

STATEMENT OF ECONOMIC INTERESTS Detential Filing Received of the Control of the **COVER PAGE**



Please type or print in ink.		16 MAR 30 PM 3: 2
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Giba	Jeffrey	James
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
City of Moreno Valley		
Division, Board, Department, District, if applic	cable Your Pos	sition
City Council District #2	Counc	cil Member
▶ If filing for multiple positions, list below or	on an attachment. (Do not use acronyms)	
Agency: See Attached	Position	1:
2. Jurisdiction of Office (Check at lea	ast one box)	
☐ State	<u></u>	or Court Commissioner (Statewide Jurisdiction)
Multi-County		y of Riverside
_ ·	<u> </u>	
City of	Other _	
3. Type of Statement (Check at least of	one box)	
Annual: The period covered is January December 31, 2015.	1, 2015, through Leavir	ng Office: Date Left/
The period covered is/_ December 31, 2015.		ne period covered is January 1, 2015, through the date of aving office.
Assuming Office: Date assumed	O Th	ne period covered is/ through e date of leaving office.
Candidate: Election year	and office sought, if different than Pa	art 1:
4. Schedule Summary (must comp	olete) ► Total number of pages inc	cluding this cover nage: 5
Schedules attached	, som names of pages me	ndanig and cord. page.
Schedule A-1 - Investments - schedu	ule attached Schedule C -	Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments – schedu		Income – Gifts – schedule attached
Schedule B - Real Property - schedu		Income - Gifts - Travel Payments - schedule attached
-or-		
☐ None - No reportable interests or a second or a	n any schedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Doc	CITY	STATE ZIP CODE
14177 Frederick Street	Moreno Valley	CA 92552
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS	J2552
I have used all reasonable diligence in prepari herein and in any attached schedules is true	ing this statement. I have reviewed this statement and complete. I acknowledge this is a public do	nt and to the best of my knowledge the information containe locument.
	e laws of the State of California that the fore	
Date Signed03/30/2016	Signature	
(month. day, year)		(File the originally signed statement with your filing official.)

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

CALIFORNIA FORM 700
Name

(Ownership Interest is 10% or Greater)

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Eclectic Medical Consulting	
Name Address (Business Address Acceptable) Address (Business Address Acceptable)	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one ☐ Trust, go to 2 ☑ Business Entity, complete the box, then go to 2	Check one ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Medical Device Design Consulting	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 /	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \
NATURE OF INVESTMENT ☐ Partnership ☐ Sole Proprietorship	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITIONOWNER_	YOUR BUSINESS POSITION
2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) 3. COMP. 100.	▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
\$0 - \$499	S0 - \$499
3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below	3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below
➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 15	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 /15 /15 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments:	FPPC Form 700 (2015/2016) Sch. A-2

SCHEDULE D Income - Gifts



▶ NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
Wash Management of Infand Empire ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
Corona, C1 92879	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
10,01,15 , 101.15 Dinner Loce	\$
	\$
	\$
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
▶ NAME OF SOURCE (Not an Acronym)	▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	\$
	\$
Comments:	

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

ORM 700
Giba

- 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 \$460 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel that occurred on or after January 1, 2016, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
Eastern Mun, c. pal water District	Eastern Municipal Water District
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
Pertis 01 92572	Perris, Ch 92572
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 01/24/15 O1/25/15 AMT: \$ 89.87	DATE(S): 11 1315 - 111415 AMT: \$ 754.00
▶ MUST CHECK ONE: ☑ Gift -or- ☐ Income	► MUST CHECK ONE: ☑ Gift -or- ☐ Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description Inspection tour of Co. River Aquaduct	Other - Provide Description CA STATE Water Project Inspection Tour
If Gift, Provide Travel Destination Colora do Five Agraduet System	If Gift, Provide Travel Destination STATE WATER Placed
▶ NAME OF SOURCE (Not an Acronym)	▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):/ AMT: \$	DATE(S):
► MUST CHECK ONE: ☐ Gift -or- ☐ Income	▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
▶ If Gift, Provide Travel Destination	▶ If Gift, Provide Travel Destination
Comments:	

Jeffrey J. Giba

Statement of Economic Interest – Form 700 Annual Statement Period of January 1st – December 31st, 2015

Part 1 (Continued) – Additional Agencies

March Joint Powers Commission (MJPC) – Commissioner

Western Riverside Council of Governments (WRCOG) – Council Member

Riverside County Transportation Commission (RCTC) – Alternate Commissioner

Southern CA Association of Governments (SCAG) – General Council Member Dist. 69, & Transportation

Sub-Committee