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City of Barstow City Clerks Office

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS



COVER PAGE

Please type or print in ink.

NAME OF FILER: Hackbarth-McIntyre; 2015 APR 10 AM 10:58; (FIRST) Julie; (MIDDLE) Ann

1. Office, Agency, or Court

Agency Name (Do not use acronyms): City of Barstow; 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)

Agency: See attachment; Position:

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

- State, Multi-County various - Southern California, City of Barstow, 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, The period covered is January 1, 2014, 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: 4. Schedule A-1, A-2, B, C, D, E, None - No reportable interests on any schedule.

5. [Redacted]

herein and in any attached schedules is true and complete. I acknowledge I certify under penalty of perjury under the laws of the State of California

Date Signed 03/23/2015 (month, day, year)

Continuation of Form 700

Section #1. Office, Agency, or Court

Expanded Statement – List Agency/Position
Multiple Positions:

Agency: City of Barstow
Position: Council Member

Agency: Barstow Fire Protection District
Position: Board Member

Agency: Barstow Oversight Board
Position: Chair

Agency: San Bernardino Associated Governments (SANBAG)
Position: Board Member

Agency: Southern California Associated Governments (SCAG)
Position: Committee Member, Community, Economic, and Human Development



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

CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small> Name Hackbarth-McIntyre, Julie

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 Southern California Associated Governments

ADDRESS (Business Address Acceptable)
 818 West 7th St., 12th Floor, Los Angeles, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Community, Economic, & Human Dev. Committee

YOUR BUSINESS POSITION
 Committee Meeting

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 \$120.00 stipend per meeting

 (Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

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: _____