

STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only

RECEIVED
FAIR POLITICAL PRACTICES COMMISSION

COVER PAGE

13 APR -2 PM 1:38

COUNTY OF SAN DIEGO
BOARD OF SUPERVISORS

Please type or print in ink.



NAME OF FILER (LAST) (FIRST) (MIDDLE)
ROBERTS RON 2013 MAR 22 PM 12 02

1. Office, Agency, or Court

THOMAS J. PASTUSZKA
CLERK OF THE BOARD
OF SUPERVISORS

Agency Name
SAN DIEGO COUNTY BOARD OF SUPERVISORS

Division, Board, Department, District, if applicable
FOURTH DISTRICT

Your Position
SUPERVISOR

► 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 DIEGO
- 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 ____/____/____ (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.

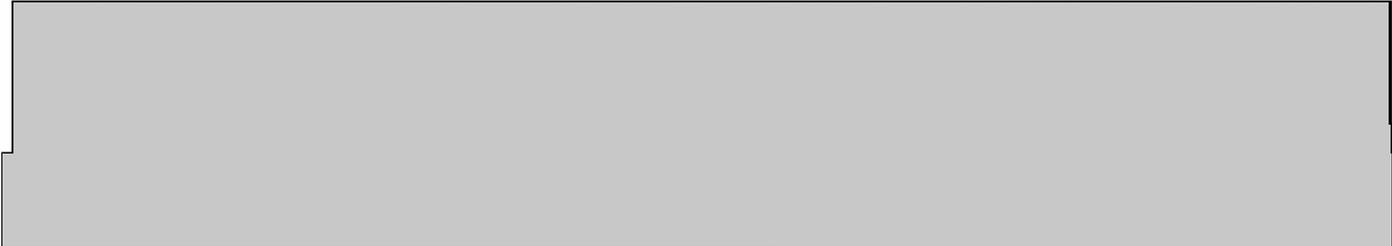
4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 5

- 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

Date Signed 3/22/13
(month, day, year)

Signature

**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 RON ROBERTS

▶ NAME OF BUSINESS ENTITY
Motorola Inc.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Communications

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

▶ NAME OF BUSINESS ENTITY
Qualcomm Inc.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Communications

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

▶ NAME OF BUSINESS ENTITY
Brooklyn Girl Eatery

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Restaurant

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 Limited Partner
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
08 / 20 / 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

Comments: _____

SCHEDULE D
Income – Gifts

Name
RON ROBERTS

▶ NAME OF SOURCE (Not an Acronym)
Matt Adams - Building Industry Association
 ADDRESS (Business Address Acceptable)
9201 Spectrum Center, Blvd., Ste. 110, SD 92123
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01</u> / <u>21</u> / <u>12</u>	\$ <u>85</u>	<u>BIA Installation Dinner</u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>	<u> </u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
President Mary Lyons - University of San Diego
 ADDRESS (Business Address Acceptable)
5998 Alcala Park, SD 92110
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03</u> / <u>31</u> / <u>12</u>	\$ <u>75</u>	<u>USD Presidents Club</u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>	<u>Twilight Blues Dinner</u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Scripps Health
 ADDRESS (Business Address Acceptable)
4275 Campus Point Ct., SD 92121
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02</u> / <u>16</u> / <u>12</u>	\$ <u>50</u>	<u>Chamber's Annual Dnr</u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>	<u> </u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Roger Dougherty - Kaiser Permanente
 ADDRESS (Business Address Acceptable)
4647 Zion Avenue, SD 92120
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05</u> / <u>07</u> / <u>12</u>	\$ <u>100</u>	<u>MS Golf Tournament</u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>	<u> </u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Debbie Syverson
 ADDRESS (Business Address Acceptable)
P.O. Box 181407, Coronado CA 92178
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03</u> / <u>30</u> / <u>12</u>	\$ <u>100</u>	<u>Public Defenders Golf</u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>	<u>Tournament</u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Robbins, Jorgensen & Christopher Architect
 ADDRESS (Business Address Acceptable)
320 Laurel Street, SD 92101
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09</u> / <u>24</u> / <u>12</u>	\$ <u>150</u>	<u>Mike Philbin Golf</u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>	<u>Tournament</u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>	<u> </u>

Comments: _____

SCHEDULE D
Income - Gifts

Name
RON ROBERTS

▶ NAME OF SOURCE (Not an Acronym)
San Diego County Crime Commission
 ADDRESS (Business Address Acceptable)
5694 Mission Center Rd., Ste. 602-432, SD 92108
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 02 / 12	\$ 65	Blue Knight Awards
/ /	\$	Dinner
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
San Diego County Credit Union
 ADDRESS (Business Address Acceptable)
6545 Sequence Drive, SD 92121
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 20 / 12	\$ 80	VIP Tailgate Party
12 / 20 / 12	\$ 170	Poinsettia Bowl Game
/ /	\$	2 tix's @ \$40 ea & \$85

▶ NAME OF SOURCE (Not an Acronym)
Rancho Santa Fe Association
 ADDRESS (Business Address Acceptable)
17022 Avenida De Acacias, Rancho Santa Fe 92067
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 14 / 12	\$ 100	Holiday Gift Basket
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
Bridgepoint Education
 ADDRESS (Business Address Acceptable)
9449 Friars Road, L-55, SD 92108
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 27 / 12	\$ 100	VIP Tailgate Party
12 / 27 / 12	\$ 200	Holiday Bowl Game
/ /	\$	2 tix's \$50 ea & \$100

▶ NAME OF SOURCE (Not an Acronym)
Elliot Feuerstein
 ADDRESS (Business Address Acceptable)
8150 Mira Mesa Blvd., SD 92126
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 29 / 12	\$ 79	Fruit for all seasons
/ /	\$	gift basket
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
Dr. Len Okun - US HealthWorks
 ADDRESS (Business Address Acceptable)
5575 Ruffin Road, Ste. 100, SD 92123-1314
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 17 / 12	\$ 70	Holiday Gift Basket
/ /	\$	
/ /	\$	

Comments: _____

SCHEDULE D
Income - Gifts

Name
RON ROBERTS

▶ NAME OF SOURCE (Not an Acronym)
Kent Trimble

ADDRESS (Business Address Acceptable)
4343 Hawk Street

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 04 / 12</u>	\$ <u>75</u>	<u>Holiday Bowl of Dir.'s</u>
<u> / / </u>	\$ _____	<u>Dinner</u>
<u> / / </u>	\$ _____	_____

▶ 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)
<u> / / </u>	\$ _____	_____
<u> / / </u>	\$ _____	_____
<u> / / </u>	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Nick Krnich

ADDRESS (Business Address Acceptable)
2761 Boston Avenue, SD 92113

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 31 / 12</u>	\$ <u>100</u>	<u>Golf Game</u>
<u> / / </u>	\$ _____	_____
<u> / / </u>	\$ _____	_____

▶ 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)
<u> / / </u>	\$ _____	_____
<u> / / </u>	\$ _____	_____
<u> / / </u>	\$ _____	_____

▶ 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)
<u> / / </u>	\$ _____	_____
<u> / / </u>	\$ _____	_____
<u> / / </u>	\$ _____	_____

▶ 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)
<u> / / </u>	\$ _____	_____
<u> / / </u>	\$ _____	_____
<u> / / </u>	\$ _____	_____

Comments: _____



2014 MAY 21 PM 4 55

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

CLERK OF THE BOARD
OF SUPERVISORS

- 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)
San Diego Regional Chamber of Commerce

ADDRESS (Business Address Acceptable)
402 West Broadway, Ste. 1000

CITY AND STATE
San Diego California

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

DATE(S) 09 / 09 / 12 - 09 / 12 / 12 AMT: \$ 155.05
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description
One Region One Voice - Mission to Washington DC
(Food costs only)

▶ 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

Filer's Verification

Print Name Ron Roberts

Office, Agency or Court San Diego County Board of Supervisors

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 21 MAY 2014

Filer's Signa (c)(1)

Comments: _____