

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Risler Jessica

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Lucerne Valley Unified School District

Division, Board, Department, District, if applicable

Your Position

District

Board 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 San Bernardino
- City of \_\_\_\_\_  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 \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one circle.)
- or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2018.  The period covered is January 1, 2018, through the date of leaving office.
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_  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: \_\_\_\_\_

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)  
8560 Aliento Road Lucerne Valley CA 92356  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 760 ) 248-6108 jessica\_risler@lucernevalleyusd.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 2/14/2019  
(month, day, year)

Signature Jessica Risler  
(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)

Name  
Jessica Ristler

**▶ 1. BUSINESS ENTITY OR TRUST**

Kiwi Sandals  
 Name  
P.O. Box 763, Lucerne Valley, CA 92356  
 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	
<input type="checkbox"/> \$2,000 - \$10,000	<u>    </u> / <u>    </u> / <u>18</u> <u>    </u> / <u>    </u> / <u>18</u>
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED                      DISPOSED
<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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**▶ 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	
<input type="checkbox"/> \$10,001 - \$100,000	<u>    </u> / <u>    </u> / <u>18</u> <u>    </u> / <u>    </u> / <u>18</u>
<input 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**

Name  
 \_\_\_\_\_  
 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
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<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)**

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None    or     Names listed below

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

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