

COVER PAGE

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Received
2009
Clerk's Office

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
RUTHERFORD (UM)	JANICE		909, 772-2314
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE
13396	GETTYSBURG ST	FONTANA CA	92336
			OPTIONAL: FAX / E-MAIL ADDRESS

1. Office, Agency, or Court

Name of Office, Agency, or Court:
FONTANA CITY COUNCIL

Division, Board, District, if applicable:

Your Position:
COUNCIL MEMBER

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: BOARD OF EQUALIZATION

Position: CEA II

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

State

County of _____

City of FONTANA

Multi-County _____

Other _____

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

Assuming Office/Initial Date: ____/____/____

Annual: The period covered is January 1, 2008, through December 31, 2008.

-OR-

The period covered is ____/____/____, through December 31, 2008.

Leaving Office Date Left: ____/____/____ (Check one)

The period covered is January 1, 2008, through the date of leaving office.

-OR-

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

Candidate Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: 5

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 Yes - schedule attached
Investments (10% or greater Ownership)

Schedule B Yes - schedule attached
Real Property

Schedule C Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D Yes - schedule attached
Income - Gifts

Schedule E Yes - schedule attached
Income - Gifts - Travel Payments

-OR-

No reportable interests on any schedule

5. Verification

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 certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/12/09
(month, day, year)

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

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name
RUTHERFORD, JAMES

▶ STREET ADDRESS OR PRECISE LOCATION
24426 UNIVERSITY AVE

CITY
LOMA LINDA

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

IF APPLICABLE, LIST DATE:
 ACQUIRED: ___/___/08 DISPOSED: ___/___/08

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

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.

▶ STREET ADDRESS OR PRECISE LOCATION

CITY

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

IF APPLICABLE, LIST DATE:
 ACQUIRED: ___/___/08 DISPOSED: ___/___/08

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

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.

* 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 ACTIVITY 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 ACTIVITY 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 D
Income - Gifts

Name
RUTHERFORD, JAMES

▶ NAME OF SOURCE
DAVID WIENER

ADDRESS
118 W. Beverly Blvd, Bev. Hills

BUSINESS ACTIVITY, IF ANY, OF SOURCE
DW DEVELOPMENT

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2/16/03</u>	<u>75</u>	<u>lunch @ Crustacean</u>
<u>4/27/03</u>	<u>75</u>	<u>lunch @ Crustacean</u>
<u>7/13/03</u>	<u>30</u>	<u>lunch @ NY Grill</u>
<u>7/3/03</u>	<u>25</u>	<u>Souvenir fr. Israel</u>
<u>12/17/03</u>	<u>75</u>	<u>holiday food basket</u>

▶ NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE
Lewis Operating Co.

ADDRESS
1196 N. Mountain Av, Upland

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5/19/03</u>	<u>73.96</u>	<u>refreshments @ IOCC</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE
Burrite Waste

ADDRESS
9890 Cherry Ave, Fontana

BUSINESS ACTIVITY, IF ANY, OF SOURCE
trash/disposal

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9/25/03</u>	<u>53.77</u>	<u>refreshments @ League of Cities Annual conference</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: _____

SCHEDULE E
Income - Gifts
Travel Payments, Advances,
and Reimbursements

Name
RUTHERFORD, JANE

- Reminder - you must mark the gift or income box.
- You are not required to report "income" from government agencies.

▶ NAME OF SOURCE
LEAGUE OF CA CITIES

ADDRESS
1420 K ST

CITY AND STATE
SACRAMENTO CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy for cities & residents

DATE(S): 1/1/08 - 12/31/08 AMT: \$ 617.12
(If applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: Travel, meals & lodging for
volunteer service as Board Member

▶ NAME OF SOURCE

ADDRESS

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
(If applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: _____

▶ NAME OF SOURCE

ADDRESS

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
(If applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: _____

▶ NAME OF SOURCE

ADDRESS

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
(If applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: _____

Comments: _____