



COPY

COVER PAGE

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BY:

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Hewitt Jeffrey F.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

March Joint Powers Commission

Division, Board, Department, District, if applicable

Commission

Your Position

Member

If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: See attached for additional positions Position:

2. Jurisdiction of Office (Check at least one box)

- State
Multi-County
City of
Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
County of Riverside
Other

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2019, through December 31, 2019.
Leaving Office: Date Left
Assuming Office: Date assumed
Candidate: Date of Election

4. Schedule Summary (must complete) Total number of pages including this cover page:

Schedules attached

- Schedule A-1 - Investments - schedule attached
Schedule A-2 - Investments - schedule attached
Schedule B - Real Property - schedule attached
Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule D - Income - Gifts - schedule attached
Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
4080 Lemon St., 5th floor Riverside CA 92501
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(951) 955-1050 jhewitt@rivco.org

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein 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.

Date Signed 5/28/2020 (month, day, year)

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

**STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
Expanded Statement Attachment**

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Jeffrey F. Hewitt

\* This table lists all positions including the primary position listed in the Office, Agency, or Court section of the Cover Page.

| Agency                   | Division/Board/Dept/District  | Position                    | Type of Statement            |
|--------------------------|---|-----------------------------|------------------------------|
| County of Riverside      | Board of Supervisors  | Board of Supervisors Member | Annual 1/1/2019 - 12/31/2019 |
| County of Riverside      | Riverside County Library Foundation   | Board of Directors          | Annual 1/1/2019 - 12/31/2019 |
| County of Riverside      | Oversight Board of the Successor Agency to the Redevelopment Agency for the County of Riverside | Member                      | Annual 1/1/2019 - 12/31/2019 |
| County of Riverside      | Riverside County Asset Leasing Corporation (CORAL)  | Member                      | Annual 1/1/2019 - 12/31/2019 |
| County of Riverside      | Solid Waste Management Advisory Council/Local Task Force  | County Personnel            | Annual 1/1/2019 - 12/31/2019 |
| County of Riverside      | Riverside Community Housing Corp.   | Member                      | Annual 1/1/2019 - 12/31/2019 |
| County of Riverside      | Riverside County Infrastructure Financing Authority   | Member                      | Annual 1/1/2019 - 12/31/2019 |
| County of Riverside      | Riverside County Public Financing Authority   | Member                      | Annual 1/1/2019 - 12/31/2019 |
| County of Riverside      | Riverside County Transportation Commission  | Board Member                | Annual 1/1/2019 - 12/31/2019 |
| County of Riverside      | Riverside County Transportation Commission-Executive Committee                                  | Board Member                | Annual 1/1/2019 - 12/31/2019 |
| Riverside Transit Agency | Board of Directors  | Board Member                | Annual 1/1/2019 - 12/31/2019 |
| County of Riverside      | Surplus Property Commission   | Member                      | Annual 1/1/2019 - 12/31/2019 |

**STATEMENT OF ECONOMIC INTERESTS**  
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|   |
|---|
| <b>CALIFORNIA FORM 700</b><br>FAIR POLITICAL PRACTICES COMMISSION |
| Name<br><br>Jeffrey F. Hewitt                                     |

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| Agency   | Division/Board/Dept/District                      | Position               | Type of Statement            |
|--|---|------------------------|------------------------------|
| County of Riverside  | Riverside District Court<br>Financing Corporation | Member                 | Annual 1/1/2019 - 12/31/2019 |
| Western Riverside<br>County Regional<br>Conservation Authority | Board of Directors                                | Board Member           | Annual 1/1/2019 - 12/31/2019 |
| Western Riverside<br>Council of Governments<br>(WRCOG)         | Board of Directors                                | Board Member           | Annual 1/1/2019 - 12/31/2019 |
| Association of<br>California Water<br>Agencies (ACWA) Board    | Board   | Board Member           | Annual 1/1/2019 - 12/31/2019 |
| Association of Defense<br>Communities in<br>Washington DC      |   | Alternate member       | Annual 1/1/2019 - 12/31/2019 |
| Budget Subcommittee #3<br>Public Safety & Public<br>Works      | Subcommittee                                      | Vice Chair             | Annual 1/1/2019 - 12/31/2019 |
| Coachella Valley<br>Mountains Conservancy<br>Governing Board   | Board   | Alternate Board Member | Annual 1/1/2019 - 12/31/2019 |
| Deferred Compensation<br>Advisory Committee                    | Committee   | Member                 | Annual 1/1/2019 - 12/31/2019 |
| Local Agency Formation<br>Commission (LAFCO)                   | Commission  | Board Member           | Annual 1/1/2019 - 12/31/2019 |
| March Joint Powers<br>Commission                               | Commission  | Board Member           | Annual 1/1/2019 - 12/31/2019 |
| Public Safety<br>Enterprise Committee                          | Committee   | Alternate member       | Annual 1/1/2019 - 12/31/2019 |
| Remote Access Network<br>Board (RAN)/CAL ID<br>(Riverside)     | Board   | Member                 | Annual 1/1/2019 - 12/31/2019 |

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Jeffrey F. Hewitt

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| Agency  | Division/Board/Dept/District | Position                | Type of Statement            |
|---|------------------------------|-------------------------|------------------------------|
| Riverside County Habitat Conservation   | Board                        | Board Member            | Annual 1/1/2019 - 12/31/2019 |
| Riverside County Indian Gaming Local Community Benefits Committee                   | Committee                    | Member                  | Annual 1/1/2019 - 12/31/2019 |
| Riverside County Solid Waste Management Advisory Council/Countywide Local Taskforce | Advisory Council             | Member                  | Annual 1/1/2019 - 12/31/2019 |
| Riverside County Tribal Council Task Force  | Committee                    | Member                  | Annual 1/1/2019 - 12/31/2019 |
| Salton Sea Authority  | Board                        | Board Member            | Annual 1/1/2019 - 12/31/2019 |
| Southern California Water Committee   | Committee/Board              | Board Member            | Annual 1/1/2019 - 12/31/2019 |
| SunLine Transit Agency  | Board                        | Board member, Alternate | Annual 1/1/2019 - 12/31/2019 |
| Urban Counties of California  | Committee                    | Member                  | Annual 1/1/2019 - 12/31/2019 |
| Workforce Investment Board  | Board                        | Board Member            | Annual 1/1/2019 - 12/31/2019 |
| Commerical Cannabis Implementation Process  | Ad Hoc                       | Member                  | Annual 1/1/2019 - 12/31/2019 |
| Pension Reform  | Committee                    | Member                  | Annual 1/1/2019 - 12/31/2019 |
| Grand Jury Ad Hoc   | Ad Hoc                       | Member                  | Annual 1/1/2019 - 12/31/2019 |

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FAIR POLITICAL PRACTICES COMMISSION

Name

Jeffrey F. Hewitt

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| Agency  | Division/Board/Dept/District | Position     | Type of Statement            |
|---|------------------------------|--------------|------------------------------|
| Coachella Valley Associations of Governments (CVAG) | Board                        | Board Member | Annual 1/1/2019 - 12/31/2019 |
| Coachella Valley Conservation Commission            | Commission                   | Member       | Annual 1/1/2019 - 12/31/2019 |

# SCHEDULE A-2

## Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
Hewitt, Jeffrey F.

**▶ 1. BUSINESS ENTITY OR TRUST**

Champagne Pools and Electrical Inc.  
Name  
955 Roberts Road  
Calimesa, CA 92320  
Address (Business Address Acceptable)  
Check one  
 Trust, go to 2  Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS  
Swimming Pool Contractor

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED      /      / 19      DISPOSED      /      / 19

NATURE OF INVESTMENT  
 Partnership  Sole Proprietorship  Corporation  
Other \_\_\_\_\_

YOUR BUSINESS POSITION \_\_\_\_\_

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499  \$10,001 - \$100,000  
 \$500 - \$1,000  OVER \$100,000  
 \$1,001 - \$10,000

**▶ 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  
Champagne Pools and Electrical

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT  REAL PROPERTY

Name of Business Entity, if Investment, or  
Assessor's Parcel Number or Street Address 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  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED      /      / 19      DISPOSED      /      / 19

NATURE OF INTEREST  
 Property Ownership/Deed of Trust  Stock  Partnership  
 Leasehold \_\_\_\_\_  Other \_\_\_\_\_  
Yrs. remaining \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

**▶ 1. BUSINESS ENTITY OR TRUST**

Name  
Address (Business Address Acceptable)  
Check one  
 Trust, go to 2  Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED      /      / 19      DISPOSED      /      / 19

NATURE OF INVESTMENT  
 Partnership  Sole Proprietorship  Other \_\_\_\_\_

YOUR BUSINESS POSITION \_\_\_\_\_

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499  \$10,001 - \$100,000  
 \$500 - \$1,000  OVER \$100,000  
 \$1,001 - \$10,000

**▶ 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:  
 INVESTMENT  REAL PROPERTY

Name of Business Entity, if Investment, or  
Assessor's Parcel Number or Street Address 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  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED      /      / 19      DISPOSED      /      / 19

NATURE OF INTEREST  
 Property Ownership/Deed of Trust  Stock  Partnership  
 Leasehold \_\_\_\_\_  Other \_\_\_\_\_  
Yrs. remaining \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

Comments: \_\_\_\_\_

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

Name  
Hewitt, Jeffrey F.

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
955 Roberts Road  
CITY  
Calimesa, CA 92320

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED      /      / 19      DISPOSED      /      / 19

NATURE OF INTEREST  
 Ownership/Deed of Trust       Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining       \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499       \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
\_\_\_\_\_  
CITY  
\_\_\_\_\_

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED      /      / 19      DISPOSED      /      / 19

NATURE OF INTEREST  
 Ownership/Deed of Trust       Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining       \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499       \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 None

\* You are not required to report loans from a commercial lending institution 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\* \_\_\_\_\_  
 ADDRESS (Business Address Acceptable) \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_  
 INTEREST RATE \_\_\_\_\_%      TERM (Months/Years) \_\_\_\_\_  
 None  
 HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000  
 Guarantor, if applicable

NAME OF LENDER\* \_\_\_\_\_  
 ADDRESS (Business Address Acceptable) \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_  
 INTEREST RATE \_\_\_\_\_%      TERM (Months/Years) \_\_\_\_\_  
 None  
 HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000  
 Guarantor, if applicable

Comments: \_\_\_\_\_





**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION  
 Name  
 Hewitt, Jeffrey F.

**SCHEDULE D  
 Income – Gifts**

▶ NAME OF SOURCE (Not an Acronym)  
Marc Mitchell, Cerrell  
 ADDRESS (Business Address Acceptable)  
320N. Larchmont Blvd.  
Los Angeles, CA 90004  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Anthem Meeting

| DATE (mm/dd/yy)     | VALUE            | DESCRIPTION OF GIFT(S) |
|---------------------|------------------|------------------------|
| <u>04 / 24 / 19</u> | <u>\$ 200.00</u> | <u>Dinner-2</u>        |
| <u> / /</u>         | <u>\$</u>        | <u></u>                |
| <u> / /</u>         | <u>\$</u>        | <u></u>                |

▶ NAME OF SOURCE (Not an Acronym)  
Morongo Band of Mission Indians  
 ADDRESS (Business Address Acceptable)  
12700 Pumarra Rd.  
Banning, CA 92220  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Event-tournament

| DATE (mm/dd/yy)     | VALUE              | DESCRIPTION OF GIFT(S)   |
|---------------------|--------------------|--------------------------|
| <u>06 / 10 / 20</u> | <u>\$ 1,600.00</u> | <u>Tickets, gift bag</u> |
| <u> / /</u>         | <u>\$</u>          | <u></u>                  |
| <u> / /</u>         | <u>\$</u>          | <u></u>                  |

▶ NAME OF SOURCE (Not an Acronym)  
California Republican Party  
 ADDRESS (Business Address Acceptable)  
1001 K Street, 4th floor  
Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Conference

| DATE (mm/dd/yy)     | VALUE            | DESCRIPTION OF GIFT(S)      |
|---------------------|------------------|-----------------------------|
| <u>02 / 23 / 19</u> | <u>\$ 300.00</u> | <u>Conference Tickets-2</u> |
| <u> / /</u>         | <u>\$</u>        | <u></u>                     |
| <u> / /</u>         | <u>\$</u>        | <u></u>                     |

▶ NAME OF SOURCE (Not an Acronym)  
Chandi Group USA  
 ADDRESS (Business Address Acceptable)  
42270 Spectrum Street  
Indio, CA 92220  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy)     | VALUE            | DESCRIPTION OF GIFT(S)     |
|---------------------|------------------|----------------------------|
| <u>12 / 18 / 19</u> | <u>\$ 250.00</u> | <u>Holiday Gift Basket</u> |
| <u> / /</u>         | <u>\$</u>        | <u></u>                    |
| <u> / /</u>         | <u>\$</u>        | <u></u>                    |

▶ NAME OF SOURCE (Not an Acronym)  
Vanir Construction Management  
 ADDRESS (Business Address Acceptable)  
4540 Duckhorn Drive, #300  
Sacramento, CA 95834  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Business dinner

| DATE (mm/dd/yy)     | VALUE            | DESCRIPTION OF GIFT(S) |
|---------------------|------------------|------------------------|
| <u>03 / 05 / 19</u> | <u>\$ 200.00</u> | <u>Dinner-2</u>        |
| <u> / /</u>         | <u>\$</u>        | <u></u>                |
| <u> / /</u>         | <u>\$</u>        | <u></u>                |

▶ NAME OF SOURCE (Not an Acronym)  
Marc Mitchell, Cerrell  
 ADDRESS (Business Address Acceptable)  
806 L Street  
Sacramento, CA 90004  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Anthem Meeting

| DATE (mm/dd/yy)     | VALUE            | DESCRIPTION OF GIFT(S) |
|---------------------|------------------|------------------------|
| <u>12 / 03 / 19</u> | <u>\$ 200.00</u> | <u>Dinner-2</u>        |
| <u> / /</u>         | <u>\$</u>        | <u></u>                |
| <u> / /</u>         | <u>\$</u>        | <u></u>                |

Comments: \_\_\_\_\_

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
 Hewitt, Jeffrey F.

## SCHEDULE D Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)  
 Lynn Jacquez, CJ Lake LLC

ADDRESS (Business Address Acceptable)  
 525 9th Street, NW  
 Washington, DC 20004

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE    | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 05 / 02 / 19    | \$ 75.00 | National Ticket-1      |
|                 | \$       |                        |
|                 | \$       |                        |

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
|                 | \$    |                        |
|                 | \$    |                        |
|                 | \$    |                        |

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
|                 | \$    |                        |
|                 | \$    |                        |
|                 | \$    |                        |

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
|                 | \$    |                        |
|                 | \$    |                        |
|                 | \$    |                        |

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
|                 | \$    |                        |
|                 | \$    |                        |
|                 | \$    |                        |

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
|                 | \$    |                        |
|                 | \$    |                        |
|                 | \$    |                        |

Comments: \_\_\_\_\_