

JAN 26 2013



CLERK OF THE BOARD

STATEMENT OF ECONOMIC INTERESTS

FAIR POLITICAL PRACTICES COMMISSION

COVER PAGE

16 FEB - 1 PM 4:45



CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

Please type or print in ink.

BOARD OF SUPERVISORS

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
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. (Do not use acronyms)

Agency: See Attached List Position: _____

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

- State
- Multi-County See Attached List
- 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, 2013, through December 31, 2013.
- or-
- The period covered is _____ through December 31, 2013.
- Assuming Office: Date assumed _____
- Leaving Office: Date Left _____ (Check one)
- The period covered is January 1, 2013, 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: 11
- 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

(c)(1)

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 1/24/2014
(month, day, year)

(c)(1)

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



AGENCY

County of San Bernardino
California State Association of Counties
High Desert Corridor Joint Powers Authority
In Home Support Services Public Authority
Indian Gaming Local Benefit Committee
Inland Counties Emergency Medical Agency
Local Agency Formation Commission
Mojave Desert Air Quality Management District
Mojave Desert and Mountain Recycling Authority
Morongo Basin Transit Authority
National Association of Counties
OmniTrans
QuadState Local Governments Authority
San Bernardino Associated Governments
Victor Valley Economic Development Authority
Victor Valley Transit Authority

POSITION HELD

Member, Board of Supervisors
Member
Board Chair
Member
Board Member
Member
Board Member
Board Member
Board Member
Member
Member
Board Member
Board Vice-Chair
Board Member
Board Member
Board Member

Robert A. Lovingood, San Bernardino County Supervisor, District 1

California Form 700 - Statement of Economic Interests

Jurisdiction of Office

Multi-County: Mohave, Imperial, Kern, San Bernardino, Lincoln, Nye, Washington

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
Robert A. Lovingood

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Robert A. Lovingood, Inc. DBA Industrial Commodity Recruiters

ADDRESS (Business Address Acceptable)
14360 St. Andrews Dr., Vicroville, CA 92395

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Personnel Placement

YOUR BUSINESS POSITION
President

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 Loan repayment Partnership
 Sale of _____
(Real property, car, boat, etc.)
 Commission or Rental Income, *list each source of \$10,000 or more*

Other Salary & Pass-thru income from Robert A. Lovingood, Inc.
(Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Industrial Clerical Recruiters, Inc. DBA ICR Staffing Services

ADDRESS (Business Address Acceptable)
14360 St. Andrews Dr., Victorville, CA 92395

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Temp/Perm Recruitment & Placement

YOUR BUSINESS POSITION
N/A

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 Loan repayment Partnership
 Sale of _____
(Real property, car, boat, etc.)
 Commission or Rental Income, *list each source of \$10,000 or more*

Other Pass-thru loss from Industrial Clerical Recruiters, Inc.
(Describe)

▶ 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
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE _____% None

TERM (Months/Years) _____

SECURITY FOR LOAN
 None Personal residence
 Real Property _____
Street address

City
 Guarantor _____
 Other _____
(Describe)

Comments: _____

SCHEDULE D
Income – Gifts

Name
Robert A. Lovingood

▶ NAME OF SOURCE (Not an Acronym)
County of San Bernardino, Regional Parks

ADDRESS (Business Address Acceptable)
777 E. Rialto Ave, San Bernardino, CA 92415

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 15 / 13</u>	<u>\$ 50.00</u>	<u>Tickets to Civil War reenactment at Calico</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Molycorp

ADDRESS (Business Address Acceptable)
5619 DTC Parkway Suite 1000, Greenwood Village, CO 80111

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 19 / 13</u>	<u>\$ 75.00</u>	<u>Tickets to League of Citties Spring Gala</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<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>
<u> / / </u>	<u>\$</u>	<u> </u>
<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>
<u> / / </u>	<u>\$</u>	<u> </u>
<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>
<u> / / </u>	<u>\$</u>	<u> </u>
<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>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

RECEIVED
APR 02 2014

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE



BOARD OF SUPERVISORS

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
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. (Do not use acronyms)

Agency: _____ Position: _____

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

- State Mohave, Imperial, Kern, San Bernardino, _____
- Multi-County Lincoln, Nye, Washington _____
- 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, 2013, through December 31, 2013
-or-
The period covered is 12 / 04 / 2012, through December 31, 2013.
- 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, 2013, 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: 1
- 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

(c)(1) [Redacted area]

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

Date Signed 03/31/2014
(month, day, year)

Signature Robert Lovingood
(File the original with the statement)

(c)(1) [Redacted area]

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Received
Official Use Only

1013678



Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

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. (Do not use acronyms)

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, 2013, through December 31, 2013

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

-or-

The period covered is ____/____/____, through December 31, 2013

The period covered is January 1, 2013, through the date of leaving office.

Assuming Office: Date assumed ____/____/____

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

(c)(1)



(c)(1)

herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed 03/24/2014
(month, day, year)

Signature Robert A. Lovingood
(File the originally signed document)

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name <u>Lovingood, Robert</u>

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
<p>NAME OF SOURCE OF INCOME <u>ICR Staffing Services</u></p> <p>ADDRESS (Business Address Acceptable) <u>14360 St Andrews Dr</u> <u>Victorville, CA 92392</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Staffing and recruitment</u></p> <p>YOUR BUSINESS POSITION _____</p> <hr/> <p>GROSS INCOME RECEIVED</p> <p><input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000</p> <p><input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED</p> <p><input type="checkbox"/> Salary <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income</p> <p><input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small></p> <p><input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more</p> <hr/> <p><input type="checkbox"/> Other _____ <small>(Describe)</small></p>	<p>NAME OF SOURCE OF INCOME _____</p> <p>ADDRESS (Business Address Acceptable) _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE _____</p> <p>YOUR BUSINESS POSITION _____</p> <hr/> <p>GROSS INCOME RECEIVED</p> <p><input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000</p> <p><input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED</p> <p><input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income</p> <p><input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small></p> <p><input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more</p> <hr/> <p><input type="checkbox"/> Other _____ <small>(Describe)</small></p>

▶ 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:

<p>NAME OF LENDER* _____</p> <p>ADDRESS (Business Address Acceptable) _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF LENDER _____</p> <p>HIGHEST BALANCE DURING REPORTING PERIOD</p> <p><input type="checkbox"/> \$500 - \$1,000</p> <p><input type="checkbox"/> \$1,001 - \$10,000</p> <p><input type="checkbox"/> \$10,001 - \$100,000</p> <p><input type="checkbox"/> OVER \$100,000</p>	<p>INTEREST RATE _____ % <input type="checkbox"/> None</p> <p>TERM (Months/Years) _____</p> <p>SECURITY FOR LOAN</p> <p><input type="checkbox"/> None <input type="checkbox"/> Personal residence</p> <p><input type="checkbox"/> Real Property _____ <small style="margin-left: 150px;">Street address</small></p> <p style="text-align: center; margin-left: 100px;">_____</p> <p style="text-align: center; margin-left: 100px;"><small>City</small></p> <p><input type="checkbox"/> Guarantor _____</p> <p><input type="checkbox"/> Other _____ <small style="margin-left: 100px;">(Describe)</small></p>
---	---

Comments: _____

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)
County of San Bernardino, Regional Parks
 ADDRESS (Business Address Acceptable)
777 E Rialto Ave
San Bernardino, CA 92415
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 15 / 13</u>	<u>\$ 50.00</u>	<u>Tickets to Civil War reenactment at Calico</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Molycorp
 ADDRESS (Business Address Acceptable)
5619 DTC Parkway Suite 1000
Greenwood Village, CO 80111
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 19 / 13</u>	<u>\$ 75.00</u>	<u>Ticket to League of Cities Spring Gala</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<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>
<u> / / </u>	<u>\$ </u>	<u> </u>
<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>
<u> / / </u>	<u>\$ </u>	<u> </u>
<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>
<u> / / </u>	<u>\$ </u>	<u> </u>
<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>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

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



AGENCY

County of San Bernardino
California State Association of Counties
High Desert Corridor Joint Powers Authority
In Home Support Services Public Authority
Indian Gaming Local Benefit Committee
Inland Counties Emergency Medical Agency
Local Agency Formation Commission
Mojave Desert Air Quality Management District
Mojave Desert and Mountain Recycling Authority
Morongo Basin Transit Authority
National Association of Counties
OmniTrans
QuadState Local Governments Authority
San Bernardino Associated Governments
Victor Valley Economic Development Authority
Victor Valley Transit Authority

POSITION HELD

Member, Board of Supervisors
Member
Board Chair
Member
Board Member
Member
Board Member
Board Member
Board Member
Member
Member
Board Member
Board Vice-Chair
Board Member
Board Member
Board Member