

ORIGINAL

COUNTY OF SAN BERNARDINO

JAN 29 2016

STATEMENT OF ECONOMIC INTERESTS
CLERK OF THE BOARD
COVER PAGE

RECEIVED
JAN 29 2016

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

CG

Please type or print in ink.

BOARD OF SUPERVISORS

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Lovingood Robert A.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

County of San Bernardino

Division, Board, Department, District, if applicable

Board of Supervisors

Your Position

Elected 1st District Supervisor; Board Vice Chair

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

Agency: *SEE ATTACHED FOR ADDITIONAL POSITIONS

Position:

RECEIVED
FAIR POLITICAL PRACTICES COMMISSION
18 FEB - 8 54 AM '15

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

- State Mohave, Imperial, Kern, San Bernardino,
- Multi-County Lincoln, Nye, Washington
- City of Ridgecrest

- 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.
- or-
The period covered is _____ through December 31, 2014.

Assuming Office: Date assumed 01 / 13 / 2015

- 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: 9

- 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

(d)(5)

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

Date Signed 1/28/15 (month, day, year)

(d)(5)

This amended Form 700 completely supersedes all prior files for the period of the report.

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
Expanded Statement Attachment

| |
|---|
| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION |
| Name Robert Lovingood |

| Agency | Division/Board/Dept/District | Position | Type of Statement |
|---|------------------------------|----------|------------------------------|
| Big Bear Valley Recreation and Park | District | Member | Annual 1/1/2014 - 12/31/2014 |
| Bloomington Recreation and Park District | District | Member | Annual 1/1/2014 - 12/31/2014 |
| Board of Retirement | Board | Delegate | Assuming Office 1/13/2015 |
| California State Association of Counties | | Member | Annual 1/1/2014 - 12/31/2014 |
| County of San Bernardino Economic and Community Development Corporation | | Member | Annual 1/1/2014 - 12/31/2014 |
| High Desert Corridor JPA | | Chair | Annual 1/1/2014 - 12/31/2014 |
| Housing Authority | Board | Member | Annual 1/1/2014 - 12/31/2014 |
| In Home Support Services Public | | Member | Annual 1/1/2014 - 12/31/2014 |
| Indian Gaming Local Benefit Committee | | Delegate | Annual 1/1/2014 - 12/31/2014 |
| Inland Counties Emergency Medical | | Member | Annual 1/1/2014 - 12/31/2014 |
| Inland Empire Public Facilities Corporation | | Member | Annual 1/1/2014 - 12/31/2014 |
| Local Agency Formation Commission | Commission | Delegate | Annual 1/1/2014 - 12/31/2014 |

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| Name Robert Lovingood |

| Agency | Division/Board/Dept/District | Position | Type of Statement |
|--|------------------------------|----------------------|------------------------------|
| Mojave Desert Air Quality Management | Board | Delegate; Vice Chair | Annual 1/1/2014 - 12/31/2014 |
| Mojave Desert and Mountain Recycling Authority | | Delegate | Annual 1/1/2014 - 12/31/2014 |
| Morongo Basin Transit Authority | | Delegate | Annual 1/1/2014 - 12/31/2014 |
| National Association of Counties | | Member, alternate | Annual 1/1/2014 - 12/31/2014 |
| Omnitrans Board of Directors | Board | Member | Annual 1/1/2014 - 12/31/2014 |
| QuadState Local Governments Authority | Board | Delegate; Vice Chair | Annual 1/1/2014 - 12/31/2014 |
| San Bernardino Associated Governments | Board | Member | Annual 1/1/2014 - 12/31/2014 |
| San Bernardino County Financing Authority | | Member | Annual 1/1/2014 - 12/31/2014 |
| San Bernardino County Fire Protection District | District | Member | Annual 1/1/2014 - 12/31/2014 |
| San Bernardino County Flood Control District | District | Member | Annual 1/1/2014 - 12/31/2014 |
| San Bernardino County Industrial Development Authority | | Member | Annual 1/1/2014 - 12/31/2014 |
| Solid Waste Advisory Task Force | | Member | Annual 1/1/2014 - 12/31/2014 |

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| Name Robert Lovingood |

| Agency | Division/Board/Dept/District | Position | Type of Statement |
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| Victor Valley Transit Authority | Board | Delegate | Annual 1/1/2014 - 12/31/2014 |
| Board of Retirement - Benefits and Compensation Committee | | Member | Assuming Office 1/13/2015 |

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

Name
Robert A. Lovingood

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
0463 331 01 Z017

CITY
Apple Valley, CA 92308

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____ / ____ / 14
 \$10,001 - \$100,000 _____ / ____ / 14
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

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
0472 051 29 0000

CITY
Apple Valley, CA 92308

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____ / ____ / 14
 \$10,001 - \$100,000 _____ / ____ / 14
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

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 D
Income – Gifts

Name
Robert A. Lovingood

▶ NAME OF SOURCE (Not an Acronym)
 Advance Disposal Co.

ADDRESS (Business Address Acceptable)
 17105 Mesa St., Hesperia, CA 92345

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|--|
| 11 / 13 / 14 | \$ 110.00 | Ticket to 2014 Spirit of the Entrepreneur Awards |
| ___/___/___ | \$ _____ | _____ |
| ___/___/___ | \$ _____ | _____ |

▶ 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: _____

2014AN

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION AMENDMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

E-Filed 03/30/2015 17:07:13 Filing ID: 154835088



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) Lovingood, Robert

1. Office, Agency, or Court

Agency Name (Do not use acronyms) COUNTY OF SAN BERNARDINO Division, Board, Department, District, if applicable Board Of Supervisors Your Position Elected 1st District Supervisor; Board Vice Chair

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 Mohave, Imperial, Kern, San Bernardino, Multi-County Lincoln, Nye, Washington, City of Ridgecrest, 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 -or- The period covered is 01 / 13 / 2015 through December 31, 2014 See attached, Assuming Office: Date assumed 01 / 13 / 2015 See attached, Leaving Office: Date Left, 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: 9 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

(d)(5)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed 03/30/2015 (month, day, year)

Signature Robert Lovingood (File the originally signed statement with your filing official)

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Robert Lovingood

| Agency | Division/Board/Dept/District | Position | Type of Statement |
|---|------------------------------|----------|------------------------------|
| Big Bear Valley Recreation and Park | District | Member | Annual 1/1/2014 - 12/31/2014 |
| Bloomington Recreation and Park District | District | Member | Annual 1/1/2014 - 12/31/2014 |
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| In Home Support Services Public | | Member | Annual 1/1/2014 - 12/31/2014 |
| Indian Gaming Local Benefit Committee | | Delegate | Annual 1/1/2014 - 12/31/2014 |
| Inland Counties Emergency Medical | | Member | Annual 1/1/2014 - 12/31/2014 |
| Inland Empire Public Facilities Corporation | | Member | Annual 1/1/2014 - 12/31/2014 |
| Local Agency Formation Commission | Commission | Delegate | Annual 1/1/2014 - 12/31/2014 |

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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Robert Lovingood

| Agency | Division/Board/Dept/District | Position | Type of Statement |
|--|------------------------------|----------------------|------------------------------|
| Mojave Desert Air Quality Management | Board | Delegate; Vice Chair | Annual 1/1/2014 - 12/31/2014 |
| Mojave Desert and Mountain Recycling Authority | | Delegate | Annual 1/1/2014 - 12/31/2014 |
| Morongo Basin Transit Authority | | Delegate | Annual 1/1/2014 - 12/31/2014 |
| National Association of Counties | | Member, alternate | Annual 1/1/2014 - 12/31/2014 |
| Omnitrans Board of Directors | Board | Member | Annual 1/1/2014 - 12/31/2014 |
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| San Bernardino Associated Governments | Board | Member | Annual 1/1/2014 - 12/31/2014 |
| San Bernardino County Financing Authority | | Member | Annual 1/1/2014 - 12/31/2014 |
| San Bernardino County Fire Protection District | District | Member | Annual 1/1/2014 - 12/31/2014 |
| San Bernardino County Flood Control District | District | Member | Annual 1/1/2014 - 12/31/2014 |
| San Bernardino County Industrial Development Authority | | Member | Annual 1/1/2014 - 12/31/2014 |
| Solid Waste Advisory Task Force | | Member | Annual 1/1/2014 - 12/31/2014 |

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| Name <u>Robert Lovingood</u> |

| Agency | Division/Board/Dept/District | Position | Type of Statement |
|---|------------------------------|----------|------------------------------|
| Successor Agency to the County of San Bernardino Redevelopment Agency | | Member | Annual 1/1/2014 - 12/31/2014 |
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| Victor Valley Transit Authority | Board | Delegate | Annual 1/1/2014 - 12/31/2014 |
| Board of Retirement - Benefits and Compensation Committee | | Member | Assuming Office 1/13/2015 |

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

▶ 1. BUSINESS ENTITY OR TRUST

Industrial Clerical Recruiters, Inc.
 Name
 14360 St. Andrews Dr.
 Victorville, CA 92395
 Address (Business Address Acceptable)

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

| GENERAL DESCRIPTION OF THIS BUSINESS | | | |
|--|--|--|--|
| <u>staffing and recruiting</u> | | | |
| FAIR MARKET VALUE | IF APPLICABLE, LIST DATE: | | |
| <input type="checkbox"/> \$0 - \$1,999 | ____/____/____ | ____/____/____ | |
| <input type="checkbox"/> \$2,000 - \$10,000 | ACQUIRED | DISPOSED | |
| <input type="checkbox"/> \$10,001 - \$100,000 | | | |
| <input type="checkbox"/> \$100,001 - \$1,000,000 | | | |
| <input checked="" type="checkbox"/> Over \$1,000,000 | | | |
| NATURE OF INVESTMENT | | | |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Sole Proprietorship | <input checked="" type="checkbox"/> <u>corporation</u> | |
| Other _____ | | | |
| YOUR BUSINESS POSITION <u>shareholder/director/officer</u> | | | |

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

| | |
|---|---|
| <input checked="" 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

▶ 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 | ACQUIRED | DISPOSED | |
| <input type="checkbox"/> \$100,001 - \$1,000,000 | | | |
| <input type="checkbox"/> Over \$1,000,000 | | | |

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

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

Comments:
See Attached.

Filer's Verification

Print Name Lovingood, Robert

Office, Agency or Court COUNTY OF SAN BERNARDINO

Statement Type 2014/2015 Annual _____ Annual Assuming Leaving Candidate
(yr)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

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

Date Signed 03/30/2015 Filer's Signature Robert Lovingood
(month, day, year)

Schedule A-2 comment:

Income is from wife's salary - also reported on Sched. C

"Melanie A. Lovingood, Inc." company has been inactive since creation in 2008. Annual franchise fee paid to State of California.

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

▶ 1. INCOME RECEIVED

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Robert A. Lovingood, Inc.

ADDRESS (Business Address Acceptable)
14360 St Andrews Dr
Victorville, CA 92395

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Staffing and recruitment

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)

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)

Comments: _____

▶ 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:

| | |
|--|--|
| <p>NAME OF LENDER* _____</p> <p>ADDRESS (Business Address Acceptable) _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF LENDER _____</p> <p>HIGHEST BALANCE DURING REPORTING PERIOD</p> <p> <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 </p> | <p>INTEREST RATE TERM (Months/Years)</p> <p>_____ % <input type="checkbox"/> None _____</p> <p>SECURITY FOR LOAN</p> <p> <input type="checkbox"/> None <input type="checkbox"/> Personal residence </p> <p> <input type="checkbox"/> Real Property _____ <small>Street address</small> _____ <small>City</small> </p> <p> <input type="checkbox"/> Guarantor _____ </p> <p> <input type="checkbox"/> Other _____ (Describe) </p> |
|--|--|

Filer's Verification

Print Name Lovingood, Robert **Office, Agency or Court** COUNTY OF SAN BERNARDINO

Statement Type 2014/2015 Annual _____ Annual Assuming Leaving Candidate
(yr)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

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

Date Signed 03/30/2015 **Filer's Signature** Robert Lovingood
(month, day, year)

2014AN

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE



E-Filed
03/20/2015
15:10:32
Filing ID:
154673486

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Lovinggood, Robert

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

Elected 1st District Supervisor; Board Vice Chair

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Mohave, Imperial, Kern, San Bernardino,
Lincoln, Nye, Washington

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County

County of San Bernardino

City of Ridgecrest

Other

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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 ____/____/____ (Check one)

The period covered is January 1, 2014, through the date of leaving office.

Assuming Office: Date assumed 01 / 13 / 2015 See attached

The period covered is ____/____/____, through the date of leaving office.

Canddate: 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: 5

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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

(d)(5)

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

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

Signature Robert Lovinggood
(File the originally signed statement with your filing official.)

**STATEMENT OF ECONOMIC INTERESTS
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Expanded Statement Attachment**

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| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION |
| Name Robert Lovingood |

| Agency | Division/Board/Dept/District | Position | Type of Statement |
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| California State Association of Counties | | Member | Annual 1/1/2014 - 12/31/2014 |
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| High Desert Corridor JPA | | Chair | Annual 1/1/2014 - 12/31/2014 |
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| Inland Counties Emergency Medical | | Member | Annual 1/1/2014 - 12/31/2014 |
| Inland Empire Public Facilities Corporation | | Member | Annual 1/1/2014 - 12/31/2014 |

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
Expanded Statement Attachment



CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name

Robert Lovingood

| Agency | Division/Board/Dept/District | Position | Type of Statement |
|--|------------------------------|----------------------|------------------------------|
| Local Agency Formation Commission | Commission | Delegate | Annual 1/1/2014 - 12/31/2014 |
| Mojave Desert Air Quality Management | Board | Delegate; Vice Chair | Annual 1/1/2014 - 12/31/2014 |
| Mojave Desert and Mountain Recycling Authority | | Delegate | Annual 1/1/2014 - 12/31/2014 |
| Morongo Basin Transit Authority | | Delegate | Annual 1/1/2014 - 12/31/2014 |
| National Association of Counties | | Member, alternate | Annual 1/1/2014 - 12/31/2014 |
| Omnitrans Board of Directors | Board | Member | Annual 1/1/2014 - 12/31/2014 |
| QuadState Local Governments Authority | Board | Delegate; Vice Chair | Annual 1/1/2014 - 12/31/2014 |
| San Bernardino Associated Governments | Board | Member | Annual 1/1/2014 - 12/31/2014 |
| San Bernardino County Financing Authority | | Member | Annual 1/1/2014 - 12/31/2014 |
| San Bernardino County Fire Protection District | District | Member | Annual 1/1/2014 - 12/31/2014 |
| San Bernardino County Flood Control District | District | Member | Annual 1/1/2014 - 12/31/2014 |
| San Bernardino County Industrial Development Authority | | Member | Annual 1/1/2014 - 12/31/2014 |

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

| |
|---|
| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION |
| Name Robert Lovingood |

| Agency | Division/Board/Dept/District | Position | Type of Statement |
|---|------------------------------|----------|------------------------------|
| Solid Waste Advisory Task Force | | Member | Annual 1/1/2014 - 12/31/2014 |
| Successor Agency to the County of San Bernardino Redevelopment Agency | | Member | Annual 1/1/2014 - 12/31/2014 |
| Victor Valley Economic Development Authority | Board | Delegate | Annual 1/1/2014 - 12/31/2014 |
| Victor Valley Transit Authority | Board | Delegate | Annual 1/1/2014 - 12/31/2014 |
| Board of Retirement - Benefits and Compensation Committee | | Member | Assuming Office 1/13/2015 |

2014 AN

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE



E-Filed 03/12/2015 14:52:31 Filing ID: 154541866

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) Lovinggood, Robert

1. Office, Agency, or Court

Agency Name (Do not use acronyms) COUNTY OF SAN BERNARDINO Division, Board, Department, District, if applicable Board Of Supervisors Your Position Elected 1st District Supervisor; Board Vice Chair

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 Mohave, Imperial, Kern, San Bernardino, Multi-County Lincoln, Nye, Washington City of Ridgecrest 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 -or- The period covered is / / , through December 31, 2014 Assuming Office: Date assumed 01 / 13 / 2015 See attached 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: 8 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

(d)(5)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed 03/12/2015 (month, day, year)

Signature Robert Lovinggood (File the originally signed statement with your filing official.)

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

| |
|---|
| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION |
| Name Robert Lovingood |

| Agency | Division/Board/Dept/District | Position | Type of Statement |
|---|------------------------------|---|------------------------------|
| COUNTY OF SAN BERNARDINO | Board Of Supervisors | Elected 1st District Supervisor; Board Vice Chair | Annual 1/1/2014 - 12/31/2014 |
| Big Bear Valley Recreation and Park | District | Member | Annual 1/1/2014 - 12/31/2014 |
| Bloomington Recreation and Park District | District | Member | Annual 1/1/2014 - 12/31/2014 |
| Board of Retirement | Board | Delegate | Assuming Office 1/13/2015 |
| California State Association of Counties | | Member | Annual 1/1/2014 - 12/31/2014 |
| County of San Bernardino Economic and Community Development Corporation | | Member | Annual 1/1/2014 - 12/31/2014 |
| High Desert Corridor JPA | | Chair | Annual 1/1/2014 - 12/31/2014 |
| Housing Authority | Board | Member | Annual 1/1/2014 - 12/31/2014 |
| In Home Support Services Public | | Member | Annual 1/1/2014 - 12/31/2014 |
| Indian Gaming Local Benefit Committee | | Delegate | Annual 1/1/2014 - 12/31/2014 |
| Inland Counties Emergency Medical | | Member | Annual 1/1/2014 - 12/31/2014 |
| Inland Empire Public Facilities Corporation | | Member | Annual 1/1/2014 - 12/31/2014 |



STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Expanded Statement Attachment

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Robert Lovingood

| Agency | Division/Board/Dept/District | Position | Type of Statement |
|--|------------------------------|----------------------|------------------------------|
| Local Agency Formation Commission | Commission | Delegate | Annual 1/1/2014 - 12/31/2014 |
| Mojave Desert Air Quality Management | Board | Delegate; Vice Chair | Annual 1/1/2014 - 12/31/2014 |
| Mojave Desert and Mountain Recycling Authority | | Delegate | Annual 1/1/2014 - 12/31/2014 |
| Morongo Basin Transit Authority | | Delegate | Annual 1/1/2014 - 12/31/2014 |
| National Association of Counties | | Member, alternate | Annual 1/1/2014 - 12/31/2014 |
| Omnitrans Board of Directors | Board | Member | Annual 1/1/2014 - 12/31/2014 |
| QuadState Local Governments Authority | Board | Delegate; Vice Chair | Annual 1/1/2014 - 12/31/2014 |
| San Bernardino Associated Governments | Board | Member | Annual 1/1/2014 - 12/31/2014 |
| San Bernardino County Financing Authority | | Member | Annual 1/1/2014 - 12/31/2014 |
| San Bernardino County Fire Protection District | District | Member | Annual 1/1/2014 - 12/31/2014 |
| San Bernardino County Flood Control District | District | Member | Annual 1/1/2014 - 12/31/2014 |
| San Bernardino County Industrial Development Authority | | Member | Annual 1/1/2014 - 12/31/2014 |

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

| |
|---|
| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION |
| Name Robert Lovingood |

| Agency | Division/Board/Dept/District | Position | Type of Statement |
|---|------------------------------|----------|------------------------------|
| Solid Waste Advisory Task Force | | Member | Annual 1/1/2014 - 12/31/2014 |
| Successor Agency to the County of San Bernardino Redevelopment Agency | | Member | Annual 1/1/2014 - 12/31/2014 |
| Victor Valley Economic Development Authority | Board | Delegate | Annual 1/1/2014 - 12/31/2014 |
| Victor Valley Transit Authority | Board | Delegate | Annual 1/1/2014 - 12/31/2014 |
| Board of Retirement - Benefits and Compensation Committee | | Member | Assuming Office 1/13/2015 |

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 <u>Lovingood, Robert</u> |

▶ NAME OF BUSINESS ENTITY
GE

GENERAL DESCRIPTION OF THIS BUSINESS
Manufacturing

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
AT&T

GENERAL DESCRIPTION OF THIS BUSINESS
Communication

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)

Name _____
Lovingood, Robert

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
3091 261 11 0000
CITY
Victorville, CA 92395

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
3091 261 19 0000
CITY
Victorville, CA 92395

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 C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name _____

Lovingood, Robert _____

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
ICR Staffing Services

ADDRESS (Business Address Acceptable)
14360 St Andrews Dr
Victorville, CA 92392

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Staffing and recruitment

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)

▶ 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: _____

SCHEDULE D
Income – Gifts

Name
 Lovingood, Robert

▶ NAME OF SOURCE (Not an Acronym)
 Advance Disposal Co.

ADDRESS (Business Address Acceptable)
 17105 Mesa St
 Hesperia, CA 92345

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|--|
| 11 / 13 / 14 | \$ 110.00 | Ticket to 2014 Spirit of the Entrepreneur Awards |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ 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: _____