

**STATEMENT OF ECONOMIC INTERESTS**

RECEIVED  
 Date Initial Filing Received  
 CITY CLERK  
Office Use Only

**COVER PAGE**

18 MAY 15 PM 4:47

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Righeimer James CITY OF COSTA MESA

BY 36-1600-CARRIED

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
 City of Costa Mesa  
 Division, Board, Department, District, if applicable Your Position  
 City Council Council Member

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

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

- State  Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County \_\_\_\_\_  County of \_\_\_\_\_
- City of Costa Mesa  Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

- Annual:** The period covered is January 1, 2017, through December 31, 2017.  **Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)
- Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_  The period covered is January 1, 2017, through the date of leaving office.
- Candidate:** Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_  **Other:** \_\_\_\_\_

**4. Schedule Summary (must complete) ► Total number of pages including this cover page: 8**

**Schedules attached**

- Schedule A-1 - Investments** – schedule attached  **Schedule C - Income, Loans, & Business Positions** – schedule attached
- Schedule A-2 - Investments** – schedule attached  **Schedule D - Income – Gifts** – schedule attached
- Schedule B - Real Property** – schedule attached  **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or-

**None - No reportable interests on any schedule**

**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
 (Business or Agency Address Recommended - Public Document)  
 77 Fair Drive Costa Mesa CA 92628  
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
 ( 714 ) 404-7867

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 3/31/18  
(month, day, year)

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

# SCHEDULE A-1 Investments

## Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

*Do not attach brokerage or financial statements.*

<b>CALIFORNIA FORM 700</b> <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <b>James Rigueimer</b>

▶ NAME OF BUSINESS ENTITY  
**First Community Bank**

GENERAL DESCRIPTION OF THIS BUSINESS  
**Local Bank**

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / **17**      \_\_\_\_\_ / \_\_\_\_\_ / **17**  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / **17**      \_\_\_\_\_ / \_\_\_\_\_ / **17**  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
**Greenglass Associates**

GENERAL DESCRIPTION OF THIS BUSINESS  
**Medical Building**

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT **5% Owner**  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / **17**      \_\_\_\_\_ / \_\_\_\_\_ / **17**  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / **17**      \_\_\_\_\_ / \_\_\_\_\_ / **17**  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
**Strathspey Crown**

GENERAL DESCRIPTION OF THIS BUSINESS  
**Medical Distributor**

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / **17**      \_\_\_\_\_ / \_\_\_\_\_ / **17**  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / **17**      \_\_\_\_\_ / \_\_\_\_\_ / **17**  
 ACQUIRED                                  DISPOSED

Comments: \_\_\_\_\_



# SCHEDULE A-2

## Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

<b>CALIFORNIA FORM</b>	<b>700</b>
<small>FAIR POLITICAL PRACTICES COMMISSION</small>	
Name	
James Righeimer	

**▶ 1. BUSINESS ENTITY OR TRUST**

LMC Management Group LLC  
 Name  
 4040 MacArthur Blvd., # 250 Newport Beach CA 92660  
 Address (Business Address Acceptable)  
 Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS  
 Real Estate Finance

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/17    ____/____/17
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED    DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000	
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     Other

YOUR BUSINESS POSITION \_\_\_\_\_

**▶ 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

**▶ 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  
 FV Showroom Partners, Greenglass Associates, Verizon  
 Sunca, MacArthur Group, AT&T, Sprint, TMobile

**▶ 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	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/17    ____/____/17
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED    DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership  
 Leasehold \_\_\_\_\_     Other \_\_\_\_\_  
Yrs. remaining

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

**▶ 1. BUSINESS ENTITY OR TRUST**

SCJR Master Commercial Agreement  
 Name  
 4040 MacArthur Blvd., # 250 Newport Beach CA 92660  
 Address (Business Address Acceptable)  
 Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS  
 Real Estate Investment

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/17    ____/____/17
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED    DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000	
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input checked="" type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     Other

YOUR BUSINESS POSITION \_\_\_\_\_

**▶ 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

**▶ 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

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	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/17    ____/____/17
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED    DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership  
 Leasehold \_\_\_\_\_     Other \_\_\_\_\_  
Yrs. remaining

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

Comments: \_\_\_\_\_

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

Name  
James Righeimer

**▶ 1. BUSINESS ENTITY OR TRUST**

MacArthur Group LLC  
Name  
4040 MacArthur Blvd., # 250 Newport Beach CA 92660  
Address (Business Address Acceptable)  
Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$0 - \$1,999	_____ / ____ / <u>17</u>	_____ / ____ / <u>17</u>
<input type="checkbox"/> \$2,000 - \$10,000	_____ / ____ / <u>17</u>	_____ / ____ / <u>17</u>
<input checked="" type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     \_\_\_\_\_ Other

YOUR BUSINESS POSITION Manager

**▶ 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

**▶ 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

178-071-21

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                      IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000	_____ / ____ / <u>17</u>	_____ / ____ / <u>17</u>
<input type="checkbox"/> \$10,001 - \$100,000	_____ / ____ / <u>17</u>	_____ / ____ / <u>17</u>
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000	ACQUIRED	DISPOSED
<input type="checkbox"/> Over \$1,000,000		

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

**▶ 1. BUSINESS ENTITY OR TRUST**

FV Showroom Partners I, LLC  
Name  
4040 MacArthur Blvd., # 250 Newport Beach CA 92660  
Address (Business Address Acceptable)  
Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$0 - \$1,999	_____ / ____ / <u>17</u>	_____ / ____ / <u>17</u>
<input type="checkbox"/> \$2,000 - \$10,000	_____ / ____ / <u>17</u>	_____ / ____ / <u>17</u>
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input checked="" type="checkbox"/> Over \$1,000,000		

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     \_\_\_\_\_ Other

YOUR BUSINESS POSITION \_\_\_\_\_

**▶ 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

**▶ 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

Panda Express, Hertz, Jimmy Johns, Coffee Bean.

\_\_\_\_\_

Flame Broiler, Cancun Grill, Excel Furniture, Patioworld, Ortho Mattress, TPT Home, Istanbul Grill

\_\_\_\_\_

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT                   REAL PROPERTY

Retail Center

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

18010, 11, 30,90,93 Newhope Fountain Valley, CA 92708

Description of Business Activity or City or Other Precise Location of Real Property

\_\_\_\_\_

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000	_____ / ____ / <u>17</u>	_____ / ____ / <u>17</u>
<input type="checkbox"/> \$10,001 - \$100,000	_____ / ____ / <u>17</u>	_____ / ____ / <u>17</u>
<input type="checkbox"/> \$100,001 - \$1,000,000	ACQUIRED	DISPOSED
<input checked="" type="checkbox"/> Over \$1,000,000		

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

Comments: \_\_\_\_\_

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

Name  
James Rigueimer

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
[REDACTED]

CITY  
Costa Mesa

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000        /        / 17        /        / 17  
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED  
 Over \$1,000,000

NATURE OF INTEREST  
 Ownership/Deed of Trust  Easement  
 Leasehold 19  Other  
Yrs. remaining

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499  \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 None  
Verizon, T-Mobile

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000        /        / 17        /        / 17  
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED  
 Over \$1,000,000

NATURE OF INTEREST  
 Ownership/Deed of Trust  Easement  
 Leasehold         Other  
Yrs. remaining

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499  \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 None

\* You are not required to report loans from commercial lending institutions 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 \_\_\_\_\_

INTEREST RATE \_\_\_\_\_ TERM (Months/Years) \_\_\_\_\_  
 \_\_\_\_\_%  None

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000

Guarantor, if applicable

NAME OF LENDER\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

INTEREST RATE \_\_\_\_\_ TERM (Months/Years) \_\_\_\_\_  
 \_\_\_\_\_%  None

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000

Guarantor, if applicable

Comments: \_\_\_\_\_

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

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name James Rigueimer
--

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
 SunCal Companies

ADDRESS (Business Address Acceptable)  
 2392 Morse Ave. Irvine, CA 92614

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Commercial Development

YOUR BUSINESS POSITION  
 Partner

GROSS INCOME RECEIVED  No Income - Business Position Only  
 \$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  
 \_\_\_\_\_  
 (Describe)  
 Other Travel/Lodging for Real Estate Developments  
 (Describe)

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
 Craig Realty Group

ADDRESS (Business Address Acceptable)  
 4100 MacArthur Blvd #200 Newport Beach CA 92660

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Real Estate Development

YOUR BUSINESS POSITION  
 Partner

GROSS INCOME RECEIVED  No Income - Business Position Only  
 \$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  
 \_\_\_\_\_  
 (Describe)  
 Other Travel/Lodging for Real Estate Developments  
 (Describe)

**▶ 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)

Comments: \_\_\_\_\_

**SCHEDULE D**  
**Income – Gifts**

Name  
 James Righeimer

▶ NAME OF SOURCE *(Not an Acronym)*  
 Los Angeles Chargers Professional Football Team

ADDRESS *(Business Address Acceptable)*  
 3333 Susan St. Costa Mesa, CA 92626

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 2017 Draft Party at Disneyland

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 27 / 17	\$ 100.00	Food & Drinks for 1
/ /	\$	I did not take the (2)
/ /	\$	Disneyland Tickets

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE *(Not an Acronym)*  
 Segerstrom Center for the Arts \*

ADDRESS *(Business Address Acceptable)*  
 600 Town Center Drive Costa Mesa, CA 92626

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Opening of Argyros Plaza

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 27 / 17	\$ 150.00	Dinner & Entertainment
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE *(Not an Acronym)*  
 C.J. Segerstrom & Son

ADDRESS *(Business Address Acceptable)*  
 3315 Fairview Road

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Christmas Tree Lighting & Dinner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 16 / 17	\$ 200.00	Buffet Dinner for Five
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: \* I did not take any discounted tickets for Hamilton play @ SCFTA. It was above gift limit.