	Board of Directors	Board Member	County of San Bernardino	Annual	01/01/25 - 12/31/25
California State Association of Counties	Board of Directors	Participant	County of San Bernardino	Annual	01/01/25 - 12/31/25
Children and Families Commission First 5	Board of Directors	Board Member	County of San Bernardino	Annual	01/01/25 - 12/31/25
Children's Policy Council	Board of Directors	Board Member	County of San Bernardino	Annual	01/01/25 - 12/31/25
Con Fire Agency	Board of Directors	Board Member	County of San Bernardino	Annual	01/01/25 - 12/31/25
Head Start Shared Governance Board	Board of Directors	Board Member	County of San Bernardino	Annual	01/01/25 - 12/31/25
In Home Support Services Public Authority	Board of Directors	Board Member	County of San Bernardino	Annual	01/01/25 - 12/31/25
Inland Counties Emergency Medical Agency	Board of Directors	Board Member	County of San Bernardino	Annual	01/01/25 - 12/31/25
Inland Empire Public Facilities Corporation	Board of Directors	Board Member	County of San Bernardino	Annual	01/01/25 - 12/31/25
Inland Valley Development Agency	Board of Directors	Board Member	County of San Bernardino	Annual	01/01/25 - 12/31/25
Interagency Council on Homelessness	Board of Directors	Board Member	County of San Bernardino	Annual	01/01/25 - 12/31/25
Local Agency Formation Commission	Board of Directors	Board Member	County of San Bernardino	Annual	01/01/25 - 12/31/25
National Association of Counties	Board of Directors	Participant	County of San Bernardino	Annual	01/01/25 - 12/31/25
Omnitrans Board of Directors	Board of Directors	Board Member	County of San Bernardino	Annual	01/01/25 - 12/31/25
Oversight Committee	Board of Directors	Board Member	County of San Bernardino	Annual	01/01/25 - 12/31/25

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE ATTACHMENT

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Joe Baca Jr.

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
San Bernardino Council of Governments	Board of Directors	Board Member	County of County of San Bernardino	Annual	01/01/25 - 12/31/25
San Bernardino County Financing Authority	Board of Directors	Board Member	County of San Bernardino	Annual	01/01/25 - 12/31/25
San Bernardino County Fire Protection District	Board of Directors	Board Member	County of San Bernardino	Annual	01/01/25 - 12/31/25
San Bernardino County Flood Control District	Board of Directors	Board Member	County of San Bernardino	Annual	01/01/25 - 12/31/25
San Bernardino County Industrial Development Authority	Board of Directors	Board Member	County of San Bernardino	Annual	01/01/25 - 12/31/25
San Bernardino County Transportation Authority	Board of Directors	Board Member	County of San Bernardino	Annual	01/01/25 - 12/31/25
San Bernardino International Airport Authority	Board of Directors	Board Member	County of San Bernardino	Annual	01/01/25 - 12/31/25
Santa Ana River Parkway Policy Advisory Group	Board of Directors	Board Member Alternate	County of San Bernardino	Annual	01/01/25 - 12/31/25
Solid Waste Advisory Task Force	Board of Directors	Delegate	County of San Bernardino	Annual	01/01/25 - 12/31/25
State Advisory Committee on Juvenile Justice & Delinquency Prevention	Board of Directors	Board Member	State California	Annual	01/01/25 - 12/31/25
Successor Agency to the County of San Bernardino	Board of Directors	Board Member	County of San Bernardino	Annual	01/01/25 - 12/31/25
Urban Counties Caucus	Board of Directors	Participant	County of San Bernardino	Annual	01/01/25 - 12/31/25

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

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)
Bagley	James	R

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
LOCAL AGENCY FORMATION COMMISSION

Division, Board, Department, District, if applicable

Your Position
Public Member

RECEIVED
APR 1 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
- ☐ Multi-County _____
- ☐ City of _____
- ☐ Judge (Supreme, Appellate, Superior Court), Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- ☐ County 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.
- ☐ **Assuming Office:** Date assumed ____/____/_____
- ☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- ☐ **Leaving Office:** Date Left ____/____/_____
  (Check one circle below.)
  - ☐ The period covered is January 1, 2025, through the date of leaving office.
  - -or-
  - ☐ The period covered is ____/____/_____, through the date of leaving office.

4. Schedule Summary (required)

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

Schedules attached

- ☐ **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
- ☐ **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 March 25, 2026 *(month, day, year)*

Signature James R Bagley *(File the originally signed paper statement with your filing official.)*

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
James Bagley

▶ 1. BUSINESS ENTITY OR TRUST

Jim Bagley Realtor
Name
73353 Two Mile Rd. Twentynine Palms, Ca 92277
Address *(Business Address Acceptable)*

Check one
☐ Trust, *go to 2* ☐ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☒ $100,001 - $1,000,000
☐ Over $1,000,000

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

NATURE OF INVESTMENT
☐ Partnership ☒ Sole Proprietorship ☐ _____ Other

YOUR BUSINESS POSITION Broker/Owner

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

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

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

☐ None or ☐ Names listed below

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

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

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

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

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

IF APPLICABLE, LIST DATE:
__/__/25 ACQUIRED
__/__/25 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

---

▶ 1. BUSINESS ENTITY OR TRUST

Name
Address *(Business Address Acceptable)*

Check one
☐ Trust, *go to 2* ☐ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

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

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☐ _____ Other

YOUR BUSINESS POSITION

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

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

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

☐ None or ☐ Names listed below

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

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

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

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

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

IF APPLICABLE, LIST DATE:
__/__/25 ACQUIRED
__/__/25 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: _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
James Bagley

SCHEDULE D
Income – Gifts

▶ 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
CALAFCO 2025 Annual Conference

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10/22/25	$141.42	Hosted 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:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

Filed Date: 03/24/2026 12:29 PM
SAN: 012000285-STH-0285

Please type or print in ink.

NAME OF FILER (LAST): Cox | (FIRST): Kimberly | (MIDDLE):

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
Regional Water Quality Control Board, Lahontan Region

Division, Board, Department, District, if applicable:

Your Position: Board Member

RECEIVED
MAR 2 5 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 Lahontan Region

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.
- ☐ **Assuming Office:** Date assumed ____/____/_____
- ☐ **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.
- ☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► ***Total number of pages including this cover page:*** 4

Schedules attached

- ☐ **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
- ☐ **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
2501 Lake Tahoe Blvd. | Lake Tahoe | CA | 96150

DAYTIME TELEPHONE NUMBER: (530) 542-5400

EMAIL ADDRESS: Kimberly.Cox@Waterboards.ca.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 03/24/2026 12:29 PM *(month, day, year)*

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

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Kimberly Cox

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
28172 Brookside Lane

CITY
Helendale, CA

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

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

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.
- ☒ None

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

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

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

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.
- ☐ None

* You are not required to report loans from a commercial lending institution 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 _____% ☐ None

TERM (Months/Years)

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 _____% ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

☐ Guarantor, if applicable

Comments: _____

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Kimberly Cox

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Greg Heldreth

ADDRESS *(Business Address Acceptable)*
28172 Brookside Lane, Helendale CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Cubic

YOUR BUSINESS POSITION
Senior Field Engineer

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)*

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Helendale Community Services District

ADDRESS *(Business Address Acceptable)*
P.O. Box 359/26540 Vista Road, Ste B Helendale

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Local Government Agency

YOUR BUSINESS POSITION
General Manager

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)*

▶ 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

TERM (Months/Years)
_____

SECURITY FOR LOAN
- ☐ None ☐ Personal residence
- ☐ Real Property _____ *Street address*

_____ *City*

- ☐ Guarantor _____
- ☐ Other _____ *(Describe)*

Comments: _____

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Kimberly Cox

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Local Agency Formation Commission

ADDRESS *(Business Address Acceptable)*
1601 E. 3rd Street, Suite 102, San Bernardino, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
LAFCO

YOUR BUSINESS POSITION
Commissioner

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 Stipend *(Describe)*

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Mojave Water Agency

ADDRESS *(Business Address Acceptable)*
13846 Conference Center Drive, Apple Valley, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Water Wholesale/State Water Contractor

YOUR BUSINESS POSITION
Board Member

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 Stipend *(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

TERM (Months/Years)

SECURITY FOR LOAN
- ☐ None ☐ Personal residence
- ☐ Real Property _____ *Street address*
- _____ *City*
- ☐ Guarantor _____
- ☐ Other _____ *(Describe)*

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Initial Filing Received
Filing Official Use Only

Filed Date: 04/20/2026 01:27 PM
SAN: FPPC

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Denison	Ricki	S

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
City of Yucca Valley

Division, Board, Department, District, if applicable

Your Position
City/Town Council Member

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

Agency: SEE ATTACHED LIST 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 Yucca Valley
- ☐ Other

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.
- ☐ **Assuming Office:** Date assumed ____/____/____
- ☐ **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.
- ☐ **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 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
- ☐ **Attachment 700-P** - *Prospective Employment (87200 Filers Only)* – 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
56090 29 Palms Hwy	Yucca Valley	CA	92284

DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS
(760) 799-3313	rdenison@yucca-valley.org

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 04/20/2026 01:27 PM *(month, day, year)*

Signature Ricki S Denison *(File the originally signed paper statement with your filing official.)*

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE ATTACHMENT

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Ricki Denison

EXPANDED STATEMENT LIST

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
Southern CA Assn. of Governments		Regional Council Member	SEE BELOW	Annual	01/01/25 - 12/31/25
Local Agency Formation Commission	Board	Commissioner	County of San Bernardino	Annual	01/01/25 - 12/31/25
San Bernardino County Transportation Agency	Board	Board Member	County of San Bernardino	Annual	01/01/25 - 12/31/25

DESCRIPTION OF JURISDICTION

Agency: Southern CA Assn. of Governments

Jurisdiction Type: Multi-county

Description: Multi-county Imperial, Los Angeles, Orange, Riverside, San Bernardino, Ventura

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

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)
Dupper	Phill	

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
LOCAL AGENCY FORMATION COMMISSION

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: _____

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.
- ☐ **Assuming Office:** Date assumed ____/____/____
- ☐ **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.
- ☐ **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 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
- ☐ **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 March 25, 2026 *(month, day, year)*

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

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)
FARRELL	STEVEN	

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
LOCAL AGENCY FORMATION COMMISSION

Division, Board, Department, District, if applicable

Your Position
COMMISSIONER

► 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.
- ☐ **Assuming Office:** Date assumed ____/____/_____
- ☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- ☐ **Leaving Office:** Date Left ____/____/_____
  (Check one circle below.)
  - ☐ The period covered is January 1, 2025, through the date of leaving office.
  - -or-
  - ☐ The period covered is ____/____/_____, through the date of leaving office.

4. Schedule Summary (required)

► ***Total number of pages including this cover page:*** 3

Schedules attached

- ■ **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
- ☐ **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 MARCH 29, 2026 *(month, day, year)*

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

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Investments must be itemized.
Do not attach brokerage or financial statements.

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Steven Farrell

► NAME OF BUSINESS ENTITY
Amgen
GENERAL DESCRIPTION OF THIS BUSINESS
Biotechnology
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 ACQUIRED __/__/25 DISPOSED

► NAME OF BUSINESS ENTITY
Prologis Inc
GENERAL DESCRIPTION OF THIS BUSINESS
Real Estate / Supply Logistics
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 ACQUIRED __/__/25 DISPOSED

► NAME OF BUSINESS ENTITY
AT&T
GENERAL DESCRIPTION OF THIS BUSINESS
Telecommunications
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 ACQUIRED __/__/25 DISPOSED

► NAME OF BUSINESS ENTITY
Public Storage
GENERAL DESCRIPTION OF THIS BUSINESS
REIT
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 ACQUIRED __/__/25 DISPOSED

► NAME OF BUSINESS ENTITY
DTE Energy
GENERAL DESCRIPTION OF THIS BUSINESS
Energy
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 ACQUIRED __/__/25 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 ACQUIRED __/__/25 DISPOSED

Comments: _____

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Steven Farrell

► NAME OF SOURCE *(Not an Acronym)*
Best Best & Krieger

ADDRESS *(Business Address Acceptable)*
2855 E. Guasti Road, Suite 400, Ontario, CA 91761

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Attorneys at Law

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 22 / 25	$ 141.42	Dinner
12 / 03 / 25	$ 44.10	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:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

Filed Date: 02/27/2026 02:25 PM
SAN: FPPC

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Hagman	Curt	C

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
County of San Bernardino

RECEIVED
MAR 2 5 2026
LAFCO
San Bernardino County

Division, Board, Department, District, if applicable

Your Position
Supervisor

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

Agency: SEE ATTACHED LIST Position:

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

- ☐ State
- ☐ Multi-County
- ☐ City of
- ☐ Judge (Supreme, Appellate, Superior Court), Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- ☒ County of San Bernardino
- ☐ Other

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.
- ☐ **Assuming Office:** Date assumed ____/____/____
- ☐ **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.
- ☐ **Candidate:** Date of Election ____ and office sought, if different than Part 1:

4. Schedule Summary (required)

► ***Total number of pages including this cover page:*** 8

Schedules attached

- ☐ **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
- ☐ **Attachment 700-P** - *Prospective Employment (87200 Filers Only)* – 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
385 N Arrowhead Ave, Fifth Floor	San Bernardino	CA	92415-0103

DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
(909) 387-4866	curt.hagman@bos.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 02/27/2026 02:25 PM *(month, day, year)*

Signature Curt C Hagman *(File the originally signed paper statement with your filing official.)*

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE ATTACHMENT

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Curt Hagman

EXPANDED STATEMENT LIST

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
Southern CA Assn. of Governments		Regional Council Member	SEE BELOW	Annual	01/01/25 - 12/31/25
South Coast Air Quality Management District		SCAQMD Board Member	Multi-county Los Angeles, Orange, Riverside, San Bernardino	Annual	01/01/25 - 12/31/25
Fenner Valley Water Authority		Ex-Officio Member	Multi-county Los Angeles, Orange County, Riverside. San Bernardino	Annual	01/01/25 - 12/31/25
Animal Resource Center of the Inland Empire (ARC)	Board of Directors	Board Member	County of San Bernardino	Annual	01/01/25 - 12/31/25
Big Bear Valley Recreation and Park District	Board of Directors	Chairman	County of San Bernardino	Annual	01/01/25 - 12/31/25
Bloomington Recreation and Park District	Board of Directors	Chairman	County of San Bernardino	Annual	01/01/25 - 12/31/25
Board Governed County Service Areas	Board of Directors	Chairman	County of San Bernardino	Annual	01/01/25 - 12/31/25
California State Association of Counties (CSAC)	Board of Directors	Alternate	County of San Bernardino	Annual	01/01/25 - 12/31/25
County Industrial Development Authority (CoIDA)	Board of Directors	Chairman	County of San Bernardino	Annual	01/01/25 - 12/31/25
Fenner Valley Water Authority (FVWA)	Board of Directors	Ex-Officio Member	County of San Bernardino	Annual	01/01/25 - 12/31/25
In-Home Supportive Services Public Authority	Board of Directors	Chairman	County of San Bernardino	Annual	01/01/25 - 12/31/25
Inland Counties Emergency Medical Agendy (ICEMA)	Board of Directors	Chairman	County of San Bernardino	Annual	01/01/25 - 12/31/25
Inland Empire Health Plan (IEHP)	Board of Directors	Delegate	County of San Bernardino	Annual	01/01/25 - 12/31/25
Inland Empire Public Facilities Corporation	Board of Directors	Chairman	County of San Bernardino	Annual	01/01/25 - 12/31/25
Inland Regional Energy Network (I-REN)	Board of Directors / Executive Committee	Board Member	County of San Bernardino	Annual	01/01/25 - 12/31/25
Law Library Board of Trustees	Board of Directors	Delegate	County of San Bernardino	Annual	01/01/25 - 12/31/25

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE ATTACHMENT

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Curt Hagman

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
Local Agency Formation Commission (LAFCo)	Board of Supervisors	Delegate	County of San Bernardino	Annual	01/01/25 - 12/31/25
National Association of Counties (NACo)	Board of Supervisors	Board Member	County of San Bernardino	Annual	01/01/25 - 12/31/25
OmniTrans	Board of Directors	Board Member	County of San Bernardino	Annual	01/01/25 - 12/31/25
Ontario International Airport Authority (OIAA)	Board of Directors	Vice President	County of San Bernardino	Annual	01/01/25 - 12/31/25
San Bernardino County Financing Authority	Board of Directors	Chairman	County of San Bernardino	Annual	01/01/25 - 12/31/25
San Bernardino County Fire Protection District	Board of Directors	Chairman	County of San Bernardino	Annual	01/01/25 - 12/31/25
San Bernardino County Flood Control District	Board of Directors	Chairman	County of San Bernardino	Annual	01/01/25 - 12/31/25
San Bernardino County Transportation Authority (SBCTA)	Board of Directors	Board Member	County of San Bernardino	Annual	01/01/25 - 12/31/25
SAWPA OWOW Steering Committee	Board of Directors	Alternate	County of San Bernardino	Annual	01/01/25 - 12/31/25
Solid Waste Advisory Task Force (SWAT)	Board of Supervisors	Board Member	County of San Bernardino	Annual	01/01/25 - 12/31/25
South Coast Air Quality Management District (SCAQMD)	Board of Directors	Board Member	Multi-county Los Angeles, Orange, Riverside, and San Bernardino Counties	Annual	01/01/25 - 12/31/25
Southern California Associated Governments (SCAG)	Regional Council	Regional Council Member / President	SEE BELOW	Annual	01/01/25 - 12/31/25
Successor Agency to the County of San Bernardino Redevelopment Agency	Board of Directors	Chairman	County of San Bernardino	Annual	01/01/25 - 12/31/25
Urban Counties Caucus	Board of Directors	Board Member	County of San Bernardino	Annual	01/01/25 - 12/31/25

DESCRIPTION OF JURISDICTION

Agency: Southern CA Assn. of Governments

Jurisdiction Type: Multi-county

Description: Multi-county Imperial, Los Angeles, Orange, Riverside, San Bernardino, Ventura

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE ATTACHMENT

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Curt Hagman

Agency: Southern California Associated Governments (SCAG)

Jurisdiction Type: Multi-county

Description: Multi-county Imperial, Los Angeles, Orange, Riverside, San Bernardino, and Ventura Counties

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
Curt Hagman

▶ 1. BUSINESS ENTITY OR TRUST

California Business Solutions Holding Group
Name
4195 Chino Hills Pkwy, #204
Address *(Business Address Acceptable)*

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

GENERAL DESCRIPTION OF THIS BUSINESS
Business Consulting

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☒ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

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

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☒ LLC 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
☐ $500 - $1,000
☐ $1,001 - $10,000
☒ $10,001 - $100,000
☐ OVER $100,000

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

☒ None or ☐ Names listed below

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

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

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

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

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

IF APPLICABLE, LIST DATE:
__/__/25 ACQUIRED
__/__/25 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

---

▶ 1. BUSINESS ENTITY OR TRUST

Name
Address *(Business Address Acceptable)*

Check one
☐ Trust, *go to 2* ☐ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

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

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☐ _____ Other

YOUR BUSINESS POSITION _____

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

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

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

☐ None or ☐ Names listed below

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

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

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

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

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

IF APPLICABLE, LIST DATE:
__/__/25 ACQUIRED
__/__/25 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: _____

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Curt Hagman

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
Vacant Land - Tejon View (Approx. 5 Acres) Assessor #401-260-09-00-6

CITY
Tehachapi

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

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

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.
- ☒ None

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
Vacant Land - Tejon View (Approx. 5 Acres) Assessor #401-260-24-00-9

CITY
Tehachapi

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

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

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.
- ☒ None

* You are not required to report loans from a commercial lending institution 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 _____% ☐ None

TERM (Months/Years)

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 _____% ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

☐ Guarantor, if applicable

Comments:

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Curt Hagman

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
MAKROSE, LLC ADI SNAP ONE

ADDRESS *(Business Address Acceptable)*
3073 Biscayne St., #2 Chino, CA 91710

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Low Voltage Consultant - Upscale Residential, Commercial and Production Home

YOUR BUSINESS POSITION
Principal

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)*

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

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*

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

TERM (Months/Years)

SECURITY FOR LOAN
- ☐ None
- ☐ Personal residence
- ☐ Real Property _____ *Street address*
- _____ *City*
- ☐ Guarantor _____
- ☐ Other _____ *(Describe)*

Comments:

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Curt Hagman

► NAME OF SOURCE *(Not an Acronym)*
NAIOP Inland Empire Chapter Dinner
ADDRESS *(Business Address Acceptable)*
26632 Towne Center Drive #300 Foothill Ranch, CA 92610
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Chapter Dinner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 26 / 25	$275.00	Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Chino Valley Fire Foundation
ADDRESS *(Business Address Acceptable)*
14011 City Center Drive, Chino Hills, CA 91709
BUSINESS ACTIVITY, IF ANY, OF SOURCE
St. Paddy's Day Brewfest

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 08 / 25	$150.00	Tickets
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
BIASC (Building Industry Assoc. of Southern California)
ADDRESS *(Business Address Acceptable)*
17192 Murphy Avenue, #14445 Irvine, CA 92602
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Concert Tickets & Shuttle Package

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 11 / 25	$440.00	Concert Tickets/Shuttle Tickets
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Athens Services
ADDRESS *(Business Address Acceptable)*
13920 City Center Drive, Chino Hills, CA 91709
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Christmas Gift / See's Candy Box

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 22 / 25	$163.00	Gift Box
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
David Wiener
ADDRESS *(Business Address Acceptable)*
118 South Beverly Hills Drive, Suite 215, Beverly Hills, CA 90212
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Christmas Gift / Johnny Walker Blue Label

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 22 / 25	$180.00	Johnny Walker Scotch
/ /	$	
/ /	$	

► 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:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only
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MAR 2 5 2026
LAFCO
San Bernardino County

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
HARVEY	JIM	

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
LUCERNE VALLEY UNIFIED SCHOOL DISTRICT

Division, Board, Department, District, if applicable
DISTRICT

Your Position
BOARD MEMBER

► 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 SAN BERNARDINO
- ☐ City of _____
- ☐ Other _____

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.
- ☐ **Assuming Office:** Date assumed ____/____/____
- ☐ **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.
- ☐ **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 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
- ☐ **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
8560 ALIENTO RD	LUCERNE VALLEY	CA	92356

DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
(760) 248-6108	jim_harvey@lucernevalleyusd.org

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 2/12/2026 *(month, day, year)*

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

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
JIM HARVEY

▶ 1. BUSINESS ENTITY OR TRUST

I Candy Website and Graphic Design
Name
50220 Saddle Rock Way, Johnson Valley, CA 92285
Address *(Business Address Acceptable)*

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

GENERAL DESCRIPTION OF THIS BUSINESS
Website and Graphic Design

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☒ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

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

NATURE OF INVESTMENT
☐ Partnership ☒ Sole Proprietorship ☐ _____ Other

YOUR BUSINESS POSITION Owner

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

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

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

☒ None or ☐ Names listed below

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

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

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

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

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

IF APPLICABLE, LIST DATE:
__/__/25 ACQUIRED
__/__/25 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

---

▶ 1. BUSINESS ENTITY OR TRUST

Name
Address *(Business Address Acceptable)*

Check one
☐ Trust, *go to 2* ☐ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

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

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☐ _____ Other

YOUR BUSINESS POSITION

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

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

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

☐ None or ☐ Names listed below

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

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

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

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

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

IF APPLICABLE, LIST DATE:
__/__/25 ACQUIRED
__/__/25 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: _____

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

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)
KENLEY	KEVIN	

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
COMMISSIONER

► 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 SAN BERNARDINO
- ☐ City of _____
- ☐ Other _____

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.
- ☐ **Assuming Office:** Date assumed ____/____/_____
- ☐ **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.
- ☐ **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 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
- ☐ **Attachment 700-P** - *Prospective Employment (87200 Filers Only)* – 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
10440 ASHFORD STREET	RANCHO CUCAMONGA	CA	91730

DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
(909) 987-2591	

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 3/24/26 *(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
KENLEY

▶ NAME OF SOURCE *(Not an Acronym)*
WEST VALLEY WATER

ADDRESS *(Business Address Acceptable)*
855 W BASELINE ROARD, RIALTO, CA, 92376

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02/26/25	$ 458.94	MEAL @ ACWA DC CONF
___/___/___	$	
___/___/___	$	

▶ 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:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

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)
Warren	Acquanetta	

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
Local Agency Formation Commission

Division, Board, Department, District, if applicable

Your Position
Commissioner

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

Agency: _____ Position: _____

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

- ☐ State
- ☐ Multi-County _____
- ☐ City of _____
- ☐ Judge (Supreme, Appellate, Superior Court), Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- ☑ ~~County of San Bernardino~~
- ☒ 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.
- ☐ **Assuming Office:** Date assumed ____/____/____
- ☐ **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.
- ☐ **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 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
- ☐ **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
8353 Sierra Avenue	Fontana	CA	92335

DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
(909) 350-7600	awarren@fontanaca.gov

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

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

Date Signed 4/1/2024 *(month, day, year)*

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

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE ATTACHMENT

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Acquanetta Warren

EXPANDED STATEMENT LIST

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
Southern CA Assn. of Governments		Regional Council Member	SEE BELOW	Annual	01/01/25 - 12/31/25
San Bernardino Council of Governments		Board Member	County of San Bernardino	Annual	01/01/25 - 12/31/25
San Bernardino County Transporation Authority		Board Member	County of San Bernardino	Annual	01/01/25 - 12/31/25

DESCRIPTION OF JURISDICTION

Agency: Southern CA Assn. of Governments

Jurisdiction Type: Multi-county

Description: Multi-county Imperial, Los Angeles, Orange, Riverside, San Bernardino, Ventura

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: Acquanetta Warren

▶ 1. BUSINESS ENTITY OR TRUST

Name: Royal Blue Consulting, LLC

Address *(Business Address Acceptable)*: 15218 Summit Avenue

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

GENERAL DESCRIPTION OF THIS BUSINESS: Consulting

FAIR MARKET VALUE
☒ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

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

NATURE OF INVESTMENT
☐ Partnership ☒ Sole Proprietorship ☐ _____ Other

YOUR BUSINESS POSITION _____

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

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

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

☒ None or ☐ Names listed below

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

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

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

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

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

IF APPLICABLE, LIST DATE:
__/__/25 ACQUIRED
__/__/25 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

---

▶ 1. BUSINESS ENTITY OR TRUST

Name

Address *(Business Address Acceptable)*

Check one
☐ Trust, *go to 2* ☐ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

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

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☐ _____ Other

YOUR BUSINESS POSITION _____

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

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

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

☐ None or ☐ Names listed below

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

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

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

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

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

IF APPLICABLE, LIST DATE:
__/__/25 ACQUIRED
__/__/25 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: _____

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Acquanetta Warren

- **Mark either the gift or income box.**
- **Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.**
- **For gifts of travel, provide the travel destination.**

► NAME OF SOURCE *(Not an Acronym)*
Embassy of the State of Qatar

ADDRESS *(Business Address Acceptable)*
1530 P St NW

CITY AND STATE
Washington, DC 20005

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

DATE(S): 12/03/25 - 12/06/25 AMT: $ 17,713.77
(If gift)

► MUST CHECK ONE: ☒ Gift -or- ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description
SEE ATTACHED

► If Gift, Provide Travel Destination
Doha, Qatar

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

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

DATE(S): __/__/__ - __/__/__ AMT: $
(If gift)

► MUST CHECK ONE: ☐ Gift -or- ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► If Gift, Provide Travel Destination

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

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

DATE(S): __/__/__ - __/__/__ AMT: $
(If gift)

► MUST CHECK ONE: ☐ Gift -or- ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► If Gift, Provide Travel Destination

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

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

DATE(S): __/__/__ - __/__/__ AMT: $
(If gift)

► MUST CHECK ONE: ☐ Gift -or- ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► If Gift, Provide Travel Destination

Comments:

SCHEDULE E

Attachment

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Acquanetta Warren

NAME OF SOURCE : Embassy of the State of Qatar

Other - Provide Decription
SEE ATTACHED. Travel, meals, and lodging for mayoral delegation to State of Qatar to attend the Doha Forum and share best practices with senior government and civic leaders, meetings with Qatari and US State Department officials, visit soldiers at US Air Force Al Udeid Air Base.