



STATEMENT OF ECONOMIC INTERESTS

COVER PAGE



E-Filed  
02/24/2015  
14:11:24  
Filing ID:  
154280020

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Gonzales, Josie

1. Office, Agency, or Court

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

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

Agency: \*SEE ATTACHED FOR ADDITIONAL POSITIONS Position:

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

- State  Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County \_\_\_\_\_  County of San Bernardino
- City 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 \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2014
- Leaving Office: Date Left 01 / 27 / 2015 (Check one) See attached  
 The period covered is January 1, 2014, through the date of leaving office.
- Assuming Office: Date assumed 01 / 27 / 2015 See attached  
 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: 3
- 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

5. Verification

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 02/24/2015 (month, day, year)

**STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
Expanded Statement Attachment**

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name  Josié Gonzales

Agency	Division/Board/Dept/District	Position	Type of Statement
County of San Bernardino	Board Of Supervisors	Elective Board of Supervisors	Annual 1/1/2014 - 12/31/2014
Agua Mansa Industrial Growth Association	Joint Power Authority	Delegate	Annual 1/1/2014 - 12/31/2014
Omnitrans Board of Directors	Board	Member	Annual 1/1/2014 - 12/31/2014
San Bernardino International Airport	Airport Authority	Member	Annual 1/1/2014 - 12/31/2014
San Bernardino Assoc of Govern	Board	Member	Annual 1/1/2014 - 12/31/2014
SB County Interagency Council on Homeles	Council	Chair	Annual 1/1/2014 - 12/31/2014
Indian Gaming Local Benefit Committee		Alternate	Annual 1/1/2014 - 12/31/2014
Inland Valley Development Authority	Board	Co-Chair	Annual 1/1/2014 - 12/31/2014
SANBAG Consolidate Trans. Serv. Agcy	Ad Hoc Committee	Member	Annual 1/1/2014 - 12/31/2014
Santa Ana River Policy Advisory Grou		Alternate	Annual 1/1/2014 - 12/31/2014
Con Fire Agency	Board	Alternate	Assuming Office 1/27/2015
So Coast Air Qlty Management District	Board	Member	Leaving Office 1/27/2015

**STATEMENT OF ECONOMIC INTERESTS  
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Expanded Statement Attachment**

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name  Josie Gonzales

Agency	Division/Board/Dept/District	Position	Type of Statement
So Coast Air Quality Managmnt District	Administrative Committee	Member	Leaving Office 1/27/2015
So Coast Air Quality Managmnt District	Brain & Lunch Tumor and Air Pollution	Member	Leaving Office 1/27/2015
So Coast Air Quality Managmnt District	Legislative Committee	Chair	Leaving Office 1/27/2015
Interagency Council on Homelessness	Board Member	Co-Chair	Annual 1/1/2014 - 12/31/2014
First 5	Board	Chair	Assuming Office 1/27/2015
IEHP	Board	Member	Assuming Office 1/27/2015
Children's Policy Council	Board	Member	Assuming Office 1/27/2015
Head Start Shared Governance Board	Board	Member	Assuming Office 1/27/2015
ARMC Joint Conference Committee	Board	Member	Assuming Office 1/27/2015
National Association of Counties	Board	Member	Annual 1/1/2014 - 12/31/2014
San Bernardino Valley Municipal Water District Advisory Committe on Water Policy	Board	Alternate	Annual 1/1/2014 - 12/31/2014
Suggestions Awards Committee	Board	Member	Annual 1/1/2014 - 12/31/2014

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<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name  Josie Gonzales

Agency	Division/Board/Dept/District	Position	Type of Statement
ARMC Joint Conference Committee	Board	Member	Annual 1/1/2014 - 12/31/2014



STATEMENT OF ECONOMIC INTERESTS

COVER PAGE



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02/12/2015  
12:47:56  
Filing ID:  
154115503

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Gonzales, Josie

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
County of San Bernardino  
Division, Board, Department, District, if applicable  
Your Position  
Board Of Supervisors  
Elective Board of Supervisors

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

Agency: \*SEE ATTACHED FOR ADDITIONAL POSITIONS Position:

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

- State  Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County  County of San Bernardino
- City of  Other

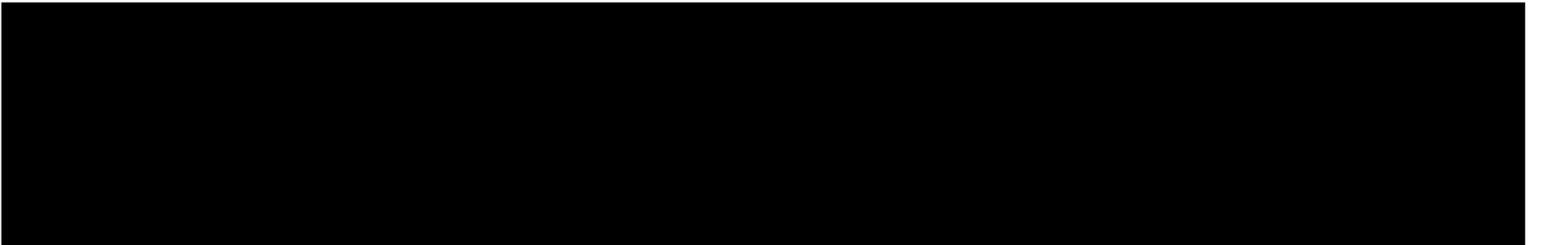
3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2014, through December 31, 2014
- Leaving Office: Date Left 12 / 31 / 2014 (Check one) See attached
- Assuming Office: Date assumed 01 / 27 / 2015 See attached
- 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: 3
- 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
- None - No reportable interests on any schedule

5. Verification



I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 02/12/2015 (month, day, year)

**STATEMENT OF ECONOMIC INTERESTS**  
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<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name  Josie Gonzales

Agency	Division/Board/Dept/District	Position	Type of Statement
County of San Bernardino	Board Of Supervisors	Elective Board of Supervisors	Annual 1/1/2014 - 12/31/2014
Agua Mansa Industrial Growth Association	Joint Power Authority	Delegate	Annual 1/1/2014 - 12/31/2014
Omnitrans Board of Directors	Board	Member	Annual 1/1/2014 - 12/31/2014
San Bernardino International Airport	Airport Authority	Member	Annual 1/1/2014 - 12/31/2014
San Bernardino Assoc of Govern	Board	Member	Annual 1/1/2014 - 12/31/2014
SB County Interagency Council on Homeles	Council	Chair	Annual 1/1/2014 - 12/31/2014
Indian Gaming Local Benefit Committee		Alternate	Annual 1/1/2014 - 12/31/2014
Inland Valley Development Authority	Board	Co-Chair	Annual 1/1/2014 - 12/31/2014
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Santa Ana River Policy Advisory Grou		Alternate	Annual 1/1/2014 - 12/31/2014
Con Fire Agency	Board	Alternate	Assuming Office 1/27/2015
So Coast Air Qlty Management District	Board	Member	Leaving Office 12/31/2014

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<b>CALIFORNIA FORM 700</b>
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name
Josie Gonzales

Agency	Division/Board/Dept/District	Position	Type of Statement
So Coast Air Quality Managmnt District	Administrative Committee	Member	Leaving Office 12/31/2014
So Coast Air Quality Managmnt District	Brain & Lunch Tumor and Air Pollution	Member	Leaving Office 12/31/2014
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Interagency Council on Homelessness	Board Member	Co-Chair	Annual 1/1/2014 - 12/31/2014
First 5	Board	Chair	Assuming Office 1/27/2015
IEHP	Board	Member	Assuming Office 1/27/2015
Children's Policy Council	Board	Member	Assuming Office 1/27/2015
Head Start Shared Governance Board	Board	Member	Assuming Office 1/27/2015
ARMC Joint Conference Committee	Board	Member	Assuming Office 1/27/2015
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Suggestions Awards Committee	Board	Member	Annual 1/1/2014 - 12/31/2014

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<b>CALIFORNIA FORM</b>	<b>700</b>
FAIR POLITICAL PRACTICES COMMISSION	
Name	
Josie Gonzales	

Agency	Division/Board/Dept/District	Position	Type of Statement
ARMC Joint Conference Committee	Board	Member	Annual 1/1/2014 - 12/31/2014



STATEMENT OF ECONOMIC INTERESTS



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NAME OF FILER (LAST) (FIRST) (MIDDLE) Gonzales, Josie

1. Office, Agency, or Court

Agency Name (Do not use acronyms) County of San Bernardino Division, Board, Department, District, if applicable Your Position Board Of Supervisors Elective Board of Supervisors

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

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- Check applicable schedules or "None." Total number of pages including this cover page: 3. 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

[Redacted Signature Area]

Date Signed 02/12/2015 (month, day, year)

Signature

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<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name  Josie Gonzales

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Name  Josie Gonzales

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ARMC Joint Conference Committee	Board	Member	Annual 1/1/2014 - 12/31/2014

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**COVER PAGE**

Date Initial Filing

Received  
Official Use OnlyE-Filed  
02/11/2015  
13:49:01Filing ID:  
154093247

Please type or print in ink.

 NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Gonzales, Josie

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

County of San Bernardino

Division, Board, Department, District, if applicable

Your Position

Board Of Supervisors

Elective Board of Supervisors

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

Agency: \*SEE ATTACHED FOR ADDITIONAL POSITIONS

Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**
 State Judge or Court Commissioner (Statewide Jurisdiction) Multi-County \_\_\_\_\_ County of San Bernardino City 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 \_\_\_\_/\_\_\_\_/\_\_\_\_, through  
December 31, 2014 Leaving Office: Date Left 12 / 31 / 2014  
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Check applicable schedules or "None."

► Total number of pages including this cover page: 8 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
**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE

(Business or Agency Address Recommended - Public Document)

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

Date Signed 02/11/2015  
(month, day, year)

Sign

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<b>CALIFORNIA FORM 700</b>
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name
Josie Gonzales

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Indian Gaming Local Benefit Committee		Alternate	Annual 1/1/2014 - 12/31/2014
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So Coast Air Qlty Management District	Board	Member	Leaving Office 12/31/2014

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<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name  Josie Gonzales

Agency	Division/Board/Dept/District	Position	Type of Statement
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Interagency Council on Homelessness	Board Member	Co-Chair	Annual 1/1/2014 - 12/31/2014
First 5	Board	Chair	Assuming Office 1/27/2015
IEHP	Board	Member	Assuming Office 1/27/2015
Children's Policy Council	Board	Member	Assuming Office 1/27/2015
Head Start Shared Governance Board	Board	Member	Assuming Office 1/27/2015

# 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 \_\_\_\_\_

Gonzales, Josie

▶ NAME OF BUSINESS ENTITY  
Promerica Bank

GENERAL DESCRIPTION OF THIS BUSINESS  
Lending/Banking Institution

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 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:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 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:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 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:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 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:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 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:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 ACQUIRED                                      DISPOSED

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

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

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
 16705 Ivy  
 CITY  
 Fontana, CA 92335

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

ACQUIRED \_\_\_\_\_ DISPOSED \_\_\_\_\_

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  
 698 Walnut Street  
 CITY  
 Colton, CA 92324

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

ACQUIRED \_\_\_\_\_ DISPOSED \_\_\_\_\_

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

Name  
Gonzales, Josie

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

9089 Sierra Avenue  
CITY

Fontana, CA 92335

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

ACQUIRED \_\_\_\_\_ DISPOSED \_\_\_\_\_

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

9091 Sierra Avenue  
CITY

Fontana, CA 92335

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

ACQUIRED \_\_\_\_\_ DISPOSED \_\_\_\_\_

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

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
 9093 Sierra Avenue  
 CITY  
 Fontana, CA 92335  
 FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000  
 ACQUIRED \_\_\_\_\_ DISPOSED \_\_\_\_\_  
 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  
 16929 Martin  
 CITY  
 Fontana, CA 92335  
 FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000  
 ACQUIRED \_\_\_\_\_ DISPOSED \_\_\_\_\_  
 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

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

Name  
Gonzales, Josie

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
9097 Sierra Avenue  
CITY  
Fontana, CA 92335

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

ACQUIRED \_\_\_\_\_ DISPOSED \_\_\_\_\_

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  
Rental Income

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
9087 Sierra Avenue  
CITY  
Fontana, CA 92335

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

ACQUIRED \_\_\_\_\_ DISPOSED \_\_\_\_\_

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  
Federico Martinez & Gilberto Martinez

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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 OF SOURCE (Not an Acronym)  
 CSAC  
 ADDRESS (Business Address Acceptable)  
 1100 K Street Ste. 101  
 Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 20 / 14	\$ 58.82	Meal - Sacramento CSAC
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
 Mark and Lynn Miller  
 ADDRESS (Business Address Acceptable)  
 25128 5th St.  
 San Bernardino, CA 92410  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 17 / 14	\$ 140.00	Outback Gift Card
/ /	\$	
/ /	\$	

▶ 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: \_\_\_\_\_