

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
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RECEIVED-CITY OF SAN BERNARDINO

COVER PAGE

2016 MAR 30 PM 5:29

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Davis R. Carey

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
 City of San Bernardino
 Division, Board, Department, District, if applicable Your Position
 Mayor

► 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 Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of San Bernardino Other _____

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

- Annual:** The period covered is January 1, 2015, through December 31, 2015.
- or- The period covered is _____, through December 31, 2015.
- Assuming Office:** Date assumed _____
- Candidate:** Election year _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left _____ (Check one)
- The period covered is January 1, 2015, through the date of leaving office.
- or- The period covered is _____, through the date of leaving office.

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

- Schedules attached**
- 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**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)
 300 North D Street, 6th Floor San Bernardino CA 92418
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
 (909) 384-5133

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed 3/30/2016 Signature R. Carey Davis
 (month, day, year) (File the originally signed statement with your filing official.)

Mayor R. Carey Davis

2015 CALIFORNIA FORM 700

Holds the position and a member of the following
Commissions/Committees/Authorities in the City of San
Bernardino:

- 1) Mayor of the City of San Bernardino
- 2) San Bernardino Associated Governments (SANBAG) See
Attachment A
- 3) San Bernardino Valley Municipal Water District
- 4) Omnitrans Board of Directors
- 5) San Bernardino International Airport Authority (SBIAA)
- 6) Inland Valley Development Agency (IVDA)

R. Carey Davis

2015 California Form 700

Attachment A

<u>Agency Name</u>	<u>Position</u>
San Bernardino County Transportation Authority	Board Member
San Bernardino County Transportation Commission	Board Member
San Bernardino County Congestion Management Agency	Board Member
San Bernardino County Service Authority for Freeway Emergencies	Board Member

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
 R. Carey Davis

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 City of San Bernardino

ADDRESS (Business Address Acceptable)
 300 North D Street, 6th Floor, SB, CA 92418

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Municipality

YOUR BUSINESS POSITION
 Mayor

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
 St. Bernardine Medical Center

ADDRESS (Business Address Acceptable)
 2101 N. Waterman Avenue, SB, CA 92404

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Hospital

YOUR BUSINESS POSITION
 Clinical Quality Coordinator, RN

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: _____

SCHEDULE D
Income – Gifts

Name
R. Carey Davis

▶ NAME OF SOURCE (Not an Acronym)
League of CA Cities - CITIPAC

ADDRESS (Business Address Acceptable)
1400 K Street, Suite 400, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Committee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 08 / 15	\$ 250.00	Spring Gala
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Inland Empire 66ers

ADDRESS (Business Address Acceptable)
San Manuel Stadium

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Baseball

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 25 / 15	\$ 103.20	Baseball Tickets
04 / 09 / 15	\$ 20.64	Baseball Tickets
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
San Bernardino City Unified School District

ADDRESS (Business Address Acceptable)
700 North F Street, SB, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Education

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 08 / 15	\$ 250.00	Hope Fundraiser
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)

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)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____