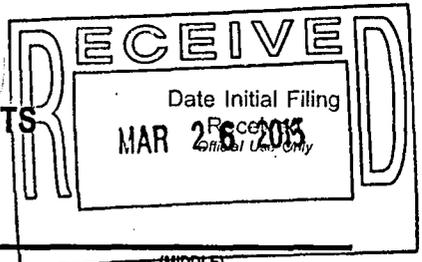


STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE (CG)



Please type or print in ink.

NAME OF FILER (LAST) Racadio (FIRST) Sam (MIDDLE) J

1. Office, Agency, or Court

Agency Name (Do not use acronyms) City of Highland Council member  
Division, Board, Department, District, if applicable \_\_\_\_\_ Your Position \_\_\_\_\_

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Successor Agency/Housing Authority Position: Member

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

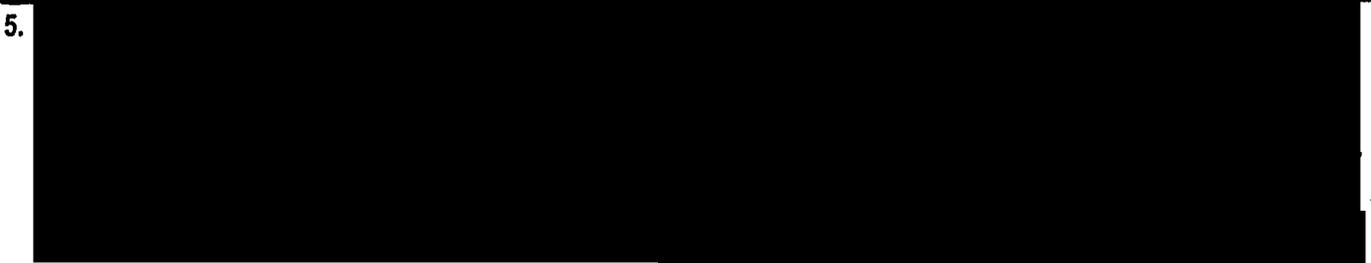
State  Judge or Court Commissioner (Statewide Jurisdiction)  
 Multi-County \_\_\_\_\_  County of \_\_\_\_\_  
 City of Highland  Other \_\_\_\_\_

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

Annual: The period covered is January 1, 2014, through December 31, 2014.  
-or-  
The period covered is \_\_\_\_\_ through December 31, 2014.  
 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, 2014, 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: \_\_\_\_\_  
 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



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

Date Signed 3/24/15  
(month, day, year)

**SCHEDULE D**  
**Income - Gifts**

Name  
Sam Racadio

▶ NAME OF SOURCE (Not an Acronym)  
Manufacturing Housing Educational Trust

ADDRESS (Business Address Acceptable)  
25241 Paseo de Alicia, Suite 120

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Education regarding manufacturing housing

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/04/14</u>	<u>\$60.45</u>	<u>lunches for elected officials in Riverside</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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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**  
**Incom – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

Name  
Sam Racadio

- 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

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Advocacy for cities & residents

DATE(S): 01/06/14, 12/31/14 AMT: \$ 1,363.63  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description Travel, meals & lodging for volunteer services as a member of League board of directors.

▶ 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: \_\_\_\_\_