

COVER PAGE

JAN 29 2020

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST)

(FIRST)

BY: (Middle Initial)

Herry

Jim

2020 JUN 15 AM 11:55
RECEIVED
BOARD OF SUPERVISORS
JIM HERRY

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

March Air Reserve Base Joint Powers

Division, Board, Department, District, if applicable

Your Position

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

Agency:

Position:

Alternate Member

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

State

Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)

Multi-County

County of Riverside

City of

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 ____/____/____ (Check one circle.)

-or-

The period covered is ____/____/____, through December 31, 2019.

The period covered is January 1, 2019, through the date of leaving office.

-or-

The period covered is ____/____/____, through the date of leaving office.

Assuming Office: Date assumed 1/7/20

Candidate: Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: 1

Schedules attached

Schedule A-1 - Investments - schedule attached

Schedule C - Income, Loans, & Business Positions - schedule attached

Schedule A-2 - Investments - schedule attached

Schedule D - Income - Gifts - schedule attached

Schedule B - Real Property - 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

(Business or Agency Address Recommended - Public Document)

3900 Main Street Riverside CA 92522

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

951-826-5991

Jerry@riversideca.gov

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

Signature

(month, day, year)

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