Leaving Office: Date Left ______/_____/______ (Check one)

The period covered is January 1, 2017, through the date of leaving office.

The period covered is ______/_____/______, through the date of leaving office.


The period covered is ______/_____/______, through December 31, 2017.

Assuming Office: Date assumed ______/_____/______

Candidate: Date of Election ______/_____/______ and office sought, if different than Part 1: ______/_____/______

Leaving Office: Date Left ______/_____/______ (Check one)

The period covered is January 1, 2017, through the date of leaving office.

The period covered is ______/_____/______, through the date of leaving office.

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

None - No reportable interests on any schedule

Agency Name: (Do not use acronyms)

City of Lake Elsinore

Division, Board, Department, District, if applicable

Your Position

City Council Member

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

Agency: ____________________________________________ Position: ___________________________

Jurisdiction of Office (Check at least one box)

☐ State

☐ Multi-County ________________________________

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ County of ________________________________

☐ City of ________________________________

☐ Other ________________________________

Jurisdiction of Office (Check at least one box)

☐ State

☐ Multi-County ________________________________

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ County of ________________________________

☑ City of ________________________________

☐ Other ________________________________

Type of Statement (Check at least one box)


- or -

The period covered is ______/_____/______, through December 31, 2017.

☐ Leaving Office: Date Left ______/_____/______ (Check one)

- or -

The period covered is ______/_____/______, through the date of leaving office.

- or -

The period covered is ______/_____/______, through the date of leaving office.

- or -

Assuming Office: Date assumed ______/_____/______

Candidate: Date of Election ______/_____/______ and office sought, if different than Part 1: ______/_____/______

Schedule Summary (must complete) ► Total number of pages including this cover page: ___ 4 ___

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

Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE

(Do not use acronyms)

130 S Main St Lake Elsinore CA 92530-4109

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS

(951) 674-3124 ext:269 njohnson@lake-elsinore.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.

Signature ____________________________

Electronic Submission ____________________________

(File the originally signed statement with your filing official.)

Date Signed 04/02/2018 02:50 PM

(marth, day, year)
SCHEDULE A-2
Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

1. BUSINESS ENTITY OR TRUST

Javita
Name
1835 Northwest Beacon Square Blvd Boca Raton FL 33487
Address (Business Address Acceptable)

Check one

[ ] Trust, go to 2
[ x ] Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS
Functional Beverage- Health & Wellness Direct Sales

FAIR MARKET VALUE
[ ] $0 - $1,999
[ ] $2,000 - $10,000
[ x ] $10,001 - $100,000
[ ] $100,001 - $1,000,000
[ ] Over $1,000,000

IF APPLICABLE, LIST DATE:
/ / / 17
ACQUIRED
/ / / 17
DISPOSED

NATURE OF INVESTMENT
[ ] Partnership
[ ] Sole Proprietorship
[ ] Other

YOUR BUSINESS POSITION
Co-Owner

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

[ ] $0 - $499
[ x ] $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)

[ x ] None or
[ ] Names listed below

Natasha Johnson
Javita
1835 Northwest Beacon Square Blvd Boca Raton FL 33487

Comments:

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
[ ] $2,000 - $10,000
[ ] $10,001 - $100,000
[ ] $100,001 - $1,000,000
[ ] Over $1,000,000

IF APPLICABLE, LIST DATE:
/ / / 17
ACQUIRED
/ / / 17
DISPOSED

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

Johnsons Carpet Cleaning
Name
15360 Reagttta Way Lake Elsinore Ca 92530
Address (Business Address Acceptable)

Check one

[ ] Trust, go to 2
[ x ] Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS
Service- Carpet, Tile & Upholstery Cleaning, water Extraction

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:
/ / / 17
ACQUIRED
/ / / 17
DISPOSED

NATURE OF INVESTMENT
[ ] Partnership
[ ] Sole Proprietorship
[ ] Other

YOUR BUSINESS POSITION
Co-Owner

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

[ ] $0 - $499
[ x ] $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)

[ x ] None or
[ ] Names listed below

Natasha Johnson
Johnsons Carpet Cleaning
15360 Reagttta Way Lake Elsinore Ca 92530

Comments:

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
[ ] $2,000 - $10,000
[ ] $10,001 - $100,000
[ ] $100,001 - $1,000,000
[ ] Over $1,000,000

IF APPLICABLE, LIST DATE:
/ / / 17
ACQUIRED
/ / / 17
DISPOSED

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

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)*

**Name**
Natasha Johnson

#### 1. INCOME RECEIVED

<table>
<thead>
<tr>
<th>NAME OF SOURCE OF INCOME</th>
<th>ADDRESS (Business Address Acceptable)</th>
<th>BUSINESS ACTIVITY, IF ANY, OF SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Javita</td>
<td>7835 Northwest Beacon Square Blvd Boca Rotan FL 33487</td>
<td>Functional Beverage Health and wellness Direct Sales</td>
</tr>
</tbody>
</table>

**YOUR BUSINESS POSITION**
Co-Owner Distribution

<table>
<thead>
<tr>
<th>GROSS INCOME RECEIVED</th>
<th>No Income - Business Position Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ $500 - $1,000</td>
<td>□ No Income - Business Position Only</td>
</tr>
<tr>
<td>X $10,001 - $100,000</td>
<td>□ No Income - Business Position Only</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONSIDERATION FOR WHICH INCOME WAS RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Salary</td>
</tr>
<tr>
<td>X Spouse’s or registered domestic partner’s income</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SALE OF (Real property, car, boat, etc.)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>COMMISSION OR RENTAL INCOME, list each source of $10,000 or more</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHER (Describe)</th>
</tr>
</thead>
</table>

#### 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:

<table>
<thead>
<tr>
<th>NAME OF LENDER*</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ADDRESS (Business Address Acceptable)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>BUSINESS ACTIVITY, IF ANY, OF LENDER</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>HIGHEST BALANCE DURING REPORTING PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ $500 - $1,000</td>
</tr>
<tr>
<td>□ $1,001 - $10,000</td>
</tr>
<tr>
<td>□ $10,001 - $100,000</td>
</tr>
<tr>
<td>□ OVER $100,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INTEREST RATE</th>
<th>TERM (Months/Years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SECURITY FOR LOAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ None</td>
</tr>
<tr>
<td>□ Personal residence</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STREET ADDRESS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CITY</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>GUARANTOR</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHER (Describe)</th>
</tr>
</thead>
</table>

Comments:
### SCHEDULE C

**Income, Loans, & Business Positions**

(Other than Gifts and Travel Payments)

**Name**

**Natasha Johnson**

<table>
<thead>
<tr>
<th>1. INCOME RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF SOURCE OF INCOME</td>
</tr>
<tr>
<td>Navy Federal Credit Union</td>
</tr>
<tr>
<td>ADDRESS (Business Address Acceptable)</td>
</tr>
<tr>
<td>29261 Central ave suite C Lake Elsinore Ca 92532</td>
</tr>
<tr>
<td>BUSINESS ACTIVITY, IF ANY, OF SOURCE</td>
</tr>
<tr>
<td>Credit Union</td>
</tr>
<tr>
<td>YOUR BUSINESS POSITION</td>
</tr>
<tr>
<td>Branch Manager / Business Development</td>
</tr>
<tr>
<td>GROSS INCOME RECEIVED</td>
</tr>
<tr>
<td>☐ No Income - Business Position Only</td>
</tr>
<tr>
<td>☒ $10,001 - $100,000</td>
</tr>
<tr>
<td>CONSIDERATION FOR WHICH INCOME WAS RECEIVED</td>
</tr>
<tr>
<td>☒ Salary</td>
</tr>
<tr>
<td>☐ Spouse’s or registered domestic partner’s income</td>
</tr>
<tr>
<td>(For self-employed use Schedule A-2.)</td>
</tr>
<tr>
<td>☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)</td>
</tr>
<tr>
<td>☐ Sale of (Real property, car, boat, etc.)</td>
</tr>
<tr>
<td>☐ Loan repayment</td>
</tr>
<tr>
<td>☐ Commission or Rental Income, list each source of $10,000 or more</td>
</tr>
<tr>
<td>☐ Other (Describe)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF LENDER*</td>
</tr>
<tr>
<td>Navy Federal Credit Union</td>
</tr>
<tr>
<td>ADDRESS (Business Address Acceptable)</td>
</tr>
<tr>
<td>29261 Central ave suite C Lake Elsinore Ca 92532</td>
</tr>
<tr>
<td>BUSINESS ACTIVITY, IF ANY, OF LENDER</td>
</tr>
<tr>
<td>Credit Union</td>
</tr>
<tr>
<td>SECURITY FOR LOAN</td>
</tr>
<tr>
<td>☐ None</td>
</tr>
<tr>
<td>☐ Personal residence</td>
</tr>
<tr>
<td>☐ Real Property</td>
</tr>
<tr>
<td>Street address</td>
</tr>
<tr>
<td>☐ Guarantor</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>☐ Other (Describe)</td>
</tr>
</tbody>
</table>

**Comments:**