

STATEMENT OF ECONOMIC INTERESTS

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RECEIVED  
FAIR POLITICAL  
PRACTICES COMMISSION  
COVER PAGE

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Tavaglione John Frank

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
Board of Supervisors  
Division, Board, Department, District, if applicable  
Second District  
Your Position  
Riverside County Board of 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
Multi-County
City of
Judge or Court Commissioner (Statewide Jurisdiction)
County of Riverside
Other

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

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

5. [Redacted]

I have used all reasonable diligence in preparing this statement. I have verified that the information herein and in any attached schedules is true and complete. I acknowledge that I am responsible for the accuracy of the information provided. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/24/2015 (month, day, year)

2015-3-124533



Attachment to 2015 Form 700  
Schedule A-2  
Investments, Income, and Assets of Business Entities/Trusts  
(Ownership Interest is 10% or Greater)

Rental Income for 3707-3715 Arlington Avenue, Riverside, CA

Starbucks Coffee	\$72,061
Brockton Nail Salon	\$15,120
Dentures by Den	\$13,360
The Williams Company	\$14,124



Attachment to 2015 Form 700  
Schedule B  
Interests in Real Property  
(Including Rental Income)

Rental Income for 3707-3715 Arlington Avenue, Riverside, CA

Starbucks Coffee	\$72,061
Brockton Nail Salon	\$15,120
Dentures by Den	\$13,360
The Williams Company	\$14,124

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

<b>CALIFORNIA FORM 700</b> <small>FAIR POLITICAL PRACTICES COMMISSION</small> Name John F. Tavaglione
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**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Mustangs Music Works, LLC

ADDRESS (Business Address Acceptable)

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BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Band

YOUR BUSINESS POSITION  
Band Member

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)

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

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

**SCHEDULE D**  
**Income – Gifts**

Name  
 John F. Tavaglione

▶ NAME OF SOURCE (Not an Acronym)  
 California State Association of Counties

ADDRESS (Business Address Acceptable)  
 1100 K Street, Suite 101, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Executive Meeting

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 16 / 14	\$ 49.15	Lunch
01 / 15 / 14	\$ 151.98	Dinner
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
 California State Association of Counties

ADDRESS (Business Address Acceptable)  
 1100 K Street, Suite 101, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Executive Committee Meeting

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 08 / 14	\$ 43.00	Reception
10 / 08 / 14	\$ 72.00	Dinner
10 / 09 / 14	\$ 45.00	Lunch
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
 California State Association of Counties

ADDRESS (Business Address Acceptable)  
 1100 K Street, Suite 101, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Board of Directors Meeting

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 20 / 14	\$ 60.80	Reception
/ /	\$	
/ /	\$	

▶ 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)  
 California State Association of Counties

ADDRESS (Business Address Acceptable)  
 1100 K Street, Suite 101, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Executive Committee Meeting

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 06 / 14	\$ 40.00	Reception
08 / 07 / 14	\$ 31.00	Breakfast
08 / 07 / 14	\$ 41.00	Lunch

▶ 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: \_\_\_\_\_

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

Name  
 John F. Tavaglione

- 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): 10/08/14 - 10/10/14 AMT: \$ 583.00  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description  
Lodging for CSAC's October Executive Committee 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

▶ 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: \_\_\_\_\_