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STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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NAME OF FILER	(LAST)		(FIRST)		(MIDDLE)
Figueroa, Juan					
1. Office, Agency, or Cour	t				
Agency Name (Do not use acro	nyms)				
CITY OF SAN BERNARDINO					
Division, Board, Department, Dis	trict, if applicable		Your Position		
City Council			City Council Member		
► If filing for multiple positions, I	st below or on an attachment	t. (Do not use	acronyms)		
Agency: *SEE ATTACHED FO	R ADDITIONAL POSITION	1S	_ Position:		
2. Jurisdiction of Office (Check at least one box)			5 -	
State ■ State			Judge, Retil (Statewide	red Judge, Pro Tem Jud Jurisdiction)	dge, or Court Commissioner
Multi-County				San Bernardino	
X City ofSan Bernardi	no		Other		
3. Type of Statement (Chec	ck at least one box)				
X Annual: The period covered December 31, 202	d is January 1, 2023 throug 3.	h	☐ Leaving O	ffice: Date Left(Check	one circle)
-or- The period covere December 31, 20	d is/, thi 23.	rough		riod covered is January ng office.	1, 2023 through the date
Assuming Office: Date ass	sumed	-	The period covered is/, through the date of leaving office.		
Candidate:Date of Election_	and office	ce sought, if d	fferent than Part 1:		
4. Schedule Summary (req	uired) ▶ Total	l number o	f pages including	g this cover page	·5
Schedules attached	,		. pages meraam,	g ame core. page	·
Schedule A-1 - Investm	ents – schedule attached		X Schedule C - Inc	come, Loans, & Busine	ss Positions – schedule attached
Schedule A-2 - Investments – schedule attached			X Schedule D - Income - Gifts - schedule attached		
X Schedule B - Real Prop	perty – schedule attached		Schedule E - Inc	come – Gifts – Travel F	Payments – schedule attached
-or-					
☐ None - No reportable	interests on any schedul	le			
5. Verification					
MAILING ADDRESS STRE (Business or Agency Address Recommend		CITY		STATE	ZIP CODE
		San B	ernardino	CA	92401
DAYTIME TELEPHONE NUMBER			E-MAIL ADDRESS		
()	on in properties this states.		wood this state	ed to the best of	vulada the information and the i
herein and in any attached sched					wledge the information contained
I certify under penalty of perju	ry under the laws of the Sta	ate of Califor	nia that the foregoin	g is true and correct.	
Date Signed03/30/2024		S	ignature <u>Juan Fi</u>	gueroa	
(mont	h, day, year)		(F	ile the originally signed paper sta	atement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS COVER PAGE Expanded Statement Attachment

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Juan Figueroa

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

Agency	Div/Board/Dept/District	Position	Type of Statement	SAN #
City of San Bernardino	City Council	Council Member	Annual 1/1/2023 - 12/31/2023	
CITY OF SAN BERNARDINO	City Council	City Council Member	Annual 1/1/2023 - 12/31/2023	021400064-NFH-0064
Inter Valley Development Agency	IVDA	Board Member	Annual 1/1/2023 - 12/31/2023	
CITY OF SAN BERNARDINO	Candidate-City Council Member Ward 3	City Council Member	Annual 1/1/2023 - 12/31/2023	021400064-NFH-0064

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name Figueroa, Juan

UE IF APPLICABLE, LIST DATE:
000// 23 // 23
00,000 ACQUIRED DISPOSED
REST
of Trust Easement
Yrs. remaining Other
RTY, GROSS INCOME RECEIVED
\$500 - \$1,000 \$1,001 - \$10,000
000 OVER \$100,000
ITAL INCOME: If you own a 10% or greater ame of each tenant that is a single source of 0 or more.
ur official status. Personal loans and sed as follows:
ur official status. Personal loans and sed as follows:
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ur official status. Personal loans and sed as follows: * * * * * * * * * * * * *
2

SCHEDULE C Income, Loans, & Business **Positions**(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION		
Name		
Figueroa, Juan		

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Calstro Hospice	City of San Bernardino
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
Montclair, CA 91763	San Bernardino, CA 92401
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Or
\$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
X Salary Spouse's or registered domestic partner's income	X 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	(For self-employed use Schedule A-2.) Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.)	Schedule A-2.)
Sale of(Real property, car, boat, etc.)	Sale of(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Trained and the state of the st	Total mount, he days ourse of project of more
(Describe)	(Describe)
Other	Other
Other(Describe)	Other(Describe)
Other(Describe) > 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PE	Other(Describe)
Other	Other
Other	Other
Other	Other
* You are not required to report loans from a commercia a retail installment or credit card transaction, made in members of the public without regard to your official s regular course of business must be disclosed as follow NAME OF LENDER*	Other
Other	Other
* You are not required to report loans from a commercia a retail installment or credit card transaction, made in members of the public without regard to your official s regular course of business must be disclosed as follow NAME OF LENDER*	Other
* You are not required to report loans from a commercia a retail installment or credit card transaction, made in members of the public without regard to your official s regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable)	Other
* You are not required to report loans from a commercia a retail installment or credit card transaction, made in members of the public without regard to your official s regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	Other
Other	Other
 Other	Other

SCHEDULE D Income – Gifts

Name

Figueroa, Juan

MAME OF SOURCE (Not an Acronym) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 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)	• •	, , ,
### ADDRESS (Business Address Acceptable) #### Riverside, CA 92501 ### Blue Belles Annual Law Enforcement Gala DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) ### OF SOURCE (Not an Acronym) ### ADDRESS (Business Address Acceptable) ### Same Date (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) ### D		Highania Coalition of Small Pusinesses (MCCD)
BUSINESS ACTIVITY, IF ANY, OF SOURCE Inland Empire Blue Belles Annual Law Enforcement. Gala 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) 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)		
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Inland Empire Blue Belles Annual Law Enforcement Gala DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 03		
03 04 23 \$ 120.00 Admission Ticket	Inland Empire Blue Belles Annual Law Enforcement	
	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
MAME OF SOURCE (Not an Acronym) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) MAME OF SOURCE (Not an Acronym) DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) MAME OF SOURCE (Not an Acronym) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	03 / 04 / 23 \$ 120.00 Admission Ticket	_10 / 14/ 23 \$ 75.00 Event Ticket
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) — J		\$
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		/ \$
BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
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	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
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DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) //	ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
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