## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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## City of Loma Linda

FEB 09 2021

☐ State ☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissional (Statewide Jurisdiction)   ☐ Multi-County ☐ County of   ☐ City of Loma Linda ☐ Other    3. Type of Statement (Check at least one box)  ☐ Annual: The period covered is January 1, 2020, through December 31, 2020.  -or- The period covered is, through December 31, 2020.  ☐ Assuming Office: Date assumed, through December 31, 2020.  ☐ Assuming Office: Date assumed, and office sought, if different than Part 1:	Please type or print in ink.					I ED O & 2021
1. Office, Agency, or Court  Agency Name (Do not use acronyms) City of Loma Linda  Division, Board, Department, District, if applicable  City Council Member  I filling for multiple pesitions, list below or on an attachment. (Do not use acronyms)  Agency: Please see attached  Agency: Please see attached  Position:  State  Judge, Refered Judge, Pro Tem Judge, or Court Commission (Statewide Judisdiction)  Country of  Check at least one box)  Assuming Office: Date assumed to exerced is January 1, 2020, through December 31, 2020.  The period covered is January 1, 2020, through December 31, 2020.  Assuming Office: Date assumed through December 31, 2020.  Assuming Office: Date assumed through December 31, 2020.  Assuming Office: Date assumed file of leaving office.  Candidate: Date of Election and office sought, if different than Part 1:  Schedule Summary (must complete) Total number of pages including this cover page:  Schedule A - Investments - schedule attached Schedule Statached  Schedule A - Investments - schedule attached Schedule B - Real Property - schedule attached  Schedule A - Investments - schedule attached Schedule B - Real Property - schedule attached Schedule B - Real Property - schedule attached  DVI None - No reportable interests on any schedule  The reviewed this statement and to the best of my knowledge the information coheren and in any attached schedules is true and complete. I acknowledge this is a public document.  I certify under penalty of porjury under the laws of the State of California that the foreagen is true and complete.	NAME OF FILER (LAST)	(FIRST)			(MIDDLE)	City Clerk
Agency Name (Do not use acronyms) City of Loma Linda Division, Board, Department, District, if applicable City Council ► If filing for multiple positions, list below or on an attachment. (Do not use ecronyms) Agency Please see attached Agency Please see attached Agency Please see attached    Durisdiction of Office (Check at least one box)   State   Durisdiction of Office (Check at least one box)   State   Durisdiction of Office (Check at least one box)   County of   Durisdiction of Office (Check at least one box)   County of   Durisdiction of Office (Check at least one box)   Annual: The period covered is January 1, 2020, through   December 31, 2020.   Or The period covered is January 1, 2020, through   December 31, 2020.   Or The period covered is January 1, 2020, through   December 31, 2020.   Assuming Office: Date assumed   December 31, 2020.   Assuming Office: Date assumed   December 31, 2020.   The period covered is January 1, 2020, through   December 31, 2020.   The period covered is January 1, 2020, through   December 31, 2020.   The period covered is January 1, 2020, through   December 31, 2020.   The period covered is January 1, 2020, through   December 31, 2020.   The period covered is January 1, 2020, through the date leaving office.   Candidate: Date of Election   and office sought, if different than Part 1:   Schedule Summary (must complete)   Total number of pages including this cover page:	Dupper	Phill				
City of Loma Linda  Division, Board, Department, District, if applicable  City Council Member  ► If filling for multiple positions, list below or on an attachment. (Do not use acronyms)  Agency:  Please see attached  Position:    Judge, Retired Judge, Pro Tem Judge, or Court Commission (Statewide Jurisdiction)    Multi County	1. Office, Agency, or Court					
Division, Beard, Department, District, if applicable   Your Position   City Council   City Council   City Council   Member	Agency Name (Do not use acronyn	ns)				
City Council   City Council   City Council   Member    If filing for multiple positions, list below or on an attachment. (Do not use scronyms) Agency. Please see attached   Position:    2. Jurisdiction of Office (Check at least one box)   Judge, Retired Judge, Pro Tem Judge, or Court Commission (Statewide Jurisdiction)   County of   County of    Ill City of Loma Linda   Other    3. Type of Statement (Check at least one box)   Leaving Office: Date Left   (Check one circle.)    Ill Annual: The period covered is January 1, 2020, through   Leaving Office: Date Left   (Check one circle.)    Or The period covered is January 1, 2020, through   Leaving Office: Date Left   (Check one circle.)    Or The period covered is January 1, 2020, through   Leaving Office.    Or The period covered is January 1, 2020, through   Leaving Office.    Or The period covered is January 1, 2020, through the date leaving office.    Or The period covered is January 1, 2020, through the date leaving office.    Or The period covered is January 1, 2020, through the date leaving office.    Or The period covered is January 1, 2020, through the date leaving office.    Or The period covered is January 1, 2020, through the date leaving office.    Or The period covered is January 1, 2020, through the date leaving office.    Or The period covered is January 1, 2020, through the date leaving office.    Or The period covered is January 1, 2020, through the date leaving office.    Or The period covered is January 1, 2020, through the date leaving office.    Or The period covered is January 1, 2020, through the date leaving office.    Or The period covered is January 1, 2020, through the date leaving office.    Or The period covered is January 1, 2020, through the date leaving office.    Or The period covered is January 1, 2020, through the date leaving office.    Or The period covered is January 1, 2020, through the date leaving office.    Or The period covered is January 1, 2020, through the date leaving office.    Or The period covered is January 1, 20	City of Loma Linda					
If filing for multiple positions, list below or on an attachment. (Po not use acronyms)   Agency. Please see attached	Division, Board, Department, District	, if applicable		Your Position		
2. Jurisdiction of Office (Check at least one box)  State  Judge, Retired Judge, Pro Tem Judge, or Court Commission (Statowide Jurisdiction)  Multi-County  County of  County of  County of Loma Linda  3. Type of Statement (Check at least one box)  Annual: The period covered is January 1, 2020, through December 31, 2020.  The period covered is	City Council			City Council	Member	
2. Jurisdiction of Office (Check at least one box)    State	► If filing for multiple positions, list	below or on an attachment.	(Do not use a	cronyms)		
Multi-County	Agency: Please see attached	<u> </u>		Position:		
Multi-County	2. Jurisdiction of Office (Che	eck at least one box)				
3. Type of Statement (Check at least one box)  ■ Annual: The period covered is January 1, 2020, through December 31, 2020.  -'Or- The period covered is	State	☐ State		☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)		
3. Type of Statement (Check at least one box)  ■ Annual: The period covered is January 1, 2020, through December 31, 2020.  The period covered is	☐ Multi-County			County of		
3. Type of Statement (Check at least one box)  Annual: The period covered is January 1, 2020, through December 31, 2020.  -OF The period covered is				Other		
Annual: The period covered is January 1, 2020, through December 31, 2020.  The period covered is/, through December 31, 2020.  The period covered is/, through December 31, 2020.  The period covered is/, through December 31, 2020.  Assuming Office: Date assumed/ and office sought, if different than Part 1:	3. Type of Statement (Check	at least one box)				
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Assuming Office: Date assumed	The period covered is	3	, through	leaving off		1, 2020, through the date of
4. Schedule Summary (must complete) ► Total number of pages including this cover page:  Schedules attached  Schedule A-1 - Investments – schedule attached Schedule D - Income, Loans, & Business Positions – schedule attached Schedule D - Income – Gifts – schedule attached Schedule B - Real Property – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached  Tor- ✓ None - No reportable interests on any schedule  5. Verification  MALING ADDRESS (Business or Agency Address Recommended - Public Document) 25541 Barton Road  DAYTIME TELEPHONE NUMBER (909) 799-2810  I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information coherein 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.	☐ Assuming Office: Date assur	ned/		O The period		, through
Schedule A-1 - Investments – schedule attached  Schedule A-2 - Investments – schedule attached Schedule B - Real Property – schedule attached Schedule B - Real Property – schedule attached Schedule E - Income – Gifts – Schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached  None - No reportable interests on any schedule  Throw It is state to the schedule attached  Schedule E - Income – Gifts – Travel Payments – schedule attached  Schedule E - Income – Gifts – Travel Payments – schedule attached  Schedule E - Income – Gifts – Travel Payments – schedule attached  Schedule E - Income – Gifts – Travel Payments – schedule attached  Schedule E - Income – Gifts – Travel Payments – schedule attached  Schedule E - Income – Gifts – Travel Payments – schedule attached  Schedule E - Income – Gifts – Travel Payments – schedule attached  Schedule E - Income – Gifts – Travel Payments – schedule attached  Schedule E - Income – Gifts – Travel Payments – schedule attached  Schedule D - Income – Gifts – Travel Payments – schedule attached  Schedule D - Income – Gifts – Travel Payments – schedule attached  Schedule D - Income – Gifts – Travel Payments – schedule attached  Schedule D - Income – Gifts – Travel Payments – schedule attached  Schedule D - Income – Gifts – Travel Payments – schedule attached  Schedule D - Income – Gifts – Travel Payments – schedule attached  Schedule D - Income – Gifts – Travel Payments – schedule attached  Schedule D - Income – Gifts – Travel Payments – schedule attached  Schedule D - Income – Gifts – Travel Payments – schedule attached  Schedule D - Income – Gifts – Travel Payments – schedule attached  Schedule D - Income – Gifts – Travel Payments – schedule attached  Schedule D - Income – Gifts – Travel Payments – Schedule attached  Schedule D - Income – Gifts – Travel Payments – schedule attached  Schedule D - Income – Gifts – Travel Payments – Schedule attached	Candidate: Date of Election _	and c	office sought, if	different than Part 1:		
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Schedule A-2 - Investments — schedule attached  Schedule B - Real Property — schedule attached  Schedule E - Income — Gifts — Schedule attached  Schedule E - Income — Gifts — Travel Payments — schedule attached  Schedule E - Income — Gifts — Travel Payments — schedule attached  Schedule E - Income — Gifts — Travel Payments — schedule attached  Schedule E - Income — Gifts — Travel Payments — schedule attached  Schedule E - Income — Gifts — Travel Payments — schedule attached  Schedule E - Income — Gifts — Travel Payments — schedule attached  Schedule E - Income — Gifts — Travel Payments — schedule attached  Schedule E - Income — Gifts — Schedule attached  Schedule E - Income — Gifts — Travel Payments — schedule attached  Schedule E - Income — Gifts — Travel Payments — schedule attached  Schedule E - Income — Gifts — Travel Payments — schedule attached  Schedule E - Income — Gifts — Schedule attached  Schedule E - Income — Gifts — Schedule attached  Schedule E - Income — Gifts — Travel Payments — schedule attached  Schedule E - Income — Gifts — Travel Payments — schedule attached  Schedule E - Income — Gifts — Travel Payments — schedule attached  Schedule E - Income — Gifts — Travel Payments — schedule attached  Schedule E - Income — Gifts — Travel Payments — schedule attached  Schedule E - Income — Gifts — Travel Payments — schedule attached  Schedule E - Income — Gifts — Travel Payments — schedule attached  Schedule E - Income — Gifts — Travel Payments — schedule attached  Schedule E - Income — Gifts — Travel Payments — schedule attached  Schedule E - Income — Gifts — Travel Payments — schedule attached  Schedule E - Income — Gifts — Travel Payments — schedule attached  Schedule E - Income — Gifts — Travel Payments — schedule attached  Schedule E - Income — Gifts — Travel Payments — schedule attached — schedule attached  Schedule E - Income — Gifts — Travel Payments — schedule attached  Schedule E - Income — Gifts — Travel Payments — schedule attached — schedule attached — schedule attached — schedule attached	Schedules attached					
Schedule B - Real Property — schedule attached  Schedule E - Income — Gifts — Travel Payments — schedule attached  None - No reportable interests on any schedule  Schedule E - Income — Gifts — Travel Payments — schedule attached  None - No reportable interests on any schedule  State — State — ZIP CODE (Business or Agency Address Recommended - Public Document)  25541 Barton Road — Loma Linda — CA — 92354  DayTIME TELEPHONE NUMBER — EMAIL ADDRESS — pdupper@lomalinda-ca.gov  I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information coherein 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.	Schedule A-1 - Investments	- schedule attached		Schedule C - Income,	, Loans, & Business	Positions - schedule attached
-or- No reportable interests on any schedule  5. Verification  MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document)  25541 Barton Road Loma Linda CA 92354  DAYTIME TELEPHONE NUMBER  (909 ) 799-2810 EMAIL ADDRESS pdupper@lomalinda-ca.gov  I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information coherein 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.	Schedule A-2 - Investments	- schedule attached	=			
MAILING ADDRESS STREET CITY STATE ZIP CODE  (Business or Agency Address Recommended - Public Document)  25541 Barton Road Loma Linda CA 92354  DAYTIME TELEPHONE NUMBER  (909 ) 799-2810  I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information coherein 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.	Schedule B - Real Property	- schedule attached		Schedule E - Income	<ul><li>Gifts – Travel Pay</li></ul>	ments – schedule attached
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	herein and in any attached schedul	es is true and complete. I a	acknowledge th	is is a public documer	nt.	J
Date Signed $\frac{2/9/202}{}$ Signature	I certify under penalty of perjury	under the laws of the Stat	te of California	that the foregoing i	is true and correct.	
(manth day Toor)	Date Signed $2/$	9/2021	Sig	nature (		

California Form 700 2020 Attachment

Dupper, Phill

Inland Valley Development Agency/
San Bernardino International Airport Authority
Confire Board of Directors

Delegate/Alternate

Alternate