Leaving Office:
Date Left __/__/____ (Check one circle.)
The period covered is January 1, 2018, through the date of
leaving office.

Annual: The period covered is January 1, 2018, through
December 31, 2018.
-or-
The period covered is __/__/____ through
December 31, 2018.

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

☐ None - No reportable interests on any schedule

5. Verification
MAILING ADDRESS
STREET
City, State, Zip Code
Lake Elsinore, CA 92530-4109

DAYTIME TELEPHONE NUMBER
(951) 674-3124 ext:269

EMAIL ADDRESS
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.

Date Signed 01/29/2019 12:20 PM

Signature

Electronic Submission

(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)*

### 1. BUSINESS ENTITY OR TRUST

**Javita**

Name: Natasha Johnson

Address (Business Address Acceptable):

1835 Northwest Beacon Square Blvd Boca Raton FL 33487

**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**

<table>
<thead>
<tr>
<th>FAIR MARKET VALUE</th>
<th>IF APPLICABLE, LIST DATE:</th>
<th>ACQUIRED</th>
<th>DISPOSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $1,999</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$2,000 - $10,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Over $100,000</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NATURE OF INVESTMENT**

- [x] Partnership
- [ ] Sole Proprietorship
- [ ] Other

**YOUR BUSINESS POSITION**

- [x] 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
- [ ] 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.)

**Natasha Johnson**

Javita

1835 Northwest Beacon Square Blvd Boca Raton FL 33487

**Functional Beverage- Health & Wellness Direct Sales**

- [x] Co-Owner

**Johnsons Carpet Cleaning**

Name: Natasha Johnson

Address (Business Address Acceptable):

15360 Reagta Way Lake Elsinore Ca 92530

**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**

<table>
<thead>
<tr>
<th>FAIR MARKET VALUE</th>
<th>IF APPLICABLE, LIST DATE:</th>
<th>ACQUIRED</th>
<th>DISPOSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $1,999</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$2,000 - $10,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Over $100,000</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NATURE OF INVESTMENT**

- [x] Partnership
- [ ] Sole Proprietorship
- [ ] Other

**YOUR BUSINESS POSITION**

- [x] Co- Owner

### 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**

<table>
<thead>
<tr>
<th>FAIR MARKET VALUE</th>
<th>IF APPLICABLE, LIST DATE:</th>
<th>ACQUIRED</th>
<th>DISPOSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,000 - $10,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$100,001 - $1,000,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Over $1,000,000</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NATURE OF INTEREST**

- [ ] Property Ownership/Deed of Trust
- [ ] Stock
- [ ] Partnership

- [ ] Leasehold

- [ ] Other

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

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

**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>
<th>No Income - Business Position Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>$500 - $1,000</td>
<td>$1,001 - $10,000</td>
<td>$10,001 - $100,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONSIDERATION FOR WHICH INCOME WAS RECEIVED</th>
<th>(Real property, car, boat, etc.)</th>
<th>Rental Income, list each source of $10,000 or more</th>
</tr>
</thead>
</table>

Other (Describe)

**2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

* You are not required to report loans from a commercial lending institution, 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>
<th>ADDRESS (Business Address Acceptable)</th>
<th>BUSINESS ACTIVITY, IF ANY, OF LENDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Natasha Johnson</td>
<td>7835 Northwest Beacon Square Blvd Boca Rotan FL 33487</td>
<td>Functional Beverage Health and wellness Direct Sales</td>
</tr>
</tbody>
</table>

**INTEREST RATE**

<table>
<thead>
<tr>
<th>%</th>
<th>None</th>
</tr>
</thead>
</table>

**TERM (Months/Years)**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>

**SECURITY FOR LOAN**

<table>
<thead>
<tr>
<th>None</th>
<th>Personal residence</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Real Property</th>
<th>Street address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Guarantor</th>
<th>City</th>
</tr>
</thead>
</table>

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

Comments: ____________________________
### SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

#### 1. INCOME RECEIVED

**NAME OF SOURCE OF INCOME**

**Navy Federal Credit Union**

**ADDRESS (Business Address Acceptable)**

29261 Central ave suite C Lake Elsinore Ca 92532

**BUSINESS ACTIVITY, IF ANY, OF SOURCE**

Credit Union

**YOUR BUSINESS POSITION**

Branch Manager / Business Development

**GROSS INCOME RECEIVED**

- [ ] No Income - Business Position Only
- [ ] $500 - $1,000
- [X] $10,001 - $100,000

**CONSIDERATION FOR WHICH INCOME WAS RECEIVED**

- [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 Schedule A-2.)
- [ ] Sale of
  - (Real property, car, boat, etc.)
- [ ] Loan repayment
- [ ] Commission or
  - Rental Income, list each source of $10,000 or more
  - (Describe)
- [ ] Other
  - (Describe)

**INTEREST RATE**

- [ ] None

**TERM (Months/Years)**

[ ]

**SECURITY FOR LOAN**

- [ ] None
- [ ] Personal residence
- [ ] Real Property
  - Street address
  - City
- [ ] Guarantor
  - (Describe)
- [ ] Other
  - (Describe)

#### Comments:

---

**NAME OF LENDER**

Navy Federal Credit Union

**ADDRESS (Business Address Acceptable)**

29261 Central ave suite C Lake Elsinore Ca 92532

**BUSINESS ACTIVITY, IF ANY, OF LENDER**

Credit Union

**HIGHEST BALANCE DURING REPORTING PERIOD**

- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000

---

*You are not required to report loans from a commercial lending institution, 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:*