CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

City | Diling Received

MAR 09 2021

Please type or print in ink.			CIA- Olavia	
IAME OF FILER (LAST) (FIRST)		(MIDDLE)	Only Olera	
Rigsby Rhodes				
. Office, Agency, or Court				
Agency Name (Do not use acronyms)				
City of Loma Linda		And the second s		
Division, Board, Department, District, if applicable	Your Po	sition		
City Council	City (Council Member		
► If filing for multiple positions, list below or on an attachment.	(Do not use acronyms)			
Agency: Please see attached	Position	1:		
2. Jurisdiction of Office (Check at least one box)				
☐ State		Retired Judge, Pro Tem Jud vide Jurisdiction)	dge, or Court Commissioner	
☐ Multi-County	County	County of		
City of Loma Linda				
3. Type of Statement (Check at least one box)			,	
Annual: The period covered is January 1, 2020, through December 31, 2020.	∐ Leav	ing Office: Date Left (Check one	_/ circle.)	
-or- The period covered is/	through O T		y 1, 2020, through the date of	
December 31, 2020.	_, tinoagii - -	aving office.		
Assuming Office: Date assumed/		he period covered is	/, through	
Candidate: Date of Election and of	ffice sought, if different than	Part 1:		
Schedules attached Schedule A-1 - Investments – schedule attached	Schedule C		: Positions – schedule attached	
Schedule A-2 - Investments — schedule attached	✓ Schedule D - Income – Gifts – schedule attached ☐ Schedule E - Income – Gifts – Travel Payments – schedule attached			
Schedule B - Real Property – schedule attached	Schedule L -	illicome – Olits – Haverraj	yments — sonoddio dildonod	
-or- None - No reportable interests on any sched	lule			
5. Verification				
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE	
(Business or Agency Address Recommended - Public Document) 25541 Barton Road	Loma Linda	CA	92354	
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS			
(909) 799-2810	rrigsby@lo	malinda-ca.gov		
I have used all reasonable diligence in preparing this statement. herein and in any attached schedules is true and complete. I ad	I have reviewed this statem cknowledge this is a public	ent and to the best of my kno document.	owledge the information containe	
I certify under penalty of perjury under the laws of the State	e of California that the for	enoing is true and correct		
0/0/2				
Date Signed 3/9/2 (month, day, year)	Signature _			

California Form 700 2020 Attachment

Rigsby, Rhodes

San Bernardino County Transportation Authority/
San Bernardino Associated Governments
Confire Board of Directors
Inland Valley Development Agency/
San Bernardino International Airport Authority

Delegate

Delegate Delegate

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

Rigsby, Rhodes

► 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
Rhodes Rigsby, M.D.	
24621 Lawton Ave, Loma Linda, CA	Name
Address (Business Address Acceptable) 92354	Address (Business Address Acceptable)
Check one ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2	Check one ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS Medical and government independent	GENERAL DESCRIPTION OF THIS BUSINESS
CONTRICTING FAIR MARKET VALUE \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$1,000,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Partnership Sole Proprietorship Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 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	\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000
➤ 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	➤ 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, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 J_20 J20 DISPOSED Over \$1,000,000 NATURE OF INTEREST	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Yrs. remaining Other Check box if additional schedules reporting investments or real property are attached	Leasehold Other Other Other are attached

Comments: _

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Rigsby, Rhodes

1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Faculty Physicians + Surgeons	Loma Linda University Medical Cen-
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
11370 Anderson St, Loma Linda, CA	11234 Anderson St, Loma Linda, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE 92354	BUSINESS ACTIVITY, IF ANY, OF SOURCE 92354
Physician Practice Comporation	Hospital
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Physician	Service Line Director
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
S10,001 - \$100,000 VER \$100,000	S10,001 - \$100,000 VER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	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.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
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
(Describe)	(Describe)
	Other
Other(Describe)	(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P	ERIOD
a retail installment or credit card transaction, made in th	lending institution, or any indebtedness created as part of e lender's regular course of business on terms available status. Personal loans and loans received not in a lender's s:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	%
ADDRESS (Business Address Acceptable)	
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	City
☐ \$1,001 - \$10,000	,
\$10,001 - \$100,000	Guarantor
OVER \$100,000	
	Other(Describe)
Comments:	

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
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Name

Rigsby, Rhodes

► NAME OF SOURC	E (Not an Acronym)			► NAME OF SOURCE (Not an Acronym)
CR4(3			
ADDRESS (Busines	ss Address Acceptat	ole)		ADDRESS (Business Address Acceptable)
1706 GO	etz Rd. f	Perris, CA 92570		
BUSINESS ACTIVI	TY, IF ANY, OF SC	URCE		BUSINESS ACTIVITY, IF ANY, OF SOURCE
Trash h	auler			
DATE (mm/dd/yy)		DESCRIPTION OF GIFT(S) Children's Hosp. Go	ala	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
2/20/20	* 100	meals x 2		\$
	\$	4		\$
	\$			\$
► NAME OF SOURC	E (Not an Acronym)			► NAME OF SOURCE (Not an Acronym)
ADDRESS (Busines	ss Address Acceptal	ole)		ADDRESS (Business Address Acceptable)
BUSINESS ACTIVI	ITY, IF ANY, OF SC	URCE		BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)		DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	\$			\$
	\$			
	\$			
► NAME OF SOURC	CE (Not an Acronym,			► NAME OF SOURCE (Not an Acronym)
ADDRESS (Busine	ss Address Acceptal	ble)		ADDRESS (Business Address Acceptable)
BUSINESS ACTIV	ITY, IF ANY, OF SC	DURCE		BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	-	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	\$			
	\$			\$
	\$	Manager and the second		\$
Comments:				