CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

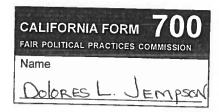


Please type or print in ink.

16 DEC 22 PM 3: 57

NAME OF FILER (LAST) (FIRST)	(MIDDLE)
JEMPSON DOLORE	S LA DONNA
1. Office, Agency, or Court	
Agency Name (Do not use acronyms)	
RIVERSIDE COUNTY HABITAT	CONSERVATION AGENCY - AHERNA Your Position
Division, Board, Department, District, if applicable	Your Position
▶ If filing for multiple positions, list below or on an attachment. (Do not use	e acronyms)
Agency: SEE ATTACHED	Position:
2. Jurisdiction of Office (Check at least one box)	
☐ State	Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County	County of
Scity of MORENO VALLEY	Other
3. Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2015, through December 31, 2015.	Leaving Office: Date Left 12 / 6 / 16 (Check one)
The period covered is/, through December 31, 2015.	 The period covered is January 1, 2015, through the date of leaving office.
Assuming Office: Date assumed/	The period covered is/, through the date of leaving office.
Candidate: Election year and office sought, if	different than Part 1:
	of pages including this cover page:
Schedules attached	
	Schedule C - 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
☐ None - No reportable interests on any schedule	
. Verification	
MAILING ADDRESS STREET CITY	STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)	MORENO VALLEY, CA. 90553
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS
I have used all reasonable diligence in preparing this statement. I have review herein and in any attached schedules is true and complete. I acknowledge	wed this statement and to the best of my knowledge the information contained this is a public document.
I certify under penalty of perjury under the laws of the State of Californ	ia that the foregoing is true and correct.
	gnature
(month, day, year)	(File the originally signed stafemen) with your filing official.)

SCHEDULE D Income - Gifts



NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
WASTE MANAGEMENT ADDRESS (Business Address Acceptable)	SOUTHERN CALIFORNIA FAIR ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE 92879	BUSINESS ACTIVITY, IF ANY, OF SOURCE
TRASH SERVICE	COUNTY FAIR
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
6,25,16 : 60.00 Chamber TICKETS	10,1,16 \$116.00 FAIR TICKETS
10,12,16 \$150.00 EVENT TICKETS	s
10, 10, 16 ; 31582 DINNER TICKETS	
▶ NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
RIVERSIDE UNIVERSITY HEALTh System	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	
	BUSINESS ACTIVITY, IF ANY, OF SOURCE
MEDICAL SERVICES DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE
	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
11 32,16 ,300.00 FUNDRAISER TICKETS	/
/ s	
	\$
	/ s
NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
	The state of Societies (Not all Actorityin)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
2000000	
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)
/s	
Comments:	

Riverside County Habitat Conservation Agency (RCA)

Att: Janis Leonard, Executive Assistant

Riverside, CA 92501

Riverside Transit Agency (RTA)

Att: Tammi Ford, Clerk of the Commission

Riverside, CA 92507

Western Riverside County Regional Conservation Authority

Att: Rose Haro, Administrative Manager

Riverside, CA 92501-3627