

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

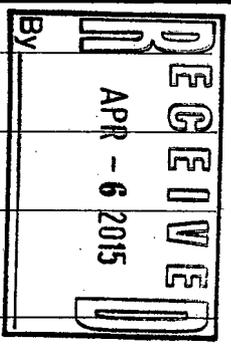
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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Benoit John J.

1. Office, Agency, or Court



Agency Name (Do not use acronyms)  
Riverside County Board of Supervisors  
Division, Board, Department, District, if applicable  
Fourth District  
Your Position  
County Supervisor

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

Agency: (See attached) Position:

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

- State
- Multi-County \_\_\_\_\_
- City of \_\_\_\_\_
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of Riverside
- 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 \_\_\_\_/\_\_\_\_/\_\_\_\_
- 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.
- 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: \_\_\_\_\_

- 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

5. Verification

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

Date Signed 03/20/2015  
(month, day, year)

205-3-12008

# STATEMENT OF ECONOMIC INTERESTS

CALIFORNIA (Continuation Part I – Cover Page)  
2014/2015 Form 700 – Annual  
Fair Political Practices Commission

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## JOHN J. BENOIT

73-710 Fred Waring Drive, Suite 222, Palm Desert CA 92260  
760-863-8211

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### Agency and Position Title (continued from page 1)

- California State Association of Counties, Board Member
- Coachella Valley Association of Governments, Executive Committee Member
- Coachella Valley Conservation Commission, Board Member
- Coachella Valley Enterprise Zone, Board Member

CG

- Coachella Valley Mountains Conservancy, Board Member
- Coachella Valley Water District – Joint Policy Advisory Committee
- Community Facilities District Legislative Body, Vice-Chairman
- Criminal Justice Planning Committee, Vice-Chairman
- Disaster Council, Vice-Chairman
- Hospital Joint Conference Committee
- Housing Authority, Vice-Chairman
- Industrial Development Authority
- In-Home Supportive Services Public Authority
- Jacqueline Cochran Regional Airport Authority, Board Member
- Law Library Committee, (Alternate)
- Local Agency Formation Commission

CG

- Mojave Desert Air Quality Management District, Board Member CG
- National Association of Counties (NACO)
- Oversight Board For The Successor Agency To The Redevelopment Agency For the County of Riverside
- Public Safety Enterprise Committee, (Alternate)
- Palm Springs Desert Resorts Convention & Visitors Bureau, Board Member
- Palo Verde Valley Transit Authority, Board Member
- Regional Access Project Foundation, Inc., Board Member
- Riverside County Assessor's Office
- Riverside County Indian Gaming Local Benefits Committee
- Riverside County Local Agency Formation Commission (Alternate)

- Riverside County Public Financing Authority, Vice-Chairman
- Riverside County Transportation Commission, Commissioner
- Riverside County Transportation Commission – Executive Committee
- Riverside County Tribal Council Task Force, (Alternate)
- Salton Sea Authority, Board Member



- South Coast Air Quality Management District, Board Member
- Southern California Regional Airport Authority
- Successor Agency to the Redevelopment Agency
- SunLine Transit Agency, Board Member
- Surplus Property Commission
- United States District Court Financing Corporation, Vice-Chairman
- Urban Counties Caucus, Board Member
- Waste Resources Management District, Vice-Chairman
- Western Riverside Council of Governments, Board Member
- Western Riverside County Regional Conservation Authority

# SCHEDULE A-1

## Investments

### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Benoit, John J.

▶ NAME OF BUSINESS ENTITY  
MEDL Mobile Holdings, Inc.

GENERAL DESCRIPTION OF THIS BUSINESS  
Mobile Technology Company

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)

Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

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

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)

Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

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

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)

Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

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

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)

Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

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

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)

Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

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

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)

Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

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

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

# SCHEDULE A-2

## Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name  
Benoit, John J.

**▶ 1. BUSINESS ENTITY OR TRUST**

Patrick Lamontagne Trust  
Name

Nothern Trust, Chicago, IL  
Address (Business Address Acceptable)

Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

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FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	
<input type="checkbox"/> \$2,000 - \$10,000	____/____/14      ____/____/14
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED      DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     \_\_\_\_\_ Other

YOUR BUSINESS POSITION \_\_\_\_\_

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

<input type="checkbox"/> \$0 - \$499	<input checked="" type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

None    or     Names listed below

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**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT     REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property \_\_\_\_\_

Description of Business Activity or City or Other Precise Location of Real Property \_\_\_\_\_

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	
<input type="checkbox"/> \$10,001 - \$100,000	____/____/14      ____/____/14
<input type="checkbox"/> \$100,001 - \$1,000,000	ACQUIRED      DISPOSED
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_     Other \_\_\_\_\_  
Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

**▶ 1. BUSINESS ENTITY OR TRUST**

Name \_\_\_\_\_

Address (Business Address Acceptable) \_\_\_\_\_

Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

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FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	
<input type="checkbox"/> \$2,000 - \$10,000	____/____/14      ____/____/14
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED      DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     \_\_\_\_\_ Other

YOUR BUSINESS POSITION \_\_\_\_\_

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

None    or     Names listed below

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**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT     REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property \_\_\_\_\_

Description of Business Activity or City or Other Precise Location of Real Property \_\_\_\_\_

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	
<input type="checkbox"/> \$10,001 - \$100,000	____/____/14      ____/____/14
<input type="checkbox"/> \$100,001 - \$1,000,000	ACQUIRED      DISPOSED
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_     Other \_\_\_\_\_  
Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

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

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

Name

Benoit, John J.

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
34755 Stage Drive

CITY  
Thousand Palms, CA 92276

FAIR MARKET VALUE  
 \$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  
Nancy Newland

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
3740 St. Michael Place

CITY  
Palm Desert, CA 92260

FAIR MARKET VALUE  
 \$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  
Miryam Ketagi

\* 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  
**Benoit, John J.**

▶ NAME OF SOURCE (Not an Acronym)  
**SoCal Gas-Sempra Energy**

ADDRESS (Business Address Acceptable)  
**211 N. Sunrise Way, Palm Springs, CA 92262**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Utility Company**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 16 / 14	\$ 30.49	Dinner & Cooler
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**Bill Houck**

ADDRESS (Business Address Acceptable)  
**3500 E. Tachevah Drive, #B Palm Springs, CA 92262**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Businessman Billboards/Advertising**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 11 / 14	\$ 130.00	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**California State Association of Counties**

ADDRESS (Business Address Acceptable)  
**1100 K St. Ste. 101 Sacramento, CA 95814**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**CA Counties Advocates**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 03 / 14	\$ 114.68	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**The Annenberg Retreat at Sunnylands**

ADDRESS (Business Address Acceptable)  
**37977 Bob Hope Drive, Rancho Mirage, CA 92270**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Non-profit**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 09 / 14	\$ 150.00	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**Brian Harnik**

ADDRESS (Business Address Acceptable)  
**45025 Manitou Drive, Indian Wells, CA 92210**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Attorney**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 28 / 14	\$ 157.50	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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

Name  
 Benoit, John J.

- 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)  
 City of Los Angeles Offices of the Mayor

ADDRESS (Business Address Acceptable)  
 1400 K. Street, Room 208

CITY AND STATE  
 Sacramento, CA 95814

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

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ 75.00  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description  
 Airport Parking Services

▶ 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: \_\_\_\_\_