

COVER PAGE
A PUBLIC DOCUMENT

JAN 16 2019

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Hargrove Mark City Clerk, ~~Deputy City Clerk,~~

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
 City of Chino/Successor to the former Redevelopment Agency
 Division, Board, Department, District, if applicable Your Position
 District 2 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 Chino 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 ____/____/____
 -or- The period covered is ____/____/____, through ____/____/____. (Check one circle.)
 The period covered is January 1, 2018, through the date of leaving office.
- Assuming Office:** Date assumed 12 / 18 / 2018 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)
 13220 Central Avr. Chino CA 91710
 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
 (909) 334-3301 mhargrove@cityofchino.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 1/16/19 Signature _____
 (month, day, year) (printing official.)