

Please type or print in ink.

2015 FEB 26 PM 5:04

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
ALVAREZ DONALD R.

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO  
Division, Board, Department, District, if applicable Your Position  
SAN BERNARDINO JUSTICE CENTER, CIVIL DIVISION JUDGE

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

Agency: SAN BERNARDINO COUNTY LAW LIBRARY Position: BOARD MEMBER

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

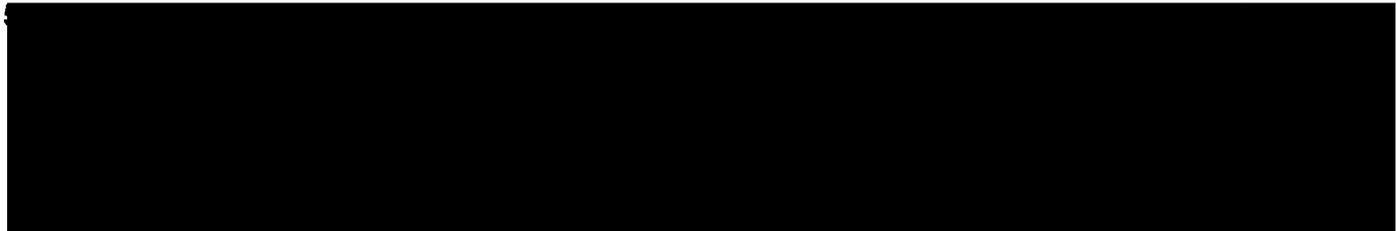
State  Judge or Court Commissioner (Statewide Jurisdiction)  
 Multi-County \_\_\_\_\_  County of SAN BERNARDINO  
 City of \_\_\_\_\_  Other \_\_\_\_\_

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

Annual: The period covered is January 1, 2014, through December 31, 2014.  
-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: 3  
 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



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

Date Signed 2/26/15  
(month, day, year)

**ORIGINAL**

RECEIVED  
FAIR POLITICAL  
PRACTICES COMMISSION  
2015 MAR - 5 AM 10:58

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
 (Ownership Interest is 10% or Greater)

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION  
 Name  
**DONALD R. ALVAREZ**

**▶ 1. BUSINESS ENTITY OR TRUST**

Commercenter Building Partnership  
 Name  
1839 & 1847 Commercenter W., San Bdn, CA  
 Address (Business Address Acceptable)

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

**GENERAL DESCRIPTION OF THIS BUSINESS**  
Property Rental

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999  
 \$2,000 - \$10,000                             /        / 14                             /        / 14  
 \$10,001 - \$100,000                      ACQUIRED                      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     \_\_\_\_\_ Other

YOUR BUSINESS POSITION Partner

**▶ 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

Commercenter Building Partnership

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT     REAL PROPERTY

Commercenter Building Partnership  
 Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property  
1839 & 1847 Commercenter W., San Bdn, CA.  
 Description of Business Activity or City or Other Precise Location of Real Property

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

**▶ 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**

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999  
 \$2,000 - \$10,000                             /        / 14                             /        / 14  
 \$10,001 - \$100,000                      ACQUIRED                      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

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  
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None    or     Names listed below

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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

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 \$2,000 - \$10,000  
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 \$100,001 - \$1,000,000                      ACQUIRED                      DISPOSED  
 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: \_\_\_\_\_

