Welcome to the East Kern Health Care District Board of Directors

Dear Director,

Welcome to the East Kern Health Care District (EKHCD). We are honored to have your leadership and commitment to advancing healthcare access, governance excellence, and community well-being throughout the East Kern region.

As a Director, your role is vital in ensuring responsible oversight, ethical decision-making, fiscal stewardship, and support for ongoing initiatives that strengthen district services, facilities, and long-term planning.

Your onboarding packet includes key governance materials, compliance forms, district facilities overview, and operational expectations. We encourage you to review each section carefully as you begin your term.

Thank you for your service and dedication to EKHCD and the residents we serve. We look forward to working with you to continue building a healthier future for our community.

Sincerely,

____

Director Signature

____

Date

Board Payroll Information

EKHCD Board Directors receive a stipend for each regular and special board meeting attended, in accordance with California Health & Safety Code §32103. The following details outline the payment process:

- Stipend Amount: $100 per meeting (unless updated by board policy).
- Payments are issued monthly following attendance verification.
- Direct deposit is available; a Board Member Direct Deposit Form must be completed.
- IRS Form W-9 is required prior to first payment.

Form: Board Member Contact Information

Full Legal Name	______________________
Preferred Name	______________________
Residential Address	______________________
Mailing Address	______________________
Primary Phone	______________________
Secondary Phone	______________________
Email Address	______________________
Emergency Contact (name/phone)	______________________

Form: Oath of Office (EKHCD)

State of California, County of _________

I, ____________________________, do solemnly swear (or affirm) that I will support and defend the Constitutions of the United States and the State of California; that I take this obligation freely; and that I will well and faithfully discharge the duties upon which I am about to enter.

Office: Director, East Kern Health Care District

Signature: ______________________ Date: _________

Administered by: __________________ Title: _________ Date: _________

How to Use This Packet

This packet is organized in the order you will complete tasks during your first 30 days. Items marked as "Required" should be completed as soon as possible to ensure compliance and access to District resources.

Onboarding Timeline (At a Glance)

- Day 0–7: Oath of Office, Form 700 (Assuming Office), District email + systems access request, Brown Act orientation.
- Day 8–30: Governance handbook review, committee assignments, policy acknowledgements, facilities tour.
- Day 31–90: Training completion (AB 1234 / AB 1661 as applicable), strategic priorities briefing, financial oversight orientation.

A. Form 700 — Statement of Economic Interests (Instructions)

Form 700 is required for many local officials and designated positions to disclose financial interests and help identify conflicts.

When to File (Typical Triggers)

- Assuming Office Statement: generally due within 30 days of taking office (confirm the District's filing officer requirements).
- Annual Statement: typically due in the spring (many agencies use April 1 for most filers—confirm your specific category and deadline).
- Leaving Office Statement: generally due within 30 days of leaving office.

Where to File

- Most filers file with their agency's designated filing officer; some filers are required to e-file depending on category and rules.
- Ask the District's filing officer for your "disclosure category" under the District's Conflict of Interest Code.

How to Complete (Quick Steps)

- Complete the Cover Page first (name, agency, position, type of statement, dates covered).
- Use the "Which Schedule Do I Use?" section in the Form 700 packet to determine which schedules apply.
- If nothing to report, mark the "No reportable interests" box and submit the signed Cover Page.
- Report interests held by your spouse/registered domestic partner as required by the Form 700 instructions.
- Submit by the deadline and retain a copy for your records.

Support

- FPPC Form 700 resources and forms: https://www.fppc.ca.gov/Form700.html

C2. Governance vs. Management

- Board governs (sets policy, strategy, oversight).
- Staff manages (implements operations and day-to-day decisions).
- Directors should avoid directing staff outside the CEO/Administrator chain unless authorized.

C3. Meetings & Decision-Making

- Prepare by reviewing agenda packets in advance.
- Ask questions during meetings to build the public record.
- Support majority decisions once made; continue respectful debate.

C4. Financial Oversight

- Understand the adopted budget, reserves, and major revenue sources.
- Review monthly/quarterly financial reports (balance sheet, income statement, cash flow).
- Know approval thresholds and internal controls for expenditures and contracts.

C5. Ethics, Conflicts, and Recusal

- Disclose potential conflicts promptly and seek guidance.
- Recuse/abstain when required by law or policy.
- Complete required trainings and maintain certificates on file.

C6. Communications & Media

- Use the Board Chair or designated spokesperson for official statements (per policy).
- Avoid discussing closed-session matters.
- Use District email for District business and retention compliance.

Signature: ______________________________ Date: ______________

Section D — District Map & Facilities Overview

SEE NEXT PAGE

D1. District Service Area

SEE NEXT PAGE

D2. Facilities & Key Sites

SEE NEXT PAGE

D3. Suggested Tour Agenda (60–90 minutes)

- Welcome + safety briefing
- Facilities walk-through (clinical/administrative areas as applicable)
- IT/security overview (badge access, Wi-Fi, device policy)

EKHCD — District Map & Facilities Overview Worksheet

Maintain this worksheet as the authoritative list of District facilities and key sites. Attach or link the current district map.

District Map

[Insert map image or include link/location of map file]

Facilities / Sites

Site/Facility	Type (Clinic/Admin/etc.)	Address	Primary Services	Director/Manager	Phone/Email
9300 North Loop Blvd Suite A	Physical Therapy	9300 North Loop Blvd Suite A	TBD		
9300 North Loop Blvd Suite B	Administrative	9300 North Loop Blvd Suite B	TBD		
9278 North Loop Blvd Suite A	Open	9278 North Loop Blvd Suite A	TBD		
9278 North Loop Blvd Suite B	Open	9278 North Loop Blvd Suite B	TBD		
8101 Bay Avenue	NA	8101 Bay Avenue	TBD		
9350 North Loop Blvd	Adventist Health	9350 North Loop Blvd	TBD		

Quick Start Guide

Detailed instructions begin on page 3.

WHEN IS THE ANNUAL STATEMENT DUE?

- March 2 – Elected State Officers, Judges (Supreme, Appellate, Superior Court), Retired Judges, Pro Tem Judges, Court Commissioners, State Board and Commission members listed in Government Code Section 87200
- April 1 – Most other filers

WHERE DO I FILE?

Most people file the Form 700 with their agency. Certain filers are required to file electronically with the FPPC. (See next page). If you're not sure where to file your Form 700, contact your filing officer or the person who asked you to complete it.

ITEMS TO NOTE!

- The Form 700 is a public document.
- Only filers serving in active military duty may receive an extension on the filing deadline.
- You must also report interests held by your spouse or registered domestic partner.
- Your agency's conflict of interest code will help you to complete the Form 700. You are encouraged to get your conflict of interest code from the person who asked you to complete the Form 700.

NOTHING TO REPORT?

Mark the "No reportable interests" box on Part 4 of the Cover Page, and submit only the signed Cover Page. Please review each schedule carefully!

Schedule	Common Reportable Interests	Common Non-Reportable Interests
A-1: Investments	Stocks, including those held in an IRA or 401K. Each stock must be listed.	Insurance policies, government bonds, diversified mutual funds, funds similar to diversified mutual funds.
A-2: Business Entities/Trusts	Business entities, sole proprietorships, partnerships, LLCs, corporations and trusts. (e.g., Form 1099 filers).	Savings and checking accounts, cryptocurrency, and annuities.
B: Real Property	Rental property in filer's jurisdiction, or within two miles of the boundaries of the jurisdiction.	A residence used exclusively as a personal residence (such as a home or vacation property).
C: Income	Non-governmental salaries. Note that filers are required to report only half of their spouse's or partner's salary.	Governmental salary (from school district, for example).
D: Gifts	Gifts from businesses, vendors, or other contractors (meals, tickets, etc.).	Gifts from family members.
E: Travel Payments	Travel payments from third parties (not your employer).	Travel paid by your government agency.

Note: Like reportable interests, non-reportable interests may also create conflicts of interest and could be grounds for disqualification from certain decisions.

QUESTIONS?

- advice@fppc.ca.gov
- (866) 275-3772 Mon-Thurs, 9-11:30 a.m.

E-FILING ISSUES?

- If using your agency's system, please contact technical support at your agency.
- If using FPPC's e-filing system, write to form700@fppc.ca.gov.

How to file:

The Form 700 is available at *www.fppc.ca.gov*. Additional PDF schedules of Form 700 are available on the FPPC's website. Form 700 schedules are also available in Excel format. Filers should always check with their filing officer to see if their agency requires a particular filing method. All statements are signed under penalty of perjury and must be verified by the filer. See Regulation 18723.1(c) for filing instructions for copies of expanded statements. Depending on your agency's requirements, statements can be required to be filed in the following formats:

Wet Signature ➲ Each Statement must have a handwritten "wet" signature. Wet signature statements can be filed either by hand delivery or mail.

Digital Signature ➲ Each statement must be signed with a verified digital signature via the filer's agency email address *if permitted by the filing officer.* The statement must be sent by email as a PDF with the digital signature affixed to the document. (See Regulations 18104 and 18757, as well as FPPC's Filing with a Digital Signature Fact Sheet for additional guidance).

Electronic Signature ➲ Each statement must be signed with a secure electronic signature submitted using an approved electronic filing system. Filers must be duly authorized by their filing officer to file electronically under Government Code Section 87500.2.

When to file:

Annual Statements

➲ **March 2, 2026**

- Elected State Officers
- Judges (Supreme, Appellate, Superior Court), Retired Judges, Pro Tem Judges, and Court Commissioners
- State Board and State Commission Members listed in Government Code Section 87200

➲ **April 1, 2026**

- Most other filers

Individuals filing under conflict of interest codes in city and county jurisdictions should verify the annual filing date with their filing official or filing officer.

Statements postmarked by the filing deadline are considered filed on time.

Statements of 30 pages or less may be emailed or faxed by the deadline as long as the originally signed paper version is sent by first class mail to the filing official within 24 hours.

Assuming Office and Leaving Office Statements

Most filers file within 30 days of assuming or leaving office or within 30 days of the effective date of a newly adopted or amended conflict of interest code.

Exception:

If you assumed office between October 1, 2025, and December 31, 2025, and filed an assuming office statement, you are not required to file an annual statement until March 1, 2027, or April 1, 2027, whichever is applicable. The annual statement will cover the day after you assumed office through December 31, 2026. (See Reference Pamphlet, page 7, for additional exceptions.)

Candidate Statements

File no later than the final filing date for the declaration of candidacy or nomination documents. A candidate statement is not required if you filed an assuming office or annual statement for the same jurisdiction within 60 days before filing a declaration of candidacy or other nomination documents.

Certain candidates listed in Government Code Section 87500, FPPC Filers, are required to file their candidate statement electronically via the FPPC's e-filing system. Please refer to Page 3, Where to File section, for the list of offices required to file electronically with FPPC. Filers for the offices listed under Section 87500 should contact the FPPC at form700@fppc.ca.gov to obtain their login and password information.

Late Statements

There is no provision for filing deadline extensions unless the filer is serving in active military duty. (See page 20 for information on penalties and fines.)

Amendments

Statements may be amended at any time. You are only required to amend the schedule that needs to be revised. It is not necessary to amend the entire filed form. The amended schedule(s) is attached to your original filed statement. Obtain amendment schedules at *www.fppc.ca.gov.* Filers authorized to file electronically amend their statements using their agency's electronic filing system. *Note:* If you are a candidate or officeholder listed under Government Code Section 87500, FPPC Filers, then you must amend your statements electronically using the FPPC's e-filing system.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*

Division, Board, Department, District, if applicable

Your Position

► 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 (Supreme, Appellate, Superior Court), Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County ______________________

☐ County of ______________________

☐ City of ______________________

☐ Other ______________________

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

☐ **Annual:** The period covered is January 1, 2025, through December 31, 2025.

-or-

The period covered is ____/____/______, through December 31, 2025.

☐ **Assuming Office:** Date assumed ____/____/______

☐ **Leaving Office:** Date Left ____/____/______
(Check one circle below.)

☐ The period covered is January 1, 2025, 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 (required)

► ***Total number of pages including this cover page:*** ______

Schedules attached

☐ **Schedule A-1** - *Investments* – schedule attached

☐ **Schedule A-2** - *Investments* – schedule attached

☐ **Schedule B** - *Real Property* – schedule attached

☐ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached

☐ **Schedule D** - *Income – Gifts* – schedule attached

☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

☐ **Attachment 700-P** - *Prospective Employment (87200 Filers Only)* – 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)

DAYTIME TELEPHONE NUMBER
(   )

EMAIL ADDRESS

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 ______________________ *(month, day, year)*

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

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Investments must be itemized.
Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

► 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:

__/__/25 ACQUIRED __/__/25 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:

__/__/25 ACQUIRED __/__/25 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:

__/__/25 ACQUIRED __/__/25 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:

__/__/25 ACQUIRED __/__/25 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:

__/__/25 ACQUIRED __/__/25 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:

__/__/25 ACQUIRED __/__/25 DISPOSED

Comments: ____________

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name

▶ 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
☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/__ ACQUIRED __/__/__ DISPOSED

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
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

▶ 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
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/__ ACQUIRED __/__/__ DISPOSED

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
☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/__ ACQUIRED __/__/__ DISPOSED

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
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

▶ 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
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/__ ACQUIRED __/__/__ DISPOSED

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)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

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 ___/___/___ DISPOSED

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.
- [ ] None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

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 ___/___/___ DISPOSED

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.
- [ ] None

* You are not required to report loans from a commercial lending institution 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 ______% [ ] None

TERM (Months/Years) ______

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 ______% [ ] None

TERM (Months/Years) ______

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)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

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 ______ *(Describe)*

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

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 ______ *(Describe)*

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, 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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

► 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)*

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)*

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)*

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)*

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)*

ADDRESS *(Business Address Acceptable)*

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

- **Mark either the gift or income box.**
- **Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.**
- **For gifts of travel, provide the travel destination.**

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ___/___/___ - ___/___/___ *(If gift)* AMT: $________

► MUST CHECK ONE: ☐ Gift **-or-** ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description ________

► If Gift, Provide Travel Destination ________

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ___/___/___ - ___/___/___ *(If gift)* AMT: $________

► MUST CHECK ONE: ☐ Gift **-or-** ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description ________

► If Gift, Provide Travel Destination ________

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ___/___/___ - ___/___/___ *(If gift)* AMT: $________

► MUST CHECK ONE: ☐ Gift **-or-** ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description ________

► If Gift, Provide Travel Destination ________

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ___/___/___ - ___/___/___ *(If gift)* AMT: $________

► MUST CHECK ONE: ☐ Gift **-or-** ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description ________

► If Gift, Provide Travel Destination ________

Comments: ________

Restrictions and Prohibitions

The Political Reform Act (Gov. Code Sections 81000-91014) requires most state and local government officials and employees to publicly disclose their economic interests including personal assets and income. The Act's conflict of interest provisions also disqualify a public official from taking part in a governmental decision if it is reasonably foreseeable that the decision will have a material financial effect on these economic interests as well as the official's personal finances and those of immediate family. (Gov. Code Sections 87100 and 87103.) The Fair Political Practices Commission (FPPC) is the state agency responsible for issuing the attached Statement of Economic Interests, Form 700, and for interpreting the Act's provisions.

Gift Prohibition

Gifts received by most state and local officials, employees, and candidates are subject to a limit. In 2025-2026, the gift limit increased to $630 from a single source during a calendar year. The gift limit in calendar year 2024 was $590.

Additionally, state officials, state candidates, and certain state employees are subject to a $10 limit per calendar month on gifts from lobbyists and lobbying firms registered with the Secretary of State. See Reference Pamphlet, page 11.

State and local officials and employees should check with their agency to determine if other restrictions apply.

Disqualification

Public officials are, under certain circumstances, required to disqualify themselves from making, participating in, or attempting to influence governmental decisions that will affect their economic interests. This may include interests they are not required to disclose. For example, a personal residence is often not reportable, but may be grounds for disqualification. Specific disqualification requirements apply to 87200 filers (e.g., city councilmembers, members of boards of supervisors, planning commissioners, etc.). These officials must publicly identify the economic interest that creates a conflict of interest and leave the room before a discussion or vote takes place at a public meeting. For more information, consult Government Code Section 87105, Regulation 18707, and the Guide to Recognizing Conflicts of Interest page at *www.fppc.ca.gov.*

Honorarium Ban

Most state and local officials, employees, and candidates are prohibited from accepting an honorarium for any speech given, article published, or attendance at a conference, convention, meeting, or like gathering. (See Reference Pamphlet, page 11.)

Loan Restrictions

Certain state and local officials are subject to restrictions on loans. (See Reference Pamphlet, page 15.)

Post-Governmental Employment

There are restrictions on representing clients or employers before former agencies. The provisions apply to elected state officials, most state employees, local elected officials, county chief administrative officers, city managers, including the chief administrator of a city, and general managers or chief administrators of local special districts and JPAs. The FPPC website has fact sheets explaining the provisions.

Late Filing

The filing officer who retains originally-signed or electronically filed statements of economic interests may impose on an individual a fine for any statement that is filed late. The fine is $10 per day up to a maximum of $100. Late filing penalties may be reduced or waived under certain circumstances.

Persons who fail to timely file their Form 700 may be referred to the FPPC's Enforcement Division (and, in some cases, to the Attorney General or district attorney) for investigation and possible prosecution. In addition to the late filing penalties, a fine of up to $5,000 per violation may be imposed.

For assistance concerning reporting, prohibitions, and restrictions under the Act:

- Email questions to advice@fppc.ca.gov.
- Call the FPPC toll-free at (866) 275-3772.

Form 700 is a Public Document
Public Access Must Be Provided

Statements of Economic Interests are public documents. The filing officer must permit any member of the public to inspect and receive a copy of any statement.

- Statements must be available as soon as possible during the agency's regular business hours, but in any event not later than the second business day after the statement is received. Access to the Form 700 is not subject to the Public Records Act procedures.
- No conditions may be placed on persons seeking access to the forms.
- No information or identification may be required from persons seeking access.
- Reproduction fees of no more than 10 cents per page may be charged.

Q. The value of my stock changed during the reporting period. How do I report the value of the stock?

A. You are required to report the highest value that the stock reached during the reporting period. You may use your monthly statements to determine the highest value. You may also use the entity's website to determine the highest value. You are encouraged to keep a record of where you found the reported value. Note that for an assuming office statement, you must report the value of the stock on the date you assumed office.

Q. I am the sole owner of my business, an S-Corporation. I believe that the nature of the business is such that it cannot be said to have any "fair market value" because it has no assets. I operate the corporation under an agreement with a large insurance company. My contract does not have resale value because of its nature as a personal services contract. Must I report the fair market value for my business on Schedule A-2 of the Form 700?

A. Yes. Even if there are no *tangible* assets, intangible assets, such as relationships with companies and clients are commonly sold to qualified professionals. The "fair market value" is often quantified for other purposes, such as marital dissolutions or estate planning. In addition, the IRS presumes that "personal services corporations" have a fair market value. A professional "book of business" and the associated goodwill that generates income are not without a determinable value. The Form 700 does not require a precise fair market value; it is only necessary to check a box indicating the broad range within which the value falls.

Q. I own stock in IBM and must report this investment on Schedule A-1. I initially purchased this stock in the early 1990s; however, I am constantly buying and selling shares. Must I note these dates in the "Acquired" and "Disposed" fields?

A. No. You must only report dates in the "Acquired" or "Disposed" fields when, during the reporting period, you initially purchase a reportable investment worth $2,000 or more or when you dispose of the entire investment. You are not required to track the partial trading of an investment.

Q. On last year's filing I reported stock in Encoe valued at $2,000 - $10,000. Late last year the value of this stock fell below and remains at less than $2,000. How should this be reported on this year's statement?

A. You are not required to report an investment if the value was less than $2,000 during the **entire** reporting period. However, because a disposed date is not required for stocks that fall below $2,000, you may want to report the stock and note in the "comments" section that the value fell below $2,000. This would be for informational purposes only; it is not a requirement.

Q. We have a Section 529 account set up to save money for our son's college education. Is this reportable?

A. If the Section 529 account contains reportable interests (e.g., common stock valued at $2,000 or more), those interests are reportable (not the actual Section 529 account). If the account contains solely mutual funds, then nothing is reported.

Income Disclosure

Q. I reported a business entity on Schedule A-2. Clients of my business are located in several states. Must I report all clients from whom my pro rata share of income is $10,000 or more on Schedule A-2, Part 3?

A. No, only the clients located in or doing business on a regular basis in your jurisdiction must be disclosed.

Q. I believe I am not required to disclose the names of clients from whom my pro rata share of income is $10,000 or more on Schedule A-2 because of their right to privacy. Is there an exception for reporting clients' names?

A. Regulation 18740 provides a procedure for requesting an exemption to allow a client's name not to be disclosed if disclosure of the name would violate a legally recognized privilege under California or Federal law. This regulation may be obtained from our website at *www.fppc.ca.gov.* (See Reference Pamphlet, page 15.)

Questions and Answers
Continued

Gift Disclosure

Q. If I received a reportable gift of two tickets to a concert valued at $100 each, but gave the tickets to a friend because I could not attend the concert, do I have any reporting obligations?

A. Yes. Since you accepted the gift and exercised discretion and control of the use of the tickets, you must disclose the gift on Schedule D.

Q. Julia and Jared Benson, a married couple, want to give a piece of artwork to a county supervisor. Is each spouse considered a separate source for purposes of the gift limit and disclosure?

A. Yes, each spouse may make a gift valued at the gift limit during a calendar year. For example, during 2025 the gift limit was $630, so the Bensons may have given the supervisor artwork valued at no more than $1,260. The supervisor must identify Jared and Julia Benson as the sources of the gift.

Q. I am a Form 700 filer with full disclosure. Our agency holds a holiday raffle to raise funds for a local charity. I bought $10 worth of raffle tickets and won a gift basket valued at $120. The gift basket was donated by Doug Brewer, a citizen in our city. At the same event, I bought raffle tickets for, and won a quilt valued at $70. The quilt was donated by a coworker. Are these reportable gifts?

A. Because the gift basket was donated by an outside source (not an agency employee), you have received a reportable gift valued at $110 (the value of the basket less the consideration paid). The source of the gift is Doug Brewer and the agency is disclosed as the intermediary. Because the quilt was donated by an employee of your agency, it is not a reportable gift.

Q. My agency is responsible for disbursing grants. An applicant (501(c)(3) organization) met with agency employees to present its application. At this meeting, the applicant provided food and beverages. Would the food and beverages be considered gifts to the employees? These employees are designated in our agency's conflict of interest code and the applicant is a reportable source of income under the code.

A. Yes. If the value of the food and beverages consumed by any one filer, plus any other gifts received from the same source during the reporting period total $50 or more, the food and beverages would be reported using the fair market value and would be subject to the gift limit.

Q. I received free admission to an educational conference related to my official duties. Part of the conference fees included a round of golf. Is the value of the golf considered informational material?

A. No. The value of personal benefits, such as golf, attendance at a concert, or sporting event, are gifts subject to reporting and limits.

VIOLATING BROWN ACT

- **Investigation:** Violations can prompt investigations by the District Attorney or grand juries.

It is important to note that the Brown Act does not apply to employees of public agencies, but rather to the "legislative body" (the board of directors) and standing committees.

- **Criminal/Civil Liability:** Violations can result in litigation, and in some cases, misdemeanors for knowingly violating the law.

Best Practices to Stay Safe

- **BCC Everyone:** Use BCC for all directors to prevent accidental "Reply All" chains.
- **Explicit Warnings:** Include a clear "**DO NOT REPLY**" instruction in the body of the email.
- **Use Intermediaries:** Whenever possible, have a staff member (like a Clerk or Manager) send information to the board instead of a board member doing it directly.

EAST KERN HEALTHCARE DISTRICT

Confidentiality & HIPAA Acknowledgment

I understand that in the course of my employment, I may have access to confidential and protected health information (PHI). I agree to maintain confidentiality in compliance with EKHD policies and applicable law, including HIPAA, and to access only the minimum necessary information to perform my duties.

I will not disclose or discuss PHI with anyone who does not have a legitimate need to know, and I will follow EKHD's privacy and security policies, including secure handling, storage, and disposal of PHI.

I understand that violations may result in disciplinary action, up to and including termination, and potential civil and criminal penalties.

Acknowledgment:

Employee Name: ____________________ Job Title: _________________

Signature: ________________________ Date: __________________

East Kern HEALTH CARE DISTRICT

Did severity of injuries require reporting to Cal/OSHA? ☐ Yes ☐ No. If yes, enter date, time, and representative contacted:

Completed by:

Name:		Title:
Date:	Signature	

East Kern HEALTH CARE DISTRICT

Workplace Incident Report

This form is used to document workplace incidents for safety and compliance purposes.

Incident Details

Date of Incident	
Time of Incident	
Location	
Department	
Reported By	
Contact Information	

People Involved

Name	Role (Employee/Visitor)	Contact Info

Description of Incident

Provide a detailed description of what happened, including sequence of events and any equipment involved.

Injuries or Damages

List any injuries sustained or property damage.

– Brown Act posting rules
– SB 929 and AB 2257 website requirements
– Public access and open-government documentation

3. Content Accessibility (ADA/WCAG) & Website-Editing Training
   – Uploading accessible PDFs
   – Avoiding scanned, non-ADA compliant documents
   – Using Streamline accessibility verification tools

4. Optional Role-Based Modules (as assigned)
   – Agenda and minutes posting
   – Board meeting calendar management
   – Public notices and emergency updates
   – Document library organization and archival procedures

TRAINING COMPLETION

After finishing your required trainings:

• Your access permissions will be activated
• Training completion will be logged in your onboarding file
• Additional refreshers may be assigned as needed

If you need assistance accessing Streamline or completing any module, please contact EKHCD Administration or Human Resources. We are here to support you.

Sincerely,
East Kern Health Care District

Rubi Rizo

Acting District Manager

East Kern Health Care District

East Kern HEALTH CARE DISTRICT

Request for Mileage Reimbursement Form

Requestors Name	
Home Address	
City, State Zipcode	

Rate Per Mile	0.72.5
Total Mileage	
Total Reimbursement	

NOTE: The IRS periodically changes the per mile reimbursement rate. Current rate for 2026.

Column1	Starting Location	Destination	Description/Notes	Odometer Start	Odometer End	Mileage	Expense

ester (signature): ____________________ Date: ________

›rized Approver (signature): ____________________ Date: ________

East Kern HEALTH CARE DISTRICT

Key Check Out Log

For security purposes, all keys issued by EKHCD must be returned immediately upon the end of employment, regardless of reason. Failure to return keys may result in further action.

Name	Date	Key #	Address	Check Out	Check IN

E. EKHCD Administrative Procedures

- Agenda language: Include platform link/phone access and the single in-person location; identify any remote member under AB 2449/SB 707.
- Camera/microphone: Remote members must appear by audio and video unless using a disability accommodation.
- Minutes: Note the statutory basis for any remote appearance (e.g., just cause, emergency circumstances, disability accommodation) and roll-call votes.
- Technology failure: If EKHCD becomes subject to SB 707 eligible-body rules in the future, adopt/implement a disruption policy (e.g., 1-hour recess and good-faith restoration).

15. CSDA Membership & Signup Information

Board members are encouraged to register for the California Special Districts Association (CSDA) to access trainings, Brown Act updates, and board governance resources. See District Manger to sign up for an account.

16. Workplace Violence, Incident, or Accident Reporting

- All workplace violence incidents, workplace accidents, or safety concerns must be reported immediately to the District Manager.
- The District Manager will provide the correct incident, workplace violence, or accident reporting forms and instructions.
- All complaints, reports, or concerns must go through the District Manager first before any further action is taken.

7. Committees

Standing committees operate under the Brown Act; ad hoc committees (less than a quorum, limited duration, specific purpose) generally do not, unless converted to standing.

8. Ethics & Harassment Prevention Training

- AB 1234: 2 hours within 1 year of appointment and every 2 years thereafter.
- AB 1661: Harassment prevention within 6 months of appointment and every 2 years thereafter.
- Maintain certificates on file with the District.

9. Stipend, Travel, and Reimbursement

- Stipend per meeting as set by board policy; not a salary.
- Pre-approval required for conferences and travel; submit receipts timely.
- Mileage reimbursed at the IRS standard rate when approved.

10. Records, PRA & Transparency

- Handle Public Records Act requests promptly in coordination with the District Manager and counsel.
- Retain emails and documents per EKHCD retention schedules.
- Be cautious with personal devices/accounts; public business may be disclosable.

11. Safety & Emergency Roles

In declared emergencies, EKHCD coordinates with local partners per district emergency and hazard mitigation plans. Directors support policy decisions and public communication aligned with the incident command structure (ICS).

12. District Manager: Rules, Authority & Emergency Management Duties

The District Manager (DM) is the chief administrative officer responsible for day-to-day operations, implementing Board policy, ensuring legal compliance, and coordinating emergency readiness and response for EKHCD. Key responsibilities include:

- Policy Implementation & Administration — Execute Board-adopted policies, manage agendas, and ensure Brown Act compliance for noticing and records.
- Financial Stewardship — Prepare budgets, oversee expenditures within Board-approved limits, and maintain internal controls and purchasing procedures.
- Human Resources — Supervise staff and contractors, ensure mandated trainings (AB 1234/AB 1661), and maintain personnel records.

Form: Committee Assignments

Use this form to record committee appointments approved by the Board President and/or Board action.

Director Name	____________________
Committee	Finance / Grants / Compliance / Facilities / Other: ________
Role	Member / Chair
Effective Date	___ / ___ / ____
Notes	______________________________