

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) REDLANDS CITY CLERK  
GILBREATH PATRICIA (PAT) LOU

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CITY OF REDLANDS

Division, Board, Department, District, if applicable

CITY COUNCIL

Your Position

COUNCIL MEMBER

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

Agency: SUCCESSOR AGENCY TO REDEVELOPMENT

Position: BOARDMEMBER

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County \_\_\_\_\_

County of \_\_\_\_\_

City of REDLANDS

Other \_\_\_\_\_

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

Annual: The period covered is January 1, 2015, through December 31, 2015.

Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_ through December 31, 2015.

The period covered is January 1, 2015, through the date of leaving office.

-or-

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 (must complete) ► Total number of pages including this cover page: 11

Schedules attached

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 this is a  
I certify under penalty of perjury under the laws of the State of California that

Date Signed 3-7-16  
(month, day, year)

Signature

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
GILBREATH PATRICIA(PAT) LOU

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

Agency Name (Do not use acronyms)

OMNITRANS

Division, Board, Department, District, if applicable

Your Position

BOARD MEMBER

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

Agency: CONFIRE SAN BERNARINO COUNTY

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 REDLANDS TO JPA CONFIRE

Other \_\_\_\_\_

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

Annual: The period covered is January 1, 2015, through December 31, 2015.

Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Check one)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through December 31, 2015.

The period covered is January 1, 2015, through the date of leaving office.

-or-

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 (must complete) ► Total number of pages including this cover page: 11**

**Schedules attached**

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

(d)(5)

herein and in any attached schedules is true and complete. I acknowledge (d)(5)

I certify under penalty of perjury under the laws of the State of California

Date Signed 3-7-16  
(month, day, year)

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
GILBREATH PATRICIA(PAT) LOU

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

SAN BERNARDINO ASSOCIATED GOVERNMENTS

Division, Board, Department, District, if applicable

Your Position

ALTERNATE BOARD MEMBER

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

Agency: SEE ATTACHMENT "A"

Position: ALTERNATE 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, 2015, through December 31, 2015.

Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Check one)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through December 31, 2015.

The period covered is January 1, 2015, through the date of leaving office.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through the date of leaving office.

Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
and office sought, if different than Part 1: \_\_\_\_\_

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

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 11

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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

(d)(5)

I certify under penalty of perjury under the laws of the State of California (d)(5)

Date Signed 3-7-16  
(month, day, year)

Sig

Name:

PATRICIA GILBREATH

## Attachment A

Form 700

**Agency Name**

**Position**

San Bernardino County Transportation Authority

ALTERNATE BOARD MEMBER

San Bernardino County Transportation Commission

ALTERNATE BOARD MEMBER

San Bernardino County Congestion Management Agency

ALTERNATE BOARD MEMBER

San Bernardino County Service Authority for Freeway Emergencies

ALTERNATE BOARD MEMBER

**SCHEDULE A-1  
Investments**

**Stocks, Bonds, and Other Interests**  
(Ownership Interest is Less Than 10%)  
*Do not attach brokerage or financial statements.*

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <b>PATRICIA GILBREATH</b>
--

▶ NAME OF BUSINESS ENTITY  
**ALLERGAN**

GENERAL DESCRIPTION OF THIS BUSINESS  
**PHARMACEUTICAL**

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / **15**      \_\_\_\_\_ / \_\_\_\_\_ / **15**  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
**CENTENE CORP**

GENERAL DESCRIPTION OF THIS BUSINESS  
**HEALTH CARE**

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:  
 \_\_\_\_\_ / **09** / **24** / **15**      \_\_\_\_\_ / \_\_\_\_\_ / **15**  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
**EXXON MOBIL CORP**

GENERAL DESCRIPTION OF THIS BUSINESS  
**OIL AND GAS**

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:  
 \_\_\_\_\_ / **09** / **17** / **15**      \_\_\_\_\_ / \_\_\_\_\_ / **15**  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
**GILEAD SCIENCES, INC**

GENERAL DESCRIPTION OF THIS BUSINESS  
**BIOPHARMACEUTICAL**

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / **15**      \_\_\_\_\_ / \_\_\_\_\_ / **15**  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
**JPM CHASE & CO**

GENERAL DESCRIPTION OF THIS BUSINESS  
**FINANCIAL HOLDING CO**

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / **15**      \_\_\_\_\_ / \_\_\_\_\_ / **15**  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
**OCCIDENTAL PETROLEUM**

GENERAL DESCRIPTION OF THIS BUSINESS  
**OIL AND GAS**

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:  
 \_\_\_\_\_ / **03** / **15** / **15**      \_\_\_\_\_ / \_\_\_\_\_ / **15**  
 ACQUIRED                                  DISPOSED

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

# 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  
PATRICIA GILBREATH

▶ NAME OF BUSINESS ENTITY  
3M CO

GENERAL DESCRIPTION OF THIS BUSINESS  
DIVERSIFIED TECHNOLOGY

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:  
\_\_\_\_/\_\_\_\_/15      \_\_\_\_/\_\_\_\_/15  
ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
COLUMBIA LARGE CAP GROWTH

GENERAL DESCRIPTION OF THIS BUSINESS  
LARGE CAP INVESTMENTS

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:  
\_\_\_\_/\_\_\_\_/15      \_\_\_\_/\_\_\_\_/15  
ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
HARTFORD DIVIDEND AND GROWTH

GENERAL DESCRIPTION OF THIS BUSINESS  
INVESTMENTS

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:  
\_\_\_\_/\_\_\_\_/15      \_\_\_\_/\_\_\_\_/15  
ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
HARTFORD CORE EQUITY FUND CLASS A

GENERAL DESCRIPTION OF THIS BUSINESS  
INVESTMENTS

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:  
09/11/15      \_\_\_\_/\_\_\_\_/15  
ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
HENDERSON INTERNATIONAL

GENERAL DESCRIPTION OF THIS BUSINESS  
INVESTMENTS

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:  
\_\_\_\_/\_\_\_\_/15      \_\_\_\_/\_\_\_\_/15  
ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
ABBOTT LABS

GENERAL DESCRIPTION OF THIS BUSINESS  
PHARMACEUTICALS

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:  
\_\_\_\_/\_\_\_\_/15      \_\_\_\_/\_\_\_\_/15  
ACQUIRED      DISPOSED

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

**SCHEDULE A-1  
Investments**

**Stocks, Bonds, and Other Interests**  
(Ownership Interest is Less Than 10%)

*Do not attach brokerage or financial statements.*

<p><b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION</p> <p>Name <b>PATRICIA GILBREATH</b></p>
---

▶ NAME OF BUSINESS ENTITY  
**COFFEE HOLDING CO ROTH IRA**

GENERAL DESCRIPTION OF THIS BUSINESS  
**COFFEE MANUFACTURER**

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:  
     /      / 15           /      / 15  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
**GILEAD SCIENCES ROTH IRA**

GENERAL DESCRIPTION OF THIS BUSINESS  
**BIOPHARMACEUTICAL**

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:  
02 / 04 / 15           /      / 15  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
**MERCK AND CO INC NEW COM ROTH IRA**

GENERAL DESCRIPTION OF THIS BUSINESS  
**HEALTHCARE SOLUTIONS**

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:  
05 / 29 / 15           /      / 15  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
**WISDOMTREE TRUST EUROPE**

GENERAL DESCRIPTION OF THIS BUSINESS  
**EUROPEAN HEDGED STOCK**

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:  
06 / 10 / 15           /      / 15  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
**CENTENE CORP TRUST ACCT**

GENERAL DESCRIPTION OF THIS BUSINESS  
**HEALTHCARE**

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:  
09 / 24 / 15           /      / 15  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
**GILEAD SCIENCES INC TRUST ACCT**

GENERAL DESCRIPTION OF THIS BUSINESS  
**BIOPHARMACEUTICAL**

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:  
02 / 11 / 15           /      / 15  
 ACQUIRED                      DISPOSED

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

# SCHEDULE A-1

## Investments

### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <b>PATRICIA GILBREATH</b>

▶ NAME OF BUSINESS ENTITY  
**HOME DEPOT INC**

GENERAL DESCRIPTION OF THIS BUSINESS  
**RETAIL HOME IMPROVEMENTS**

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:  
\_\_\_\_/\_\_\_\_/15      \_\_\_\_/\_\_\_\_/15  
ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
**US BANCORP DEL**

GENERAL DESCRIPTION OF THIS BUSINESS  
**FINANCIAL SERVICES HOLDING CO**

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:  
\_\_\_\_/\_\_\_\_/15      \_\_\_\_/\_\_\_\_/15  
ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
**ALLERGAN PLC**

GENERAL DESCRIPTION OF THIS BUSINESS  
**PHARMACEUTICAL**

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:  
\_\_\_\_/\_\_\_\_/15      11/19/15  
ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
**ALTRIA GROUP INC**

GENERAL DESCRIPTION OF THIS BUSINESS  
**MANUF & SALE OF TOBACCO AND WINE**

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:  
\_\_\_\_/\_\_\_\_/15      02/04/15  
ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
**GENERAL ELECTRIC**

GENERAL DESCRIPTION OF THIS BUSINESS  
**POWER COMPANY**

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:  
\_\_\_\_/\_\_\_\_/15      09/24/15  
ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
**UNION PACIFIC CORP**

GENERAL DESCRIPTION OF THIS BUSINESS  
**RAILROAD**

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:  
\_\_\_\_/\_\_\_\_/15      09/18/15  
ACQUIRED      DISPOSED

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

# SCHEDULE A-1

## Investments

### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <b>PATRICIA GILBREATH</b>

▶ NAME OF BUSINESS ENTITY  
**GLOBAL APPRECIATION EQUITY FUND**

GENERAL DESCRIPTION OF THIS BUSINESS  
**INVESTMENTS**

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:  
\_\_\_\_/\_\_\_\_/15      09/11/15  
ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
**BOEING COMPANY**

GENERAL DESCRIPTION OF THIS BUSINESS  
**AIRPLANE MANUF**

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:  
\_\_\_\_/\_\_\_\_/15      09/11/15  
ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
**ACTAVIS**

GENERAL DESCRIPTION OF THIS BUSINESS  
**GENERAL PHARMACEUTICALS**

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:  
\_\_\_\_/\_\_\_\_/15      06/15/15  
ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
**WALGREENS ALLIANCE**

GENERAL DESCRIPTION OF THIS BUSINESS  
**PHARMACY AND RETAIL**

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:  
\_\_\_\_/\_\_\_\_/15      04/10/15  
ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
**ABBVIE TRUST ACCT**

GENERAL DESCRIPTION OF THIS BUSINESS  
**DIVERSIFIED TECHNOLOGY**

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:  
\_\_\_\_/\_\_\_\_/15      01/05/15  
ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
**UBS Group AG CHF**

GENERAL DESCRIPTION OF THIS BUSINESS  
**INVESTMENTS**

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:  
\_\_\_\_/\_\_\_\_/15      11/3/15  
ACQUIRED      DISPOSED

Comments:



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

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <b>PATRICIA GILBREATH</b>
--

**▶ 1 INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
**EADIE AND PAYNE, LLP**

ADDRESS (Business Address Acceptable)  
**P.O BOX 1006, REDLANDS, CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**CERTIFIED PUBLIC ACCOUNTANT**

YOUR BUSINESS POSITION  
**RETIRED PARTNR**

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 **RETIREMENT PAMENTS**  
 \_\_\_\_\_  
 (Describe)

**▶ 1 INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
**UBS ROLLOVER IRA**

ADDRESS (Business Address Acceptable)  
**3403 10TH STREET, RIVERSIDE, CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**INVESTMENT ACCOUNT**

YOUR BUSINESS POSITION  
**INVESTOR**

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 **WITHDRAWAL DISTRIBUTIONS**  
 \_\_\_\_\_  
 (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: \_\_\_\_\_