Klaarenbeck, Rendell

1. Office, Agency, or Court
   Agency Name (Do not use acronyms)
   County of Riverside
   Division, Board, Department, District, if applicable
   TIMA Administration
   Your Position
   TIMA Admin Services Manager
   ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
   Agency: "SEE ATTACHED FOR ADDITIONAL POSITIONS"
   Position:

2. Jurisdiction of Office (Check at least one box)
   □ State
   □ Multi-County
   □ City of
   □ Judge or Court Commissioner (Statewide Jurisdiction)
   □ County of Riverside
   □ Other

3. Type of Statement (Check at least one box)
   □ Annual: The period covered is January 1, 2018, through December 31, 2018
   □ Leaving Office: Date Left ___/___/___
   □ The period covered is ___/___/___, through December 31, 2018
   □ Assuming Office: Date assumed ___/___/___
   □ 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: 2
   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
   4080 Lemon St. 12th Floor
   Riverside, CA 92501
   DAYTIME TELEPHONE NUMBER
   (951) 955-1833
   E-MAIL ADDRESS
   rklaaren@rivco.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 01/30/2019
   Signature

   (File the originally signed paper statement with your filing article)
<table>
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<tr>
<th>Agency</th>
<th>Division/Board/Dept/District</th>
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</tr>
</thead>
<tbody>
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<td>TLMA Admin Services Manager</td>
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<tr>
<td>City of Lake Elsinore</td>
<td>Planning Commission</td>
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