CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS MORENO VALLEY RECEIVED **COVER PAGE**

16 NFC 12 PM 1. ..

Please type or print	in ink.			10 DEC 15 EU 1: 14
NAME OF FILER (LAST	r)	(FIRST)	<u>-</u>	(MIDDLE)
Price		George		Evans
1. Office, Agen	cy, or Court			
Agency Name (I	Do not use acronyms) no Valley			
	Department, District, if applicable		Your Position	
City Council			Council member	
► If filing for mu	Itiple positions, list below or on an attach	nment. (Do not use acr	onyms)	
Agency:			Position:	
2. Jurisdiction	of Office (Check at least one box)			
State			☐ Judge or Court Commissioner	(Statewide Jurisdiction)
Multi-County			County of	
City of More	eno Valley		Other	
Annual: The	tement (Check at least one box) e period covered is January 1, 2015, thro cember 31, 2015.	ough	Leaving Office: Date Left (Check one)	12 , 06 , 2016
-or- The	e period covered is/	, through	 The period covered is Jan- leaving office. 	uary 1, 2015, through the date of
	ffice: Date assumed//		O The period covered is the date of leaving office.	, through
Candidate:	Election year an	d office sought, if differen	ent than Part 1:	
4. Schedule Su Schedules	ummary (must complete) >	Total number of p	pages including this cover	page:
☐ Schedule ☑ Schedule	A-1 - Investments - schedule attached A-2 - Investments - schedule attached B - Real Property - schedule attached o reportable interests on any sche	c pel sch	nedule C - Income, Loans, & Busin nedule D - Income — Gifts — schedu nedule E - Income — Gifts — Travel	ile attached
5. Verification		10000		
MAILING ADDRESS (Business or Agency A	STREET Address Recommended - Public Document)	CITY	STATE	ZIP CODE
	,	Moreno Valley	CA	92555
DAYTIME TELEPHON	E NUMBER	E-MA	IL ADDRESS	
I have used all rea herein and in any	asonable diligence in preparing this staten attached schedules is true and complete	ment. I have reviewed the. I acknowledge this is	nis statement and to the best of my	knowledge the information contained
I certify under pe	enalty of perjury under the laws of the	State of California the	at the fo	
Date Signed	(month, day, year)	Signatu		ement with your filing official)

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
George Price

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
AXA Distributors	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Insurance Investments	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//	//_15/
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	
IVANUE OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	THE ELONDER, ELONDATE.
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
TAID AAADVET VALUE	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe) Partnership O Income Received of \$0 - \$499	(Describe)
O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	^
<u>.</u>	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Comments:	

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

T DATE:
/ / 15 DISPOSED
DISPOSED
ther
mer
- \$10,000
or greater
gle source of
r course of
l loans and
Years)

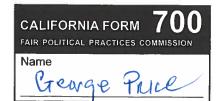
SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION		
Name		
George Price		

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED			
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME			
Riversie Dental Group				
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)			
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE			
Dental Group				
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION			
Systems Manager				
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED			
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000			
▼ \$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000			
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED			
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income			
(For self-employed use Schedule A-2.)	(For self-employed use Schedule A-2.)			
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)			
Sale of	Sale of			
(Real property, car, boat, etc.) Loan repayment	(Real property, car, boat, etc.)			
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more			
(Describe)	(Describe)			
Other	Other			
(Describe)	(Describe)			
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	IOD			
* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:				
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)			
ADDRESS (D Address	%			
ADDRESS (Business Address Acceptable)	CECURITY FOR LOAM			
TURNIERO ACTIVITA IS ANNO CE I SUPERIO	SECURITY FOR LOAN None Personal residence			
BUSINESS ACTIVITY, IF ANY, OF LENDER				
	Real PropertyStreet address			
HIGHEST BALANCE DURING REPORTING PERIOD	Sueet auuress			
\$500 - \$1,000	City			
\$1,001 - \$10,000				
S10,001 - \$100,000	Guarantor			
OVER \$100,000	Other			
	(Describe)			
Comments:				
Volumette.				

SCHEDULE D Income - Gifts



► NAME OF SOURCE (Not an Acronym) California Apartment Association	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE Apartment Owners Organization	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
05 , , 16	
	\$
► NAME OF SOURCE (Not an Acronym) Meyers Nave	▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE Law Firm	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 , 06 , 16	
► NAME OF SOURCE (Not an Acronym) Waste Management of the Inland Empire	▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE Trash Collection company	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 , 05 , 16	\$
06 , 25 , 16	
	\$
Comments:	