

FILE

**COVER PAGE**

MAR 05 2018

City of Loma Linda  
Administration

Please type or print in ink.

NAME OF FILER (LAST) (FIRST)  
DUPPER PHILL

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

Agency Name (Do not use acronyms)  
CITY OF LOMA L, INDA  
Division, Board, Department, District, if applicable Your Position  
COUNCILMEMBER

► 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 LOMA LINDA  Other \_\_\_\_\_

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

**Annual:** The period covered is January 1, 2017, through December 31, 2017.  
-or-  
The period covered is \_\_\_\_\_, through December 31, 2017.  
 **Assuming Office:** Date assumed \_\_\_\_\_  
 **Leaving Office:** Date Left \_\_\_\_\_ (Check one)  
 The period covered is January 1, 2017, through the date of leaving office.  
-or-  
 The period covered is \_\_\_\_\_, through the date of leaving office.  
 **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: 1**

**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)  
25541 BARTON ROAD LOMA LINDA CA 92354  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
( 909 )799-2810 pdupper@lomalinda-ca.gov

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 2/27/18  
(month, day, year)

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

CALIFORNIA FORM 700  
2017 ATTACHMENT

DUPPER, PHILL

INLAND VALLEY DEVELOPMENT AGENCY  
SAN BERNARDINO INTERNATIONAL AIRPORT AUTHORITY  
SOLID WASTE MANAGEMENT BOARD  
SAN BERNARDINO VALLEY MUNICIPAL WATER  
DISTRICT ADVISOR COMMISSION ON WATER POLICY  
CONFIRE

DELEGATE  
ALTERNATE  
ALTERNATE  
ALTERNATE  
  
ALTERNATE