



STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
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BOARD OF SUPERVISORS

Please type or print in ink.

NAME OF FILER (LAST) Lovingood (FIRST) Robert (MIDDLE) A.

1. Office, Agency, or Court

Agency Name
County of San Bernardino
Division, Board, Department, District, if applicable Board of Supervisors
Your Position
Supervisor - First District

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

Agency: See attached list Position:

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

State Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County Mohave, Imperial, Lincoln, Nye, Washington County of San Bernardino
City of Ridgecrest 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 12 / 03 / 2012
Leaving Office: Date Left ____/____/____ (Check one)
The period covered is January 1, 2012, through the date of leaving office.
The period covered is ____/____/____, through the date of leaving office.
Candidate: Election Year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None." Total number of pages including this cover page: _____
 Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached
 Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached
 Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached
-or-
 None - No reportable interests on any schedule

(d)(5)

I certify under penalty of perjury under the laws of the State of California that the

Date Signed 03/30/2016

Signature (d)(5)

- This Amended Form 700 completely supersedes all prior Forms 700 and amendments thereto filed for the period shown on the form.

Robert A. Lovingood, San Bernardino County Supervisor, District 1
California Form 700 – Statement of Economic Interests
2012



AGENCY

POSITION HELD

| | |
|--|----------------------------------|
| Big Bear Valley Recreation and Park District | Member |
| Bloomington Recreation and Park District | Member |
| California State Association of Counties | Member |
| County of San Bernardino | Vice-Chair, Board of Supervisors |
| County of San Bernardino Economic and Community Development Corp. | Member |
| High Desert Corridor Joint Powers Authority | Board Chair |
| Housing Authority of the County of San Bernardino | Member |
| In Home Support Services Public Authority | Member |
| Indian Gaming Local Benefit Committee | Board Member |
| Inland Counties Emergency Medical Agency | Member |
| Inland Empire Public Facilities Corporation | Member |
| Local Agency Formation Commission | Board Member |
| Mojave Desert Air Quality Management District | Delegate; Chair |
| Mojave Desert and Mountain Recycling Authority | Delegate |
| Morongo Basin Transit Authority | Delegate |
| National Association of Counties | Member |
| OmniTrans Board of Directors | Board Member |
| QuadState Local Governments Authority | Board Vice-Chair |
| San Bernardino Associated Governments | Vice President |
| San Bernardino County Financing Authority | Member |
| San Bernardino County Fire Protection District | Member |
| San Bernardino County Flood Control District | Member |
| San Bernardino County Industrial Development Authority | Member |
| Solid Waste Advisory Task Force | Member |
| Successor Agency to the County of San Bernardino Redevelopment Agency | Member |
| Victor Valley Economic Development Authority | Delegate |
| Victor Valley Transit Authority | Delegate |

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16 APR 2016 11:10

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

1. BUSINESS ENTITY OR TRUST

Robert A. Lovingood, Inc. DBA Industrial Commodity
Name Recruiters
14360 St. Andrews Dr, Victorville, CA 92395
Address (Business Address Acceptable)
Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Personnel Placement

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Sole Proprietorship Partnership Corporation
Other

YOUR BUSINESS POSITION Director/Officer

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

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

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

None
Industrial Clerical Recruiters, Inc.

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

Check one box:
 INVESTMENT REAL PROPERTY

None
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 IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

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: _____

Filer's Verification

Print Name Robert A. Lovingood
Office, Agency or Court County of San Bernardino
Statement Type 2012/2013 Annual _____ Annual Assuming Leaving Candidate
(yr)

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 03/30/2016 Filer's Signature _____
(month, day, year)

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FAIR POLITICAL PRACTICES COMMISSION
16 APR 2016

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

1. BUSINESS ENTITY OR TRUST

Melanie A. Lovingood, Inc. DBA Industrial Commodity
Name
14360 St. Andrews Dr, Victorville, CA 92395
Address (Business Address Acceptable)
Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Personnel Placement

| | | |
|---|---------------------------|----------------|
| FAIR MARKET VALUE | IF APPLICABLE, LIST DATE: | |
| <input checked="" type="checkbox"/> \$0 - \$1,999 | ____/____/____ | ____/____/____ |
| <input type="checkbox"/> \$2,000 - \$10,000 | ACQUIRED | DISPOSED |
| <input type="checkbox"/> \$10,001 - \$100,000 | | |
| <input type="checkbox"/> \$100,001 - \$1,000,000 | | |
| <input type="checkbox"/> Over \$1,000,000 | | |

NATURE OF INVESTMENT
 Sole Proprietorship Partnership Corporation
Other _____

YOUR BUSINESS POSITION Director/Officer

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

| | |
|---|---|
| <input checked="" type="checkbox"/> \$0 - \$499 | <input type="checkbox"/> \$10,001 - \$100,000 |
| <input type="checkbox"/> \$500 - \$1,000 | <input type="checkbox"/> OVER \$100,000 |
| <input type="checkbox"/> \$1,001 - \$10,000 | |

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

None

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

Check one box:
 INVESTMENT REAL PROPERTY

None

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 | IF APPLICABLE, LIST DATE: | |
| <input type="checkbox"/> \$2,000 - \$10,000 | ____/____/____ | ____/____/____ |
| <input type="checkbox"/> \$10,001 - \$100,000 | ACQUIRED | DISPOSED |
| <input type="checkbox"/> \$100,001 - \$1,000,000 | | |
| <input type="checkbox"/> Over \$1,000,000 | | |

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: _____

Filer's Verification

Print Name Robert A. Lovingood

Office, Agency or Court County of San Bernardino

Statement Type 2012/2013 Annual _____ Annual Assuming Leaving Candidate
(yr)

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 (d)(5) true and correct.

Date Signed 03/30/2016 Filer's Signature _____
(month, day, year)

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 FAIR POLITICAL PRACTICES COMMISSION

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
 (Ownership Interest is 10% or Greater)

1. BUSINESS ENTITY OR TRUST

Industrial Clerical Recruiters DBA ICR Staffing Services
 Name
 14360 St. Andrews Dr, Victorville, CA 92395
 Address (Business Address Acceptable)
 Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Personnel Placement

| | | |
|--|----------------------------------|----------------|
| FAIR MARKET VALUE | IF APPLICABLE, LIST DATE: | |
| <input type="checkbox"/> \$0 - \$1,999 | ____/____/____ | ____/____/____ |
| <input type="checkbox"/> \$2,000 - \$10,000 | ACQUIRED | DISPOSED |
| <input type="checkbox"/> \$10,001 - \$100,000 | | |
| <input type="checkbox"/> \$100,001 - \$1,000,000 | | |
| <input checked="" type="checkbox"/> Over \$1,000,000 | | |

NATURE OF INVESTMENT
 Sole Proprietorship Partnership Corporation
 Other _____

YOUR BUSINESS POSITION Director/Officer

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

| | |
|---|--|
| <input type="checkbox"/> \$0 - \$499 | <input type="checkbox"/> \$10,001 - \$100,000 |
| <input type="checkbox"/> \$500 - \$1,000 | <input checked="" type="checkbox"/> OVER \$100,000 |
| <input type="checkbox"/> \$1,001 - \$10,000 | |

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

None
 See attached list

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

Check one box:
 INVESTMENT REAL PROPERTY

None

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 | IF APPLICABLE, LIST DATE: | |
| <input type="checkbox"/> \$2,000 - \$10,000 | ____/____/____ | ____/____/____ |
| <input type="checkbox"/> \$10,001 - \$100,000 | ACQUIRED | DISPOSED |
| <input type="checkbox"/> \$100,001 - \$1,000,000 | | |
| <input type="checkbox"/> Over \$1,000,000 | | |

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: _____

Filer's Verification

Print Name Robert A. Lovingood

Office, Agency or Court County of San Bernardino

Statement Type 2012/2013 Annual _____ Annual Assuming Leaving Candidate
(yr)

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 03/30/2016 **Filer's Signature** (d)(5)
(month, day, year)

Single sources of income of \$10,000 or more for Industrial Clerical Recruiters, Inc. DBA ICR Staffing Services - 2012

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16 APR -7 PM 1:40

Calico Ghost Town
Mojave Water Agency
Victor Valley Wastewater Reclamation Authority
City of Victorville
Mojave Desert Air Quality Management District
Lucerne Valley Unified School District
Southwest Gas Company

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PRACTICES COMMISSION
16 APR 2016

SCHEDULE B

Interests in Real Property

(Including Rental Income)

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
0472 051 29 0000

CITY
Apple Valley, CA 92308

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 _____ 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 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 _____% 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

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
3091 261 11 0000

CITY
Victorville, CA 92395

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 _____ 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

Comments:

Filer's Verification

Print Name Robert A. Lovingood

Office, Agency or Court County of San Bernardino

Statement Type 2012/2013 Annual Assuming Leaving
 _____ Annual Candidate
(yr)

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 03/30/2016
(month, day, year)

Filer's Signature (d)(5)

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FAIR POLITICAL
PRACTICES COMMISSION

SCHEDULE B
Interests in Real Property
(Including Rental Income)

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
3091 261 19 0000

CITY
Victorville, CA 92395

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

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
3087 181 48 0000

CITY
Victorville, CA 92395

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

* 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 _____ % 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:

Filer's Verification

Print Name Robert A. Lovingood

Office, Agency or Court County of San Bernardino

Statement Type 2012/2013 Annual Assuming Leaving
 _____ Annual Candidate
(yr)

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 03/30/2016
(d)(5) (month, day, year)

Filer's Signature _____

SCHEDULE B
Interests in Real Property
(Including Rental Income)

AMENDMENT

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
0463 331 01 Z017

CITY
Apple Valley, CA 92308

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

ACQUIRED _____ 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.
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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:

Filer's Verification

Print Name Robert A. Lovingood

Office, Agency or Court County of San Bernardino

Statement Type 2012/2013 Annual Assuming Leaving
 _____ Annual Candidate
(yr)

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 _____ 03/30/2016
(d)(5) month, day, year

Filer's Signature _____



CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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JAN 26 2016
Date Received (Date Rec'd Only)

16 FEB -1 PM 4:45

BOARD OF SUPERVISORS

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Lovingood Robert A.

1. Office, Agency, or Court

Agency Name
County Of San Bernardino
Division, Board, Department, District, if applicable
Board Of Supervisors
Your Position
Supervisor - First District

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

Agency: See Attached List Position: _____

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

State
 Multi-County See attachment
 City of Ridgecrest
 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, 2012, through December 31, 2012.
-or-
The period covered is ____/____/____, through December 31, 2012.
 Assuming Office: Date assumed 12 / 03 / 2012
 Leaving Office: Date Left ____/____/____ (Check one)
 The period covered is January 1, 2012, through the date of leaving office.
 The period covered is ____/____/____, through the date of leaving office.
 Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."
► Total number of pages including this cover page: 9
 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
-or-
 None - No reportable interests on any schedule



I certify under penalty of perjury under the laws of the State of California that the information furnished herein and in any attached schedules is true and complete. I acknowledge (c)(1)

Date Signed 1/25/16

This Amended Form 700
Completely supersedes all prior
Forms 700 and amendments
thereto filed for the
period shown on the form

Robert A. Lovingood, San Bernardino County Supervisor, District 1
 California Form 700 – Statement of Economic Interests
 Names of agencies and positions held

| San Bernardino County | |
|--|---------------|
| Blg Bear Recreation and Park District | Member, Board |
| Bloomington Recreation and Park District | Member, Board |
| Board Governed County Service Areas | Member, Board |
| California State Association of Counties | Member, Board |
| County of San Bern. Economic and Community Development Corp. | Member, Board |
| In Home Support Services Public Authority | Member, Board |
| Indian Gaming Local Benefit Committee | Member, Board |
| Inland Empire Public Facilities Corporation | Member, Board |
| Local Agency Formation Commission | Commissioner |
| Mojave Desert and Mountain Recycling Authority | Member, Board |
| Morongo Basin Transit Authority | Member, Board |
| National Association of Counties | Member, Board |
| OmniTrans | Member, Board |
| San Bernardino County Financing Authority | Member, Board |
| San Bernardino County Fire Protection District | Member, Board |
| San Bernardino County Flood Control District | Member, Board |
| San Bernardino County Industrial Development Authority | Member, Board |
| Solid Waste Advisory Task Force | Member, Board |
| Successor Agency to the County of San Bern. Redevelopment Agency | Member, Board |
| Victor Valley Economic Development Authority | Member, Board |
| Victor Valley Transit Authority | Member, Board |

| Multi-county: San Bernardino/Los Angeles | |
|---|---------------|
| High Desert Corridor Joint Powers Authority | Member, Board |

| Multi-county: San Bernardino/Inyo/Mono | |
|---|---------------|
| Inland Counties Emergency Medical Agency | Member, Board |

| Multi-county: San Bernardino/Riverside | |
|---|---------------|
| Mojave Desert Air Quality Management District | Member, Board |

| Multi-county: San Bernardino/Riverside/Orange/Imperial/Los Angeles | |
|---|---------------|
| San Bernardino Associated Governments | Member, Board |

| Multi-state: California/Arizona/Nevada/Utah | |
|--|-----------------------|
| QuadState Local Governments Authority | Vice-President, Board |

OCT 22 2015
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE OF THE BOARD
AMENDMENT

E-Filed
07/08/2015
18:15:00
Filing ID:
155369073

Please type or print in ink.

GP

RECEIVED
BY: AUG 25 2015

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Lovingood, Robert

1. Office, Agency, or Court

Agency Name
COUNTY OF SAN BERNARDINO
Division, Board, Department, District, if applicable
Board Of Supervisors
Your Position
Supervisor - First District
If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

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

State
 Multi-County _____
 City of _____
 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, 2012, through December 31, 2012
-or-
The period covered is ____/____/____, through December 31, 2012.
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 The period covered is ____/____/____, through the date of leaving office.
 Candidate: Election Year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."
 Schedule A-1 - Investments - schedule attached
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 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

(c)(1)

herein and in any attached schedules is true and complete. I acknowledge (c)(1)

I certify under penalty of perjury under the laws of the State of California

Date Signed 10/20/15 (month, day, year)

(c)(1)

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

▶ 1. BUSINESS ENTITY OR TRUST

Robert A. Lovinggood, Inc.
Name
14360 St Andrews Dr
Victorville, CA 92395
Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

employee holding company

| | | |
|---|----------------------------------|----------------|
| FAIR MARKET VALUE | IF APPLICABLE, LIST DATE: | |
| <input type="checkbox"/> \$0 - \$1,999 | ____/____/____ | ____/____/____ |
| <input type="checkbox"/> \$2,000 - \$10,000 | ACQUIRED | DISPOSED |
| <input type="checkbox"/> \$10,001 - \$100,000 | | |
| <input checked="" type="checkbox"/> \$100,001 - \$1,000,000 | | |
| <input type="checkbox"/> Over \$1,000,000 | | |

NATURE OF INVESTMENT
 Partnership Sole Proprietorship corporation
Other

YOUR BUSINESS POSITION shareholder/director/officer

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

| | |
|---|--|
| <input type="checkbox"/> \$0 - \$499 | <input type="checkbox"/> \$10,001 - \$100,000 |
| <input type="checkbox"/> \$500 - \$1,000 | <input checked="" type="checkbox"/> OVER \$100,000 |
| <input type="checkbox"/> \$1,001 - \$10,000 | |

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

None
Industrial Clerical Recruiters, Inc.

▶ 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 | IF APPLICABLE, LIST DATE: | |
| <input type="checkbox"/> \$2,000 - \$10,000 | ____/____/____ | ____/____/____ |
| <input type="checkbox"/> \$10,001 - \$100,000 | ACQUIRED | DISPOSED |
| <input type="checkbox"/> \$100,001 - \$1,000,000 | | |
| <input type="checkbox"/> Over \$1,000,000 | | |

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____
Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

Comments: See Attached.

Filer's Verification

Print Name Lovinggood, Robert

Office, Agency or Court COUNTY OF SAN BERNARDINO

Statement Type 2012/2013 Annual _____ Annual Assuming Leaving Candidate
(yr)

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 _____
(month, day, year)

Filer's Signature _____

Schedule A-2 comment:

Income is from wife's salary - also reported on Schedule C

"Melanie A. Lovingood, Inc." company has been inactive since creation in 2008. Annual franchise fee paid to State of California.

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

| ▶ 1. INCOME RECEIVED | ▶ 1. INCOME RECEIVED |
|--|---|
| NAME OF SOURCE OF INCOME <u>Robert A. Lovingood, Inc.</u> ADDRESS (Business Address Acceptable) <u>14360 St. Andrews Dr</u> <u>Victorville, CA 92395</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>staffing and recruitment</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 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"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Real 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> | NAME OF SOURCE OF INCOME _____ ADDRESS (Business Address Acceptable) _____ BUSINESS ACTIVITY, IF ANY, OF SOURCE _____ 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 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>(Real 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> |
| Comments: _____ | |

▶ 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* _____ ADDRESS (Business Address Acceptable) _____ BUSINESS ACTIVITY, IF ANY, OF LENDER _____ 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 | INTEREST RATE TERM (Months/Years) _____% <input type="checkbox"/> None _____ SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ <small>Street address</small> _____ <small>City</small> <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ <small>(Describe)</small> |
|---|---|

Filer's Verification

Print Name Lovingood, Robert Office, Agency or Court COUNTY OF SAN BERNARDINO

Statement Type 2012/2013 Annual _____ Annual Assuming Leaving Candidate
(yr)

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 _____ Filer's Signature _____
(month, day, year)

STATEMENT OF ECONOMIC INTERESTS

RECEIVED
Date Received
Official Use Only
JAN 03 2013

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
COVER PAGE

BOARD OF SUPERVISORS

ID - 12741638

Please type or print in ink.

2013 JAN 14 AM 8:23

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Lovingood, Robert

1. Office, Agency, or Court

Agency Name

COUNTY OF SAN BERNARDINO

Division, Board, Department, District, if applicable

Your Position

Board Of Supervisors

Supervisor - First District

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

Agency: _____

Position: _____

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

State

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, 2012, through December 31, 2012

Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2012.

The period covered is January 1, 2012, through the date of leaving office.

Assuming Office: Date assumed 12 / 03 / 12

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

Candidate: Election Year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 5

Schedule A-1 - Investments - schedule attached

Schedule C - Income, Loans, & Business Positions - schedule attached

Schedule A-2 - Investments - schedule attached

Schedule D - Income - Gifts - schedule attached

Schedule B - Real Property - schedule attached

Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

5. Verification

(d)(5)
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
Date Signed 01/02/2013
(month, day, year)
(d)(5)

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name
Lovingood, Robert

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
0463 331 01 Z017
CITY
Apple Valley CA 92308

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 _____ 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
0472 051 29 0000
CITY
Apple Valley CA 92308

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 _____ 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 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 _____ % 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)

Name
Lovingood, Robert

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
3087 181 48 0000
CITY
Apple Valley CA 92308

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 _____ 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
3091 261 11 0000
CITY
Victorville CA 92395

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 _____ 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 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:

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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)

Name
Lovingood, Robert

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
3091 261 19 0000
 CITY
Victorville CA 92395

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

ACQUIRED _____ 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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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: _____