

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received

Official Use Only

RECEIVED - CITY CLERK

COVER PAGE

2017 APR -3 AM 8:58

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: See Attachment A 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, 2016, through December 31, 2016. Leaving Office: Date Left / / (Check one)
- or- The period covered is / / through December 31, 2016. The period covered is January 1, 2016, through the date of leaving office.
- Assuming Office: Date assumed / / -or- 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: 5

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

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

[Redacted Address]

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

Date Signed March 31, 2017
(month, day, year)

Signature [Redacted]

Attachment "A"

Mayor R. Carey Davis' filings 2016

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 Government (SANBAG)
 - Commuter/Transit Committee
 - Metro Valley Committee
- 3) San Bernardino Valley Municipal Water District/San Bernardino Regional Water Resources Authority
 - Advisory Commission on Water Policy
- 4) Omnitrans Board of Directors
 - Administrative & Finance Committee
- 5) San Bernardino International Airport (SBIAA)
- 6) Inland Valley Development Agency (IVDA)
 - Finance & Budget Committee

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

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 No Income - Business Position Only
 \$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 No Income - Business Position Only
 \$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)*
Inland Empire 66ers
ADDRESS *(Business Address Acceptable)*
San Manuel Stadium
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Baseball - Ceremonial First Pitch

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 14 / 16</u>	<u>\$ 123.84</u>	<u>Baseball Tickets</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE *(Not an Acronym)*
SBVC/Econ Developmnt & Corp Training Foundation
ADDRESS *(Business Address Acceptable)*
114 South Del Rosa Drive, SB CA 92408
BUSINESS ACTIVITY, IF ANY, OF SOURCE
College/Education - 90th Anniversary Certificate

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 14 / 16</u>	<u>\$ 90.00</u>	<u>90th Anniversary Gala</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE *(Not an Acronym)*
Lucas Oil Off Road Racing
ADDRESS *(Business Address Acceptable)*
Glen Helen Raceway
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Car Racing-Ceremonial Check Donation to GoFundme

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 23 / 16</u>	<u>\$ 220.50</u>	<u>Tickets/Dec 2nd Event</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE *(Not an Acronym)*
Press Enterprise
ADDRESS *(Business Address Acceptable)*
1825 Chicago Avenue, Riverside, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Newspaper

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 07 / 16</u>	<u>\$ 50.00</u>	<u>Award Reception Dinne</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</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)
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</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)
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name R. Carey Davis

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)
Diocese of San Bernardino
 ADDRESS (Business Address Acceptable)
1201 E. Highland Avenue
 CITY AND STATE
San Bernardino, CA 92404
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Catholic Church
 DATE(S): 04 / 02 / 16 - 04 / 16 / AMT: \$ 639.
 (If gift)
 ▶ MUST CHECK ONE: Gift -or- Income
 Made a Speech/Participated in a Panel
 Other - Provide Description Accepted Award on Behalf of the City for Dec.2nd Event
 ▶ If Gift, Provide Travel Destination Hyatt Regency Indian Wells Resort, Indian Wells, CA

▶ NAME OF SOURCE (Not an Acronym)
San Bernardino International Airport
 ADDRESS (Business Address Acceptable)
1601 E. Third Street
 CITY AND STATE
San Bernardino, CA 92408
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Airport
 DATE(S): 09 / 10 / 16 - 09 / 10 / 16 AMT: \$ 1000.(8@\$125)
 (If gift)
 ▶ MUST CHECK ONE: Gift -or- Income
 Made a Speech/Participated in a Panel
 Other - Provide Description Ceremonial Welcome Remarks & Entrance to the Air Fest
 ▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

 ADDRESS (Business Address Acceptable)

 CITY AND STATE

 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

 DATE(S): ____/____/____ - ____/____/____ AMT: \$_____
 (If gift)
 ▶ MUST CHECK ONE: Gift -or- Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____

 ▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

 ADDRESS (Business Address Acceptable)

 CITY AND STATE

 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

 DATE(S): ____/____/____ - ____/____/____ AMT: \$_____
 (If gift)
 ▶ MUST CHECK ONE: Gift -or- Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____

 ▶ If Gift, Provide Travel Destination _____

Comments: _____