

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

City Clerk's Office

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
ROBERTS JOHN B

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CITY OF FONTANA

Division, Board, Department, District, if applicable Your Position

CITY COUNCIL COUNCIL MEMBER

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

Agency: OMNITRANS Position: BOARD MEMBER

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

- State
Multi-County
City of FONTANA
Judge or Court Commissioner (Statewide Jurisdiction)
County of
Other

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

- Annual: The period covered is January 1, 2017, through December 31, 2017.
Leaving Office: Date Left
Assuming Office: Date assumed
Candidate: Date of Election

4. Schedule Summary (must complete) Total number of pages including this cover page: 2

- 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
None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE

8353 SIERRA AVE. FONTANA CA 92335

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
909) 721-2796 JROBERTS@FONTANA.ORG

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 MARCH 28, 2018

Signature [Handwritten Signature]

SCHEDULE D
Income - Gifts

Name
JOHN B ROBERTS

▶ NAME OF SOURCE (Not an Acronym)
DW DEVELOPMENT

ADDRESS (Business Address Acceptable)
118 S. BEVERLY DR

BUSINESS ACTIVITY, IF ANY, OF SOURCE
BEVERLY HILLS 90212

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5/23/17</u>	<u>\$ 100.00</u>	<u>FOOD</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

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

Comments: DINNER AT WYNN HOTEL ICSC
SHOPPING CENTER CONVENTION