

STATEMENT OF ECONOMIC INTERESTS



COVER PAGE

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CITY CLERK

CITY OF RANCHO CUCAM NGA

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
MICHAEL LLOYD DENNIS

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
CITY OF RANCHO CUCAMONGA  
Division, Board, Department, District, if applicable  
CITY COUNCIL  
Your Position  
MAYOR  
If filing for multiple positions, list below or on an attachment. (Do not use acronyms)  
LEAGUE OF CALIFORNIA CITIES BOARD MEMBER  
Agency: SAN BERNARDINO SAN BERNARDINO ASSOCIATED GOVERNMENTS Position: BOARD MEMBER

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FAIR POLITICAL PRACTICES COMMISSION  
15 APR - 6 PM 3:28

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

- State
- Multi-County
- City of RANCHO CUCAMONGA
- 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, 2014, through December 31, 2014.
- Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)
  - The period covered is January 1, 2014, through the date of leaving office.
  - The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_
- 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: 7

- 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

Date Signed 3-17-15  
(month, day, year)



**SCHEDULE B**  
**Interests in Real Property**  
 (Including Rental Income)

Name  
LLOYD DENNIS MICHAEL

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
7795 CAILE CASINO  
 CITY  
RANCHO CUCAMONCA, CA. 91730

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

IF APPLICABLE, LIST DATE:  
 ACQUIRED     /     / 14      DISPOSED     /     / 14

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

IF APPLICABLE, LIST DATE:  
 ACQUIRED     /     / 14      DISPOSED     /     / 14

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      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  
LLOYD DENNIS MICHAEL

▶ NAME OF SOURCE (Not an Acronym)  
R. LUCAMONGA CHAMBER OF COMMERCE  
 ADDRESS (Business Address Acceptable)  
9047 ARROW RTE, R. LUCAMONGA, CA. 91730  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
BUSINESS ADVOCACY

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5/2/14</u>	<u>\$ 150.<sup>00</sup></u>	<u>GOLF TOURNAMENT</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym) BUILDING INDUSTRY  
BALDY VIEW CHAPTER ASSOCIATION  
 ADDRESS (Business Address Acceptable)  
601 W. MAKINLEY AVE POMONA, CA. 91768  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE HOMI  
POMONA, CA BUILDING ADVOCACY

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/4/14</u>	<u>\$ 90.<sup>00</sup></u>	<u>CHERRY GOLF DINNER</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym) R. LUCAMONGA  
R.C. COMMUNITY AND ARTS FOUNDATION  
 ADDRESS (Business Address Acceptable)  
10580 CIVIL CTR. DR. R. LUCAMONGA, CA. 91730  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
FUNDRAISING - NON-PROFIT

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9/8/14</u>	<u>\$ 250.<sup>00</sup></u>	<u>GOLF TOURNAMENT</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
NPHS ANNUAL BENEFIT DINNER  
 ADDRESS (Business Address Acceptable)  
12505 CULTURAL CTR. DR. R. LUCAMONGA, CA 91739  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
HOUSING SUPPORT LOW INCOME

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9/16/14</u>	<u>\$ 100.<sup>00</sup></u>	<u>#0 DINNER</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
CHARLES COLLEGE BOARD TO COMMUNITY  
 ADDRESS (Business Address Acceptable)  
15586 SUMMIT FANE FOUNTAIN, CA. 92336  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
JUNIOR COLLEGE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10/14/14</u>	<u>\$ 40.<sup>00</sup></u>	<u>LUNCHEON</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
SENATE MCDONNELL FOUNDATION  
 ADDRESS (Business Address Acceptable)  
8358 BELL HILL C.C. DR. R. LUCAMONGA, CA. 91730  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
BENEFIT DINNER WITH YOU-WO CAN

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10/2/14</u>	<u>\$ 40.<sup>00</sup></u>	<u>DINNER</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

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

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

Name  
LLOYD DENNIS MITCHELL

- 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)  
LEAGUE OF CALIFORNIA CITIES

ADDRESS (Business Address Acceptable)  
1400 K STREET

CITY AND STATE  
SACRAMENTO, CA. 95814

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
STATE ADVOCACY FOR CITIES IN CA.

DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$ 1,904.<sup>00</sup>  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description TRAVEL REIMBURSEMENT FOR VOLUNTEER SERVICES AS A BOARD MEMBER

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

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

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

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

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

DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$ \_\_\_\_\_  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

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

Form 700

Attachment A

**Agency Name**

**Position**

San Bernardino County Transportation Authority

Board Member

San Bernardino County Transportation Commission

Board Member

San Bernardino County Congestion Management Agency

Board Member

San Bernardino County Service Authority for Freeway Emergencies

Board Member

This is to certify I have no other economic interests within the County of San Bernardino than otherwise indicated in the attached Form 700 which was filed with my jurisdiction.

LLOYD DENNIS MICHAEL  
Print Name



3-17-15  
Date