

COVER PAGE
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Please type or print in ink.

2015 MAR 25 PM 2:58 (LAST) 2015 MAR 20 AM 11:56 (MIDDLE)

NAME OF FILER ROBERTS (LAST) RON (FIRST)

1. Office, Agency, or Court
Agency Name (Do not use acronyms) CLERK OF THE BOARD OF SUPERVISORS
SAN DIEGO COUNTY BOARD OF SUPERVISORS
Division, Board, Department, District, if applicable FOURTH DISTRICT
Your Position 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 _____

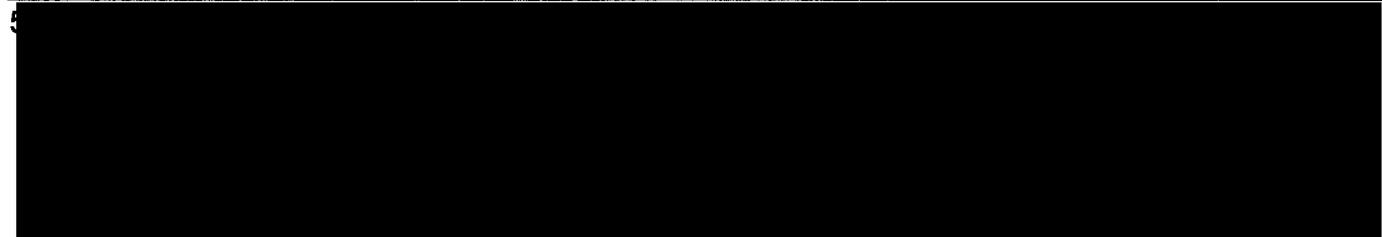
3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2014, through December 31, 2014.
- Leaving Office: Date Left ____/____/____ (Check one)
- Assuming Office: Date assumed ____/____/____
- Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary
Check applicable schedules or "None." ► Total number of pages including this cover page: 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



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

Date Signed 19 MAR 2015
(month, day, year)

**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 RON ROBERTS

▶ NAME OF BUSINESS ENTITY
MOTOROLA INC.

GENERAL DESCRIPTION OF THIS BUSINESS

COMMUNICATIONS

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
QUALCOMM INC.

GENERAL DESCRIPTION OF THIS BUSINESS

COMMUNICATIONS

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
BROOKLYN GIRL EATERY

GENERAL DESCRIPTION OF THIS BUSINESS

RESTAURANT

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

Name

RON ROBERTS

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
3003 EAGLE STREET

CITY
SAN DIEGO, CA 92103

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 / / **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
GINA COROLLA

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
3021 EAGLE STREET

CITY
SAN DIEGO, CA 92103

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 / / **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

* 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 _____% None TERM (Months/Years) _____

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 _____% None TERM (Months/Years) _____

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
RON ROBERTS

▶ NAME OF SOURCE (Not an Acronym)
PLANNED PARENTHOOD

ADDRESS (Business Address Acceptable)
1075 Camino Del Rio South, San Diego CA 92108

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 23 / 14	\$ 21.00	Annual Gala
05 / 08 / 14	\$ 85.00	51st Anniversary
/ /	\$	Dinner

▶ NAME OF SOURCE (Not an Acronym)
US TENNIS ASSOCIATION

ADDRESS (Business Address Acceptable)
18400 Avalon Blvd., Ste. 600, Carson CA 90746

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 01 / 04	\$ 100.00	Davis Cup; 2 tix's @
/ /	\$	\$50 each
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
BUILDING INDUSTRY ASSOCIATION

ADDRESS (Business Address Acceptable)
9201 Spectrum Center Blvd., #110, San Diego 92123

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 25 / 14	\$ 133.00	Installation Dinner
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
DOWNTOWN SAN DIEGO PARTNERSHIP

ADDRESS (Business Address Acceptable)
401 B Street, Ste., 100, San Diego CA 92101

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 13 / 14	\$ 77.00	Annual Installation Dnr
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
PAUL ROBINSON

ADDRESS (Business Address Acceptable)
600 West Broadway, Ste. 800, San Diego CA 92101

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 18 / 14	\$ 45.00	SDSU vs UNLV
02 / 15 / 14	\$ 35.00	SDSU vs AIR FORCE
/ /	\$	Basketball Games

▶ NAME OF SOURCE (Not an Acronym)
SAN DIEGO COUNTY FARM BUREAU

ADDRESS (Business Address Acceptable)
1670 E. Valley Parkway, Escondido CA 92027

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 21 / 14	\$ 100.00	100 yrs of svc to Farm
/ /	\$	Community
/ /	\$	

Comments: _____

SCHEDULE D
Income – Gifts

Name
RON ROBERTS

▶ NAME OF SOURCE (Not an Acronym)
S.D. REGIONAL CHAMBER OF COMMERCE
ADDRESS (Business Address Acceptable)
402 West Broadway, #1000, San Diego CA 92101
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 25 / 14	\$ 50.00	143rd Anniversary
___ / ___ / ___	\$ _____	Celebration
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
KAISER PERMANENTE
ADDRESS (Business Address Acceptable)
4647 Zion Avenue, San Diego CA 92120
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 09 / 14	\$ 77.00	Downtown Partnership
___ / ___ / ___	\$ _____	Alonzo Awards Dinner
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
SEAWORLD
ADDRESS (Business Address Acceptable)
500 Seaworld Drive, San Diego CA 92109
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 20 / 14	\$ 145.00	50th Celebration; 1 tix
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
GILLIG
ADDRESS (Business Address Acceptable)
25800 Clawaiter Road, Hayward CA 94545
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 11 / 14	\$ 60.00	Dinner - APTA Conf.
___ / ___ / ___	\$ _____	2014
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
DEBBIE SYVERSON
ADDRESS (Business Address Acceptable)
P.O. Box 181407, Coronado CA 92178
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 14 / 14	\$ 150.00	Friends of SPA Golf
06 / 21 / 14	\$ 110.00	Ryan Pickett Golf Trn.
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
HERZOG
ADDRESS (Business Address Acceptable)
203 N. Britain Road, Irving TX 75061
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 13 / 14	\$ 65.00	Dinner - APTA Conf.
___ / ___ / ___	\$ _____	2014
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D
Income – Gifts

Name
RON ROBERTS

▶ NAME OF SOURCE (Not an Acronym)
PARSONS BRINCKERHOFF

ADDRESS (Business Address Acceptable)
401 B Street, Ste. 1650, San Diego CA 92101-5370

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 30 / 14	\$ 100.00	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Elliott Feuerstein

ADDRESS (Business Address Acceptable)
8150 Mira Mesa Blvd., San Diego CA 92126

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 29 / 14	\$ 79.00	Fruit for all seasons
___ / ___ / ___	\$ _____	gift basket
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
AIR & SPACE MUSEUM

ADDRESS (Business Address Acceptable)
2001 Pan American Plaza, San Diego CA 92101

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 01 / 14	\$ 125.00	Legends of Flight
___ / ___ / ___	\$ _____	Dinner
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
AARON FELDMAN

ADDRESS (Business Address Acceptable)
4445 Eastgate Mall, Ste. 400, San Diego CA 92121

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 28 / 14	\$ 170.00	Golf
11 / 08 / 14	\$ 170.00	Golf
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
SAN DIEGO BOWL GAMES ASSOCIATION

ADDRESS (Business Address Acceptable)
9449 Friars Road, L-55, San Diego CA 92108

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 23 / 14	\$ 180.00	Poinsettia Bowl - 2 tixs
12 / 27 / 14	\$ 50.00	Holiday Bowl Tailgate
12 / 27 / 14	\$ 90.00	Holiday Bowl Game

▶ NAME OF SOURCE (Not an Acronym)
PACIFIC ARTS MOVEMENT

ADDRESS (Business Address Acceptable)
2508 Historic Decatur Rd., #140, San Diego 92106

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 08 / 14	\$ 60.00	Asian Film Festival Dnr
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

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

Name
RON 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)
ZHAO ZHUPING - GOVERNOR, SHANGHAI

ADDRESS (Business Address Acceptable)
No. 1388 Qixin Road

CITY AND STATE
Minhang District, Shanghai, P.R.C. 201199

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

DATE(S): 04 / 17 / 14 - 04 / 21 / 14 AMT: \$ 6,702.00
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
The amount above includes airfare from LAX to China and return trip back to LAX (\$4,602 business class)

▶ 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: _____

RON ROBERTS – ATTACHMENT FOR SCHEDULE E

Business Activity, if any, of source:

District Government

Purpose of visit:

Participation in a delegation to China at the invitation and sponsorship of the Shanghai Minhang District Government for meetings with Chinese government and industry leaders regarding opportunities for relations between the district and the San Diego county region, and presentations by San Diego area industry sectors including communications, transportation, health care, and life sciences.

Total: \$6,702 (including business class airfare of \$4,602; hotel stays amounting to \$2,100. Meals provided).



SCHEDULE E
Income - Gifts

Travel Payments, Advances,
and Reimbursements

2015 APR 1 AM 10 50

AMENDMENT

APR 06 2015

CLERK OF THE BOARD
OF SUPERVISORS

By

- You must 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)
ZHAO ZHUPING - GOVERNOR, SHANGHAI

ADDRESS (Business Address Acceptable)
No. 1388 Qixin Road

CITY AND STATE
Minhang District, Shanghai, P.R.C. 201199

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
District Government

DATE(S): 04 / 17 / 14 - 04 / 21 / 14 AMT: \$ 400.00
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description
Meals estimated at the amount above

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

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

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

DATE(S): ____/____/____ - ____/____/____ AMT: \$_____
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

Filer's Verification

Print Name Supervisor Ron Roberts

Office, Agency or Court San Diego County Board of Supervisors

Statement Type 2013/2014 Annual Assuming Leaving
 2014 Annual 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 1 APRIL 2015

Filer's Signature

Comments: _____