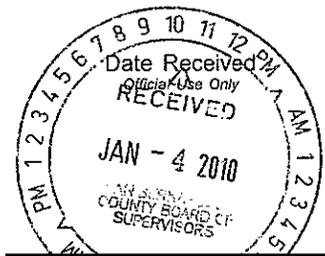


STATEMENT OF ECONOMIC INTERESTS

RECEIVED  
FAIR POLITICAL PRACTICES COMMISSION  
COVER PAGE



ID - 23202709

Please type or print in ink.



2011 JAN - 7 PM 1:00  
A Public Document

NAME (LAST) (FIRST) (MIDDLE)  
Rutherford, Janice  
MAILING ADDRESS STREET CITY STATE ZIP CODE

1. Office, Agency, or Court

Name of Office, Agency, or Court:  
Board of Supervisors  
Division, Board, District, if applicable:  
District 2  
Your Position:  
Supervisor  
▶ If filing for multiple positions, list additional agency(les)/  
position(s): (Attach a separate sheet if necessary.)  
Agency: \_\_\_\_\_  
Position: \_\_\_\_\_

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

State  
 County of San Bernardino  
 City of \_\_\_\_\_  
 Multi-County \_\_\_\_\_  
 Other \_\_\_\_\_

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

Assuming Office/Initial Date: 12 / 06 / 10  
 Annual: The period covered is January 1, 2009,  
through December 31, 2009.  
-OR-  
 The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through  
December 31, 2009.  
 Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)  
 The period covered is January 1, 2009, through the  
date of leaving office.  
-OR-  
 The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through  
the date of leaving office.  
 Candidate Election Year: \_\_\_\_\_

4. Schedule Summary

▶ Total number of pages  
including this cover page: 5  
▶ Check applicable schedules or "No reportable  
interests."  
I have disclosed interests on one or more of the  
attached schedules:  
Schedule A-1  Yes - schedule attached  
*Investments (Less than 10% Ownership)*  
Schedule A-2  Yes - schedule attached  
*Investments (10% or Greater Ownership)*  
Schedule B  Yes - schedule attached  
*Real Property*  
Schedule C  Yes - schedule attached  
*Income, Loans, & Business Positions (Income Other than Gifts  
and Travel Payments)*  
Schedule D  Yes - schedule attached  
*Income - Gifts*  
Schedule E  Yes - schedule attached  
*Income - Gifts - Travel Payments*  
-OR-  
 No reportable interests on any schedule

5. Verification

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

Date Signed 12/17/2010  
(month, day, year)

Signature (d)(5)





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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
Rutherford, Janice

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>Kaiser Permanente</u>	NAME OF SOURCE OF INCOME _____
ADDRESS (Business Address Acceptable) <u>9310 Sierra Ave.</u> <u>Fontana CA 92335</u>	ADDRESS (Business Address Acceptable) _____
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>health care</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE _____
YOUR BUSINESS POSITION <u>none</u>	YOUR BUSINESS POSITION _____
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 type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <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"/> 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	
BUSINESS ACTIVITY, IF ANY, OF LENDER _____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
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"/> Real Property _____ <small>Street address</small> <small>City</small>	
	<input type="checkbox"/> Guarantor _____	
	<input type="checkbox"/> Other _____ <small>(Describe)</small>	

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

**SCHEDULE D**  
**Income – Gifts**

▶ NAME OF SOURCE  
Gary Ovitt for Supervisor  
 ADDRESS (Business Address Acceptable)  
30151 Tomas  
Rancho Santa Margarita CA 92688  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

campaign

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02/11/10</u>	<u>\$ 75.00</u>	<u>dinner at Flemings</u>
<u>/ /</u>	<u>\$</u>	<u></u>
<u>/ /</u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE  
Josie Gonzales for Supervisor  
 ADDRESS (Business Address Acceptable)  
30151 Tomas  
Rancho Santa Margarita CA 92688  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

campaign

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02/11/10</u>	<u>\$ 75.00</u>	<u>dinner at Flemings</u>
<u>/ /</u>	<u>\$</u>	<u></u>
<u>/ /</u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE  
Curt Hagman for Assembly  
 ADDRESS (Business Address Acceptable)  
13920 City Center Dr. #255  
Chino Hills CA 91709  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

campaign

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08/14/10</u>	<u>\$ 106.40</u>	<u>meals for self, spouse &amp; child @ Disney</u>
<u>/ /</u>	<u>\$</u>	<u></u>
<u>/ /</u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE  
SLP Communications  
 ADDRESS (Business Address Acceptable)  
1466 Crestview  
Redlands CA 92373  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

event planning

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

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

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

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

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

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



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

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

2011 JAN - 7 PM 1:00

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE

Josie Gonzales for Supervisor

ADDRESS (Business Address Acceptable)  
30151 Tomas  
Rancho Santa Margarita CA 92688

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Campaign

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02/11/10	\$ 75.00	dinner at Pizzeria
12/09/10	\$ 10.00	fundraising meet
___/___/___	\$ _____	_____

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

**Verification**

Print Name JANICE RUTHERFORD

Office, Agency or Court COUNTY BOARD OF SUPERVISORS

Statement Type  2009/2010 Annual  Assuming  Leaving  
 (yr) Annual  Candidate

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

Date Signed 12-29-10  
(month, day, year)

Signature (d)(5)

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