

STATEMENT OF ECONOMIC INTERESTS

FILED

Date Received
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FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE
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RIVERSIDE COUNTY CLERK-RECORDER
LARRY W. WARD
By *[Signature]* P. Mallette
(MIDDLE) Deputy

Please type or print in ink.

NAME OF FILER (LAST) Benoit (FIRST) John (MIDDLE) J.

1. Office, Agency, or Court

Agency Name: Riverside County Board of Supervisors
Division, Board, Department, District, if applicable: Fourth District
Your Position: County Supervisor

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

Agency: (See Attached) Position:

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

- State, Multi-County, City of, Judge or Court Commissioner (Statewide Jurisdiction), County of Riverside, Other

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

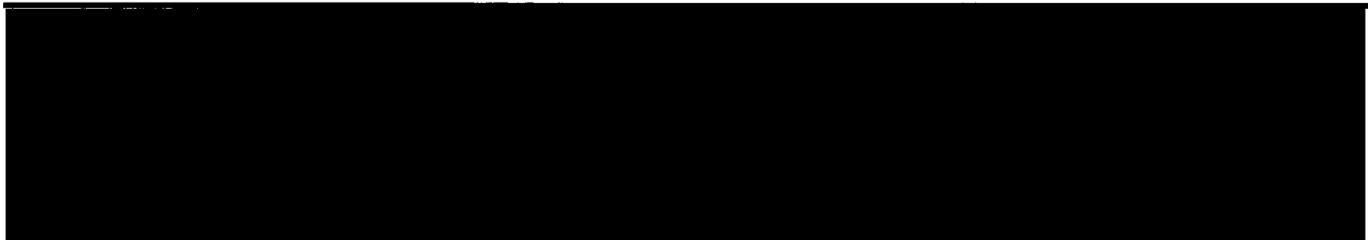
- Annual: The period covered is January 1, 2012, through December 31, 2012.
-or- The period covered is through December 31, 2012.
Assuming Office: Date assumed
Candidate: Election year and office sought, if different than Part 1:
Leaving Office: Date Left
The period covered is January 1, 2012, through the date of leaving office.
The period covered is through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

Total number of pages including this cover page: 8

- 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
None - No reportable interests on any schedule



herein and in any attached schedules is true and complete. I acknowledge that I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/11/2013 (month, day, year)

STATEMENT OF ECONOMIC INTERESTS

CALIFORNIA

(Continuation Part I – Cover Page)

2012/2013 Form 700 – Annual

Fair Political Practices Commission

JOHN J. BENOIT

73-710 Fred Waring Drive, Suite 222, Palm Desert CA 92260

760-863-8211

Agency and Position Title (continued from page 1)

- California State Association of Counties, Board Member - *ALTERNATE*
- Coachella Valley Association of Governments, Executive Committee Member
- Coachella Valley Conservation Commission, Board Member
- Coachella Valley Enterprise Zone, Board Member
- Coachella Valley Mountains Conservancy, Board Member GP
- Coachella Valley Water District – Joint Policy Advisory Committee
- Community Facilities District Legislative Body
- Criminal Justice Planning Committee
- Disaster Council
- Housing Authority
- Industrial Development Authority
- In-Home Supportive Services Public Authority
- Jacqueline Cochran Regional Airport Authority, Board Member
- Law Library
- Mojave Desert Air Quality Management District, Board Member GP
- National Association of Counties (NACO)
- Oversight Board For The Successor Agency To The Redevelopment Agency For the County of Riverside
- Palm Springs Desert Resorts Convention & Visitors Bureau, Board Member
- Palo Verde Valley Transit Authority, Board Member
- Regional Access Project Foundation, Inc., Board Member
- Riverside County Assessor's office
- Riverside County Indian Gaming Local Benefits Committee
- Riverside County Local Agency Formation Commission (Alternate)
- Riverside County Public Financing Authority
- Riverside County Transportation Commission, Commissioner
- Riverside County Transportation Commission – Executive Committee
- Salton Sea Authority, Board Member
- South Coast Air Quality Management District, Board Member GP

- Southern California Regional Airport Authority
- Successor Agency to the Redevelopment Agency
- SunLine Transit Agency, Board Member
- Surplus Property Commission
- United States District Court Financing Corporation
- Urban Counties Caucus, Board Member
- Waste Resources Management District
- Western Riverside Council of Governments, Board Member
- Western Riverside County Regional Conservation Authority

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

BENOIT, JOHN J

▶ NAME OF BUSINESS ENTITY
MEDL Mobile Holdings, Inc.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Mobile technology company

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:
____/____/12 ____/____/12
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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:
____/____/12 ____/____/12
ACQUIRED DISPOSED

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____/____/12 ____/____/12
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

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FAIR MARKET VALUE
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GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
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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:
____/____/12 ____/____/12
ACQUIRED DISPOSED

Comments: _____

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name
BENOIT, JOHN J

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
34755 Stage Drive

CITY
Thousand Palms, CA 92276

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED / / 12 DISPOSED / / 12

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
Nancy Newland

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
3740 St. Michael Place

CITY
Palm Desert, CA 92260

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED / / 12 DISPOSED / / 12

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
Miryam Ketagi

You are not required to report loans from commercial lending institutions 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 _____ % TERM (Months/Years) _____
 None

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 _____ % TERM (Months/Years) _____
 None

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: _____

SCHEDULE D
Income – Gifts

Name
BENOIT, JOHN J

▶ NAME OF SOURCE (Not an Acronym)
Jim Houston

ADDRESS (Business Address Acceptable)
345 N. Vial Las Palmas, Palm Springs, CA 92262

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Television Station Owner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 07 / 12	\$ 90.00	
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Brian Harnik

ADDRESS (Business Address Acceptable)
45025 Manitou Drive, Indian Wells, CA 92210

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Attorney

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 26 / 12	\$ 210.00	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Patty and Larry Spicer

ADDRESS (Business Address Acceptable)
75855 Altamira Drive, Indian Wells CA 92210

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Former City Council Member

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 19 / 12	\$ 100.00	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
SoCal Gas -Sempra Energy

ADDRESS (Business Address Acceptable)
101 Ash Street, San Diego, CA 92101

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Utility Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 13 / 12	\$ 164.00	Tickets and Parking
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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: _____

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

Name
BENOIT, JOHN J

- You must 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. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)
City of Los Angeles Office of the Mayor

ADDRESS (Business Address Acceptable)
1400 K. Street, Room 208

CITY AND STATE
Sacramento, CA 95814

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

DATE(S): ____/____/____ AMT: \$ 210.00
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description
Airport Parking Services

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

DATE(S): ____/____/____ AMT: \$ ____
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

DATE(S): ____/____/____ AMT: \$ ____
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

DATE(S): ____/____/____ AMT: \$ ____
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

Comments: _____