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COVER PAGE

CLERK OF THE
BOARD OF SUPERVISORS

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Rutherford, Janice 2015 MAR 26 AM 11:21 BOARD OF SUPERVISORS

1. Office, Agency, or Court

COUNTY OF SAN BERNARDINO
CALIFORNIA

Agency Name (Do not use acronyms)

County of San Bernardino

Division, Board, Department, District, if applicable

Your Position

Board of Supervisors

Elected 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 ____/____/____ (Check one)

-or-

The period covered is ____/____/____, through December 31, 2014.

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

Assuming Office: Date assumed ____/____/____

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: 7

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 that the information furnished on this statement and in any attached schedules is true and complete. I acknowledge that I am liable for the accuracy of the information furnished and I understand that providing false information is a crime.

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

Date Signed

2/19/2015
(month, day, year)

Section 1 Additional Agency(ies)/Position(s) for Rutherford, Janice:

Agency	Division, Board, Department, District	Position
County of San Bernardino	Board of Supervisors, 2 nd District	Supervisor
SBCERA	Board of Retirement	Board Member
Indian Gaming Local Benefit Committee	Board	Board Member
LAFCO San Bernardino County	Board	Commissioner
Omnitrans	Board	Board Member
San Bernardino Associated Government	Board	Board Member
Inland Empire Health Plan	Board of Directors	Board Member
Inland Empire Health Plan Health Access	Board of Directors	Board Member
San Bernardino County Transportation Authority	Board	Member
San Bernardino County Transportation Commission	Board	Member
San Bernardino County Service Authority for Freeway Emergencies	Board	Member

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

Name
Janice Rutherford

▶ 1. BUSINESS ENTITY OR TRUST

Lim Family Trust
Name

Rancho Cucamonga, CA 91739
Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF THIS BUSINESS

<p>FAIR MARKET VALUE</p> <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<p>IF APPLICABLE, LIST DATE:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">___/___/14</td> <td style="text-align: center;">___/___/14</td> </tr> <tr> <td style="text-align: center;">ACQUIRED</td> <td style="text-align: center;">DISPOSED</td> </tr> </table>	___/___/14	___/___/14	ACQUIRED	DISPOSED
___/___/14	___/___/14				
ACQUIRED	DISPOSED				

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

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

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$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

24426 University Ave Loma Linda, CA 92354
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

<p>FAIR MARKET VALUE</p> <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<p>IF APPLICABLE, LIST DATE:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">___/___/14</td> <td style="text-align: center;">___/___/14</td> </tr> <tr> <td style="text-align: center;">ACQUIRED</td> <td style="text-align: center;">DISPOSED</td> </tr> </table>	___/___/14	___/___/14	ACQUIRED	DISPOSED
___/___/14	___/___/14				
ACQUIRED	DISPOSED				

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: _____

▶ 1. BUSINESS ENTITY OR TRUST

Name _____

Address (Business Address Acceptable) _____

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

GENERAL DESCRIPTION OF THIS BUSINESS

<p>FAIR MARKET VALUE</p> <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<p>IF APPLICABLE, LIST DATE:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">___/___/14</td> <td style="text-align: center;">___/___/14</td> </tr> <tr> <td style="text-align: center;">ACQUIRED</td> <td style="text-align: center;">DISPOSED</td> </tr> </table>	___/___/14	___/___/14	ACQUIRED	DISPOSED
___/___/14	___/___/14				
ACQUIRED	DISPOSED				

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

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

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$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

<p>FAIR MARKET VALUE</p> <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<p>IF APPLICABLE, LIST DATE:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">___/___/14</td> <td style="text-align: center;">___/___/14</td> </tr> <tr> <td style="text-align: center;">ACQUIRED</td> <td style="text-align: center;">DISPOSED</td> </tr> </table>	___/___/14	___/___/14	ACQUIRED	DISPOSED
___/___/14	___/___/14				
ACQUIRED	DISPOSED				

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

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
Janice Rutherford

▶ **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME
Kaiser Permanente

ADDRESS (Business Address Acceptable)
Fontana, CA 92335

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Health Care

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 TERM (Months/Years)

_____ % None _____

SECURITY FOR LOAN

None Personal residence

Real Property _____

 Street address

_____ City

Guarantor _____

Other _____
 (Describe)

Comments: _____

SCHEDULE D
Income – Gifts

Name
Janice Rutherford

▶ NAME OF SOURCE (Not an Acronym)
San Bernardino County Farm Bureau
ADDRESS (Business Address Acceptable)
210 S. Riverside Avenue Rialto, CA 92376
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Agriculture

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 15 / 14</u>	<u>\$ 75</u>	<u>Christmas Poinsettias</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Arrowhead Regional Medical Center Foundation
ADDRESS (Business Address Acceptable)
400 N Pepper Ave, Colton, CA 92324
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-Profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5 / 8 / 14</u>	<u>\$ 54</u>	<u>Gala Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
BCM Group Inc
ADDRESS (Business Address Acceptable)
9339 Feron Boulevard Rancho Cucamonga, CA 91730
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Construction/Consulting

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 17 / 14</u>	<u>\$ 136</u>	<u>Sporting Event Tickets</u>
<u>4 / 14 / 14</u>	<u>\$ 60</u>	<u>Sporting Event Tickets</u>
<u>4 / 18 / 14</u>	<u>\$ 110</u>	<u>Event Tickets</u>

▶ NAME OF SOURCE (Not an Acronym)
Curt Hagman
ADDRESS (Business Address Acceptable)
305 N. Arrowhead Ave. San Bernardino, CA 92415
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 4 / 14</u>	<u>\$ 75</u>	<u>Handbag</u>
<u>11 / 5 / 14</u>	<u>\$ 150</u>	<u>Handbags</u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
BCM Group Inc
ADDRESS (Business Address Acceptable)
9339 Feron Boulevard Rancho Cucamonga, CA 91730
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Construction/Consulting

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 8 / 14</u>	<u>\$ 60</u>	<u>Sporting Event Tickets</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Wiener Properties, Inc.
ADDRESS (Business Address Acceptable)
118 South Beverly Drive Beverly Hill, CA 90212
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Real Estate

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 20 / 14</u>	<u>\$ 150</u>	<u>Holiday Gift Basket</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

Name
Janice Rutherford

▶ NAME OF SOURCE (Not an Acronym)
San Bernardino County Farm Bureau
ADDRESS (Business Address Acceptable)
210 S. Riverside Avenue Rialto, CA 92376
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Agriculture

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 15 / 14</u>	<u>\$ 75</u>	<u>Christmas Poinsettias</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Arrowhead Regional Medical Center
ADDRESS (Business Address Acceptable)
400 N Pepper Ave, Colton, CA 92324
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Medical Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5 / 8 / 14</u>	<u>\$ 54</u>	<u>Gala Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
BCM Group Inc
ADDRESS (Business Address Acceptable)
9339 Feron Boulevard Rancho Cucamonga, CA 91730
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Construction/Consulting

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 17 / 14</u>	<u>\$ 136</u>	<u>Sporting Event Tickets</u>
<u>4 / 14 / 14</u>	<u>\$ 60</u>	<u>Sporting Event Tickets</u>
<u>4 / 18 / 14</u>	<u>\$ 110</u>	<u>Event Tickets</u>

▶ NAME OF SOURCE (Not an Acronym)
Curt Hagman
ADDRESS (Business Address Acceptable)
305 N. Arrowhead Ave. San Bernardino, CA 92415
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 4 / 14</u>	<u>\$ 75</u>	<u>Handbag</u>
<u>11 / 5 / 14</u>	<u>\$ 150</u>	<u>Handbags</u>
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BCM Group Inc
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9339 Feron Boulevard Rancho Cucamonga, CA 91730
BUSINESS ACTIVITY, IF ANY, OF SOURCE
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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 8 / 14</u>	<u>\$</u>	<u>Sporting Event Tickets</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Wiener Properties, Inc.
ADDRESS (Business Address Acceptable)
118 South Beverly Drive Beverly Hill, CA 90212
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Real Estate

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 20 / 14</u>	<u>\$ 150</u>	<u>Holiday Gift Basket</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____