

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Initial Filing Received

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NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Valdivia, John A.			

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of San Bernardino

Division, Board, Department, District, if applicable

Your Position

Mayor's Office

Mayor

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

Agency: _____ Position: _____

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 San Bernardino Other _____**3. Type of Statement (Check at least one box)** **Annual:** The period covered is January 1, 2020 through
December 31, 2020 **Leaving Office:** Date Left ____/____/____
(Check one circle)

-or-

The period covered is ____/____/____, through
December 31, 2020 The period covered is January 1, 2020 through the date of
leaving office. **Assuming Office:** Date assumed ____/____/____ The period covered is ____/____/____, through the date
of leaving office. **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: 5****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)				
		San Bernardino	CA	92401

DAYTIME TELEPHONE NUMBER	E MAIL ADDRESS
()	

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 03/19/2021
(month, day, year)Signature John A. Valdivia
(File the originally signed paper statement with your filing official.)

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM	700
<small>FAIR POLITICAL PRACTICES COMMISSION</small>	
Name	
Valdivia, John A.	

▶ 1. BUSINESS ENTITY OR TRUST

AADVANTAGE COMM LLC
Name

San Bernardino, CA 92410
Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

Consulting

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 \$1,999	____/____/20 ____/____/20
<input type="checkbox"/> \$2,000 \$10,000	ACQUIRED DISPOSED
<input checked="" type="checkbox"/> \$10,001 \$100,000	
<input type="checkbox"/> \$100,001 \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT
 Partnership Sole Proprietorship LLC Other _____

YOUR BUSINESS POSITION CEO/PRES

▶ 1. BUSINESS ENTITY OR TRUST

AADVANTAGE COMM LLC
Name

San Bernardino, CA 92410
Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

Consulting

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 \$1,999	____/____/20 ____/____/20
<input type="checkbox"/> \$2,000 \$10,000	ACQUIRED DISPOSED
<input checked="" type="checkbox"/> \$10,001 \$100,000	
<input type="checkbox"/> \$100,001 \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT
 Partnership Sole Proprietorship LLC Other _____

YOUR BUSINESS POSITION CEO/PRES

▶ 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

▶ 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

▶ 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:
<input type="checkbox"/> \$2,000 \$10,000	____/____/20 ____/____/20
<input type="checkbox"/> \$10,001 \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

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

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

Check one box:
 INVESTMENT REAL PROPERTY

AADVANTAGE COMM LLC
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

807 MISSION DR, SN BDNO, CA
Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 \$10,000	____/____/20 ____/____/20
<input type="checkbox"/> \$10,001 \$100,000	ACQUIRED DISPOSED
<input checked="" type="checkbox"/> \$100,001 \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other LLC RENTAL SPACE

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

Comments: _____

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
 4533 N GENEVIEVE LANE
 CITY
 SAN BERNARDINO
 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 / /20 DISPOSED / /20
 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
 Name(s) redacted

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
 [REDACTED] MISSION DR
 CITY
 SAN BERNARDINO
 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 / /20 DISPOSED / /20
 NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ OTHER _____
 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: _____

SCHEDULE D
Income – Gifts

Name
 Valdivia, John A.

▶ NAME OF SOURCE (Not an Acronym)
 Hilltop Restaurant
 ADDRESS (Business Address Acceptable)
 San Bernardino, Ca 92407
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 13 / 20	\$ 300.00	Reception
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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: _____