

CGG

COVER PAGE

HUMAN RESOURCES OFFICE  
RECEIVED

2015 JAN 27 AM 11:11

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
M<sup>c</sup> CARVILLE BRIAN SHEV'LIN

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

SUPERIOR COURT, STATE OF CALIFORNIA, COUNTY OF SAN BERNARDINO

Division, Board, Department, District, if applicable

Your Position

CIVIL DIVISION

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 SAN BERNARDINO
- 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.

- 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.

Assuming Office: Date assumed \_\_\_\_\_

Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

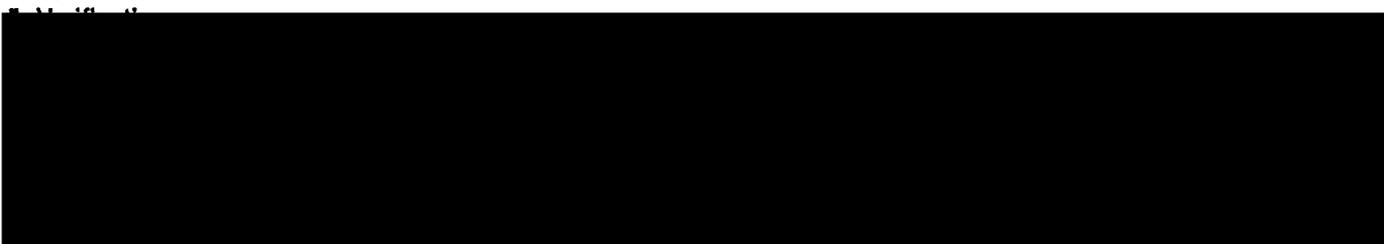
Check applicable schedules or "None."

Total number of pages including this cover page: 2

- 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



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

Date Signed 1/13/15  
(month, day, year)

ORIGINAL

RECEIVED  
FAIR POLITICAL PRACTICES COMMISSION  
2015 MAR -2 AM 11:03

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

**CALIFORNIA FORM 700**  
 FPPC POLITICAL PRACTICES COMMISSION

Name: DAVID S. MCCARTHY

2015 JAN 27

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
STATE OF CALIFORNIA

ADDRESS (Business Address Acceptable)  
247 WEST THIRD ST. SAN BERNARDINO CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
LAW

YOUR BUSINESS POSITION  
SUPERIOR COURT JUDGE

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  
LOMA LINDA U. MEDICAL CENTER

ADDRESS (Business Address Acceptable)  
ANDERSON / PARKEN RD. LOMA LINDA CA.

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
HOSPITAL

YOUR BUSINESS POSITION  
(blank)

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: \_\_\_\_\_