

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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MORENO VALLEY
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NAME OF FILER (LAST) (FIRST) (MIDDLE)
JEMPSON DOLORES LA DONNA

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

RIVERSIDE COUNTY HABITAT CONSERVATION AGENCY - ALTERNATE
Division, Board, Department, District, if applicable Your Position

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

Agency: SEE ATTACHED Position:

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

- State
- Multi-County _____
- City of MORENO VALLEY
- 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, 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 12/6/16
(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: 3

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)
[REDACTED] MORENO VALLEY, CA. 92553

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
[REDACTED] [REDACTED]

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 12-13-16 Signature [REDACTED]
(month, day, year) (File the original signed statement with your filing official)

SCHEDULE D
Income - Gifts

Name
Dobres L. Jempson

▶ NAME OF SOURCE (Not an Acronym)
WASTE MANAGEMENT
ADDRESS (Business Address Acceptable) [REDACTED] • CORONA 92879
BUSINESS ACTIVITY, IF ANY, OF SOURCE
TRASH SERVICE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6/25/16</u>	<u>\$60.00</u>	<u>CHAMBER TICKETS</u>
<u>10/12/16</u>	<u>\$150.00</u>	<u>EVENT TICKETS</u>
<u>10/10/16</u>	<u>\$215.82</u>	<u>DINNER TICKETS</u>

▶ NAME OF SOURCE (Not an Acronym)
SOUTHERN CALIFORNIA FAIR
ADDRESS (Business Address Acceptable) [REDACTED] PERRIS 92571
BUSINESS ACTIVITY, IF ANY, OF SOURCE
COUNTY FAIR

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10/1/16</u>	<u>\$116.00</u>	<u>FAIR TICKETS</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
RIVERSIDE UNIVERSITY Health system
ADDRESS (Business Address Acceptable) [REDACTED] MORENO VALLEY 92555
BUSINESS ACTIVITY, IF ANY, OF SOURCE
MEDICAL SERVICES

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11/22/16</u>	<u>\$300.00</u>	<u>FUNDRAISER TICKETS</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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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: _____

Riverside County Habitat Conservation Agency (RCA)

Att: Janis Leonard, Executive Assistant

[REDACTED]

[REDACTED]

Riverside, CA 92501

[REDACTED]

Riverside Transit Agency (RTA)

Att: Tammi Ford, Clerk of the Commission

[REDACTED]

Riverside, CA 92507

[REDACTED]

Western Riverside County Regional Conservation Authority

Att: Rose Haro, Administrative Manager

[REDACTED]

Riverside, CA 92501-3627

[REDACTED]