

STATEMENT OF ECONOMIC INTERESTS

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NAME OF FILER (LAST) (FIRST) (MIDDLE)
Davis R. Carey

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of San Bernardino
Division, Board, Department, District, if applicable
Your Position
Mayor

► 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
- Multi-County _____
- City of San Bernardino
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of _____
- 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 03 / 03 / 2014, 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 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 3/31/2015
(month, day, year)

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
R. Carey Davis

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
City of San Bernardino

ADDRESS (Business Address Acceptable)
300 North "D" Street, SB, CA 92418

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Municipality

YOUR BUSINESS POSITION
Mayor

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
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

Other _____
 (Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
St. Bernardine Medical Center

ADDRESS (Business Address Acceptable)
2101 N. Waterman Avenue, SB, CA 92404

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Hospital

YOUR BUSINESS POSITION
Clinical Quality Coordinator, RN

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
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

Other _____
 (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
R. Carey Davis

▶ NAME OF SOURCE (Not an Acronym)
SB Railroad Historical Society

ADDRESS (Business Address Acceptable)
1170 W. Third Street

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Museum

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---------------------|------------------|-------------------------------|
| <u>04 / 12 / 14</u> | <u>\$ 390.00</u> | <u>SB RailroadE-Excursior</u> |
| <u> / / </u> | <u>\$ </u> | <u> </u> |
| <u> / / </u> | <u>\$ </u> | <u> </u> |

▶ NAME OF SOURCE (Not an Acronym)
Inland Empire 66ers

ADDRESS (Business Address Acceptable)
San Manuel Stadium

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Baseball

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---------------------|-----------------|---------------------------|
| <u>04 / 12 / 14</u> | <u>\$ 61.92</u> | <u>Baseball Tickets</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> |

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|--------------------|-----------------|---------------------------|
| <u> / / </u> | <u>\$ </u> | <u> </u> |
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| <u> / / </u> | <u>\$ </u> | <u> </u> |
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| <u> / / </u> | <u>\$ </u> | <u> </u> |
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| <u> / / </u> | <u>\$ </u> | <u> </u> |

Comments: _____

Mayor R. Carey Davis' filings

Holds the position and a member of the following
Commissions/Committees/Authorities in the City of San Bernardino:

- 1) Mayor of the City of San Bernardino
- 2) San Bernardino Associated Government (SANBAG) See
Attachment A
- 3) San Bernardino Valley Municipal Water District
- 4) Omnitrans Board of Directors
- 5) San Bernardino International Airport (SBIAA)
- 6) Inland Valley Development Agency (IVDA)

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