

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT

Date Initial Filing Received  
MAR 01 2021  
Filing Officers Use Only

CITY OF HIGHLAND  
CITY CLERK

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Chavez Jesse J

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
City of Highland Council Member  
Division, Board, Department, District, if applicable

District 1

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

Agency: Successor Agency / Housing Authority Position: 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 \_\_\_\_\_  
City of Highland  Other \_\_\_\_\_

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

Annual: The period covered is January 1, 2020, through December 31, 2020.   
-or- The period covered is \_\_\_\_\_, through December 31, 2020.  
Leaving Office: Date Left \_\_\_\_\_ (Check one circle.)   
The period covered is January 1, 2020, through the date of leaving office.   
-or- The period covered is \_\_\_\_\_, through the date of leaving office.   
Assuming Office: Date assumed \_\_\_\_\_   
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: 2

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

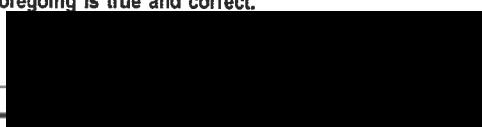
MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
27215 Baseline Highland, CA 92346  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
(909) 864-6861 ext 300 jchavez@cityofhighland.org

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 3-25-2020  
(month, day, year)

Signature



# SCHEDULE C

## Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name  
*Jesse Chavez*

**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
*Department of Veterans Affairs*

ADDRESS (Business Address Acceptable)  
*11201 Benton St Loma Linda*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED  No Income - Business Position Only

\$500 - \$1,000  \$1,001 - \$10,000

\$10,001 - \$100,000  OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

Salary  Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of \_\_\_\_\_ (Real property, car, boat, etc.)

Loan repayment

Commission or  Rental Income, list each source of \$10,000 or more

\_\_\_\_\_  
(Describe)

Other \_\_\_\_\_  
(Describe)

**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
*City of Hope*

ADDRESS (Business Address Acceptable)  
*1500 Duarte Rd, Duarte CA*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED  No Income - Business Position Only

\$500 - \$1,000  \$1,001 - \$10,000

\$10,001 - \$100,000  OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

Salary  Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of \_\_\_\_\_ (Real property, car, boat, etc.)

Loan repayment

Commission or  Rental Income, list each source of \$10,000 or more

\_\_\_\_\_  
(Describe)

Other \_\_\_\_\_  
(Describe)

**2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from a commercial lending institution, 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\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD

\$500 - \$1,000

\$1,001 - \$10,000

\$10,001 - \$100,000

OVER \$100,000

INTEREST RATE \_\_\_\_\_ %  None

TERM (Months/Years) \_\_\_\_\_

SECURITY FOR LOAN

None  Personal residence

Real Property \_\_\_\_\_  
Street address \_\_\_\_\_  
City \_\_\_\_\_

Guarantor \_\_\_\_\_

Other \_\_\_\_\_  
(Describe)

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