SCHEDULE A-2
Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

1. BUSINESS ENTITY OR TRUST

Instructional Access, Inc.

Name
231 Alessandro Blvd Ste A305 Riverside CA 92508
Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF THIS BUSINESS

Educational Services

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☑ Over $1,000,000

IF APPLICABLE, LIST DATE:
☐ 1/1/2015 ☐ 1/1/2015
ACQUIRED DISPOSED

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☑ Corporation
☐ Other:

YOUR BUSINESS POSITION
President

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME OF 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
☐ None ☐ Names listed below

Comments:

Filer’s Verification

Print Name
Steve Martin

Office, Agency or Court
City of Lake Elsinore

Statement Type ☐ 2015/2016 Annual ☐ Annual ☐ Assuming ☐ Leaving ☑ Candidate

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 certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 09/06/2016

Filer’s Signature

FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

1. INCOME RECEIVED
NAME OF SOURCE OF INCOME
Instructional Access, Inc.
ADDRESS (Business Address Acceptable)
231 Alessandro Blvd Ste A305 Riverside CA 92508
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Educational Services
YOUR BUSINESS POSITION
President
GROSS INCOME RECEIVED
☐ $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
☐ Other ___________________________________________ (Describe)

Comments:

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD
*You are not required to report loans from commercial lending institutions, 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)

Filer’s Verification
Print Name Steve Martin
Office, Agency or Court City of Lake Elsinore
Statement Type ☐ 2015/2016 Annual ☐ (or) Annual ☐ Assuming ☐ Leaving ☒ Candidate
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 certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
Date Signed 09/06/2016 (month, day, year) Filer’s Signature __________________________

FPCC Form 700 (2015/2016) Sch. C
FPCC Advice Email: advice@fpcc.ca.gov
FPCC Toll-Free Helpline: 866/275-3772 www.fpcc.ca.gov