## \_ STATEMENT OF FINANCIAL INTEREST



## **Josie Gonzales Assessor-Recorder-County Clerk**

County of San Bernardino Assessor's Office 222 W. Hospitality Lane - 4th Floor San Bernardino, CA 92415-0311 www.sbcounty.gov/arc

Phone: (909) 387-8307 Toll Free: (877) 885-7654

| APPRAISER'S NAME  | EMPLOYE   | EMPLOYED BY                       |                                    |                                   |                                   |                            |
|---|---|-----------------------------------|------------------------------------|-----------------------------------|-----------------------------------|----------------------------|
| INSTRUCTIONS  |   |                                   |                                    |                                   |                                   |                            |
| You must complete this form or FPPO meet the certification requirement for t your employer. | Form 700 at the following year                    | e time of temp<br>. This form, or | oorary certificat<br>FPPC Form 700 | ion and each y<br>), should be re | year thereafter<br>turned to, and | in order to<br>retained by |
| • Corporation: Enter the corporation na If you have no interest, write "none."              | ame in which you                                  | have an interes                   | st and its addres                  | ss if its stock is                | not listed on a                   | ın exchange                |
| Nature of Interest: Check the type of in  | nteres <mark>t y</mark> ou h <mark>av</mark> e (f | or example, cor                   | mmon <mark>st</mark> ock, pre      | ferred stock, or                  | bonds or deben                    | tures).                    |
| • Quantity: Enter the number of certifica   | tes, s <mark>ha</mark> res, <mark>et</mark> c., y | ou have.                          |                                    |                                   |                                   |                            |
| Ownership: Check whether held in join   | nt or <mark>sin</mark> gle <mark>ow</mark> ners   | hip.                              |                                    |                                   |                                   |                            |
| According to section 672 of Article 8 of C financial interest in any corporation or con     | Chapter 3 of Part 2<br>porations is as follo      | of Division 1 o                   | f the Revenue a                    | nd Taxation Co                    | de, I hereby de                   | clare that m               |
| CORPORATION   | N.A   | NATURE OF INTEREST                |                                    |                                   | OWNERSHIP                         |                            |
|   | COMMON  | PREFERRED<br>STOCK                | BONDS OR<br>DEBENTURES             | QUANTITY                          | JOINT                             | SINGLE                     |
|   |   |                                   |                                    |                                   |                                   |                            |
|   | $\Box$  |                                   |                                    |                                   |                                   |                            |
|   |   |                                   |                                    |                                   |                                   |                            |
|   |   |                                   |                                    |                                   |                                   |                            |
|   |   | A                                 |                                    |                                   |                                   |                            |
|   |   |                                   |                                    |                                   |                                   |                            |
|   |   |                                   | V                                  |                                   |                                   |                            |
| Remarks:  |   |                                   |                                    | _                                 |                                   |                            |
|   |   |                                   |                                    |                                   |                                   |                            |
|   |   |                                   |                                    |                                   |                                   |                            |
|   |   |                                   |                                    |                                   |                                   |                            |
|   |   |                                   |                                    |                                   |                                   |                            |
|   |   |                                   |                                    |                                   |                                   |                            |
|   |   |                                   |                                    |                                   |                                   |                            |
|   |   |                                   |                                    |                                   |                                   |                            |
|   |   |                                   |                                    |                                   |                                   |                            |
|   |   |                                   |                                    |                                   |                                   |                            |
| SIGNED  |   |                                   |                                    | DATE                              |                                   |                            |