## CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

(month, day, year)

## STATEMENT OF ECONOMIC INTERESTS MORE Notice That I have the control of the contro



A PUBLIC DOCUMENT	COVER PAGE		16 Map 11 34
Please type or print in ink.			16 MAR 14 AM 9: 55
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
JEMPSON	DOLORES		LADONNA
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
CITY OF MORENO VALLEY			
Division, Board, Department, District, if applicable	You	ur Position	
CITY COUNCIL	CITY COUNCILMEMBER		
▶ If filing for multiple positions, list below or on an a	ittachment. (Do not use acronyme	s)	
Agency:	Po	osition:	
2. Jurisdiction of Office (Check at least one	hovi		
		udge or Court Commissioner	(Statewide Jurisdiction)
State		•	(Statewide Jurisdiction)
Multi-County		County of RIVERSIDE	
✓ City of MORENO VALLEY		Other	
3. Type of Statement (Check at least one box	)	· · · · · · · · · · · · · · · · · · ·	
Annual: The period covered is January 1, 2015		Leaving Office: Date Left	
December 31, 2015.		(Check one)	
The period covered is//_ December 31, 2015.	, unough	<ul> <li>The period covered is Jan leaving office.</li> <li>or-</li> </ul>	uary 1, 2015, through the date of
Assuming Office: Date assumed/			, through
Candidate: Election year	and office sought, if different the		
4. Schedule Summary (must complete)	► Total number of page	s including this cover	page:
Schedules attached			
Schedule A-1 - Investments - schedule attac			
☐ Schedule A-2 - Investments – schedule attach	THE RESERVE OF THE PARTY OF THE	le D - Income - Gifts - scheo	
Schedule B - Real Property – schedule attack	ched Schedul	le E - Income - Gifts - Trave	I Payments - schedule attached
-or-			
✓ None - No reportable interests on any	schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
PO BOX 88005	MORENO V	Alley CA.	92552
DAYTIME TELEPHONE NUMBER	E-MAIL AD		
I have used all reasonable diligence in preparing this herein and in any attached schedules is true and co			y knowledge the information contained
I certify under penalty of perjury under the laws	of the State of California that the	ne foregoing is true and cor	rect.
Date Signed 3 14/16	Signature _		
g		1,1 /	

FPPC Form 700 (2015/2016) FPPC Advice Email: advice@fppc.ca.gov

(File the originally signed statement with your filing official.)