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STATEMENT OF ECONOMIC INTERESTS

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Dailey Ron

1. Office, Agency, or Court

Agency Name
City of Loma Linda/Loma Linda Redevelopment Agency
Division, Board, Department, District, if applicable
City Council/Agency Board
Your Position
Councilman/Vice-Chairman
If filing for multiple positions, list below or on an attachment.
Agency: TVDA/SBTAA
Position: Delegate Member

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

[] State [] Judge (Statewide Jurisdiction)
[] Multi-County [] County of
[X] City of Loma Linda [] Other

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

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

4. Schedule Summary

Check applicable schedules or "None."
[] Schedule A-1 - Investments - schedule attached
[] Schedule A-2 - Investments - schedule attached
[] Schedule B - Real Property - schedule attached
[X] Schedule C - Income, Loans, & Business Positions - schedule attached
[] Schedule D - Income - Gifts - schedule attached
[] Schedule E - Income - Gifts - Travel Payments - schedule attached
-or-
[] None - No reportable interests on any schedule



I have used all reasonable diligence in preparing this statement. I have reviewed this herein and in any attached schedules is true and complete. I acknowledge this is a I certify under penalty of perjury under the laws of the State of California that

Date Signed 3-31-11 Signature

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name _____

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>Loma Linda University</u>	NAME OF SOURCE OF INCOME <u>LLU Faculty Physicians & Surgeons, Inc.</u>
ADDRESS (Business Address Acceptable) <u>School of Dentistry</u>	ADDRESS (Business Address Acceptable) _____
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>11092 Anderson Street, Loma Linda</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE _____
YOUR BUSINESS POSITION <u>Executive Associate Dean</u>	YOUR BUSINESS POSITION <u>Spouse of Physician</u>
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <input type="checkbox"/> Other _____ <small>(Describe)</small>	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <input type="checkbox"/> Other _____ <small>(Describe)</small>

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

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

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

Comments: _____