

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received  
COUNTY OF SAN DIEGO



COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) 2015 MAR 12 6 11 07 (MODLE)  
ROBERTS DAVID WALTER

1. Office, Agency, or Court  
CLERK OF THE BOARD OF SUPERVISORS

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

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

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

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

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

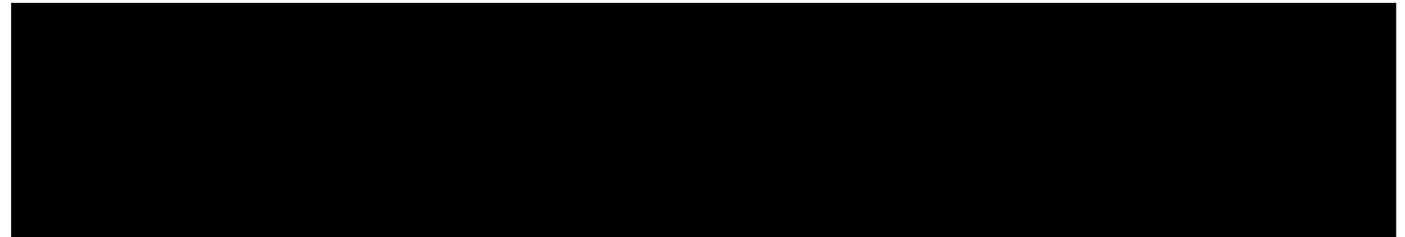
3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2014, through December 31, 2014.
- or- The period covered is \_\_\_\_\_ through December 31, 2014.
- 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: 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
- 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 3/4/15 (month, day, year)



**Attachment**

David Walter Roberts

California Form 700

Schedule A-2

Street Addresses of Real Property

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15 Riveredge Drive, Winsted, CT 06098

111 Riverton Road #23, Winsted, CT 06098

2700 16<sup>th</sup> Street South, #648, Arlington, VA 22204

22310 Piazza Doria, Estero, FL 33928



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

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <b>DAVID W. ROBERTS</b>
--

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
 J2 Enterprises, LCC

ADDRESS (Business Address Acceptable)  
 P.O. Box 1490, Solana Beach, CA 92075

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Real Estate Management

YOUR BUSINESS POSITION  
 COO

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  
**DAVID W. ROBERTS**

▶ NAME OF SOURCE *(Not an Acronym)*  
North San Diego Business Chamber  
 ADDRESS *(Business Address Acceptable)*  
10875 Rancho Bernardo Rd, Ste 104, SD 92127  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 18 / 14</u>	\$ <u>110.00</u>	<u>annual dinner</u>
<u>10 / 07 / 14</u>	\$ <u>45.00</u>	<u>luncheon</u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>

▶ NAME OF SOURCE *(Not an Acronym)*  
SD Deputy District Attorneys' Association  
 ADDRESS *(Business Address Acceptable)*  
330 W Broadway, Ste 940, SD 92101  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 13 / 14</u>	\$ <u>65.00</u>	<u>annual awards dinner</u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>

▶ NAME OF SOURCE *(Not an Acronym)*  
Diversions Theatre  
 ADDRESS *(Business Address Acceptable)*  
4545 Park Blvd, Ste 101, San Diego, CA 92116  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Performing Arts

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 30 / 14</u>	\$ <u>44.00</u>	<u>2 tickets</u>
<u>10 / 05 / 14</u>	\$ <u>44.00</u>	<u>2 tickets</u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>

▶ NAME OF SOURCE *(Not an Acronym)*  
SMRI  
 ADDRESS *(Business Address Acceptable)*  
249 So Hwy 101, #213, Solana Beach, CA 92075  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Public Relations

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 17 / 14</u>	\$ <u>125.00</u>	<u>day at the Races</u>
<u>11 / 28 / 14</u>	\$ <u>125.00</u>	<u>day at the Races</u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>

▶ NAME OF SOURCE *(Not an Acronym)*  
Rancho Bernardo Foundation  
 ADDRESS *(Business Address Acceptable)*  
P.O. Box 27044, San Diego, CA 92198  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 25 / 14</u>	\$ <u>50.00</u>	<u>Thanksgiving luncheon</u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>

▶ NAME OF SOURCE *(Not an Acronym)*  
District Attorney Investigators Asso of SD County  
 ADDRESS *(Business Address Acceptable)*  
330 W Broadway, Ste 100, San Diego, CA 92101  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 20 / 14</u>	\$ <u>160.00</u>	<u>2 tickets - holiday party</u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>

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

**SCHEDULE D  
 Income – Gifts**

Name  
**DAVID W. ROBERTS**

▶ NAME OF SOURCE (Not an Acronym)  
SD County Deputy Sheriffs' Association  
 ADDRESS (Business Address Acceptable)  
13881 Danielson Street, Poway, CA 92064  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Law Enforcement

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 05 / 14</u>	\$ <u>150.00</u>	<u>1/2 cost - dinner ticket</u>
<u>    /    /    </u>	\$ <u>          </u>	<u>split w/ SD Probation</u>
<u>    /    /    </u>	\$ <u>          </u>	<u>Asso. see entry below</u>

▶ NAME OF SOURCE (Not an Acronym)  
UCSD Health Sciences  
 ADDRESS (Business Address Acceptable)  
200 W Arbor Drive, #8230, San Diego, CA 92103  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Health

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 22 / 14</u>	\$ <u>60.00</u>	<u>Harvey Milk breakfast</u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                          </u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                          </u>

▶ NAME OF SOURCE (Not an Acronym)  
SD County Probation Officers' Association  
 ADDRESS (Business Address Acceptable)  
5663 Balboa Avenue, #375, SD 92111  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Law Enforcement

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 05 / 14</u>	\$ <u>150.00</u>	<u>1/2 cost - dinner ticket</u>
<u>    /    /    </u>	\$ <u>          </u>	<u>split w/ SDCDSA</u>
<u>    /    /    </u>	\$ <u>          </u>	<u>see entry above</u>

▶ NAME OF SOURCE (Not an Acronym)  
Scripps Health  
 ADDRESS (Business Address Acceptable)  
4275 Campus Point Ct, San Diego, CA 92121  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Health

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 22 / 14</u>	\$ <u>175.00</u>	<u>LEAD SD annual dinnr</u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                          </u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                          </u>

▶ NAME OF SOURCE (Not an Acronym)  
Darlene Shiley  
 ADDRESS (Business Address Acceptable)  
P.O. Box 207, Pauma Valley, CA 92061  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 05 / 14</u>	\$ <u>90.00</u>	<u>Alzheimer's Dinner</u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                          </u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                          </u>

▶ NAME OF SOURCE (Not an Acronym)  
Delia Talamantez  
 ADDRESS (Business Address Acceptable)  
3180 University Avenue, Ste 317, San Diego 92104  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 09 / 14</u>	\$ <u>75.00</u>	<u>Chicano Federation</u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                          luncheon</u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                          </u>

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

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

Name  
 DAVID W/ ROBERTS

- 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)  
 California State Association of Counties (CSAC)

ADDRESS (Business Address Acceptable)  
 1100 K Street, Suite 101

CITY AND STATE  
 Sacramento, CA 95814

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

DATE(S): 01 / 01 / 14 - 12 / 31 / 14 AMT: \$ 1,174.60  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description travel/meals/lodging expenses for meetings

▶ NAME OF SOURCE (Not an Acronym)  
 Metropolitan Water District of Southern California

ADDRESS (Business Address Acceptable)  
 700 N. Alameda Street

CITY AND STATE  
 Los Angeles, CA 90012

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

DATE(S): 01 / 01 / 14 - 12 / 31 / 14 AMT: \$ 830.11  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description travel/meals/lodging expenses for water tours

▶ NAME OF SOURCE (Not an Acronym)  
 OSISOFT, INC.

ADDRESS (Business Address Acceptable)  
 777 Davis Street

CITY AND STATE  
 San Leandro, CA 94577

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

DATE(S): 02 / 19 / 14 - 02 / 20 / 14 AMT: \$ 414.72  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description travel/meals expenses for meeting

▶ 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: \_\_\_\_\_