

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

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DEC - 7 2023

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) City of Loma Linda
Spencer-Hwang Rhonda Kristine City Clerk

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Loma Linda

Division, Board, Department, District, if applicable

District 4

Your Position

City Council 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, Retired Judge, Pro Tem 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, 2022, through
December 31, 2022.

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

-or-

The period covered is ____/____/____, through
December 31, 2022.

The period covered is January 1, 2022, through the date of
leaving office.

-or-

Assuming Office: Date assumed ____/____/____

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

Candidate: Date of Election March 5, 2024 and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: 3

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)
Loma Linda CA 92354

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 12/7/23
(month, day, year)

Signature

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.

Name
Rhonda Spencer-Hwang

▶ NAME OF BUSINESS ENTITY
Amgen Inc.

GENERAL DESCRIPTION OF THIS BUSINESS
Pharmaceuticals

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:
 _____/_____/22 _____/_____/22
 ACQUIRED 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:
 _____/_____/22 _____/_____/22
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Mirum Pharmaceuticals Inc.

GENERAL DESCRIPTION OF THIS BUSINESS
Pharmaceuticals

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:
 _____/_____/22 _____/_____/22
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
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IF APPLICABLE, LIST DATE:
 _____/_____/22 _____/_____/22
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name Rhonda Spencer-Hwang

▶ 1. BUSINESS ENTITY OR TRUST

Resiliency Central, LLC

Name
11446 Via Lido, Loma Linda, CA

Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

<p>FAIR MARKET VALUE</p> <input checked="" type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<p>IF APPLICABLE, LIST DATE:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">_ / _ / 22</td> <td style="text-align: center;">_ / _ / 22</td> </tr> <tr> <td style="text-align: center;">ACQUIRED</td> <td style="text-align: center;">DISPOSED</td> </tr> </table>	_ / _ / 22	_ / _ / 22	ACQUIRED	DISPOSED
_ / _ / 22	_ / _ / 22				
ACQUIRED	DISPOSED				

NATURE OF INVESTMENT
 Partnership Sole Proprietorship Other _____

YOUR BUSINESS POSITION **CEO**

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

<input checked="" type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$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

<p>FAIR MARKET VALUE</p> <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<p>IF APPLICABLE, LIST DATE:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">_ / _ / 22</td> <td style="text-align: center;">_ / _ / 22</td> </tr> <tr> <td style="text-align: center;">ACQUIRED</td> <td style="text-align: center;">DISPOSED</td> </tr> </table>	_ / _ / 22	_ / _ / 22	ACQUIRED	DISPOSED
_ / _ / 22	_ / _ / 22				
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

<p>FAIR MARKET VALUE</p> <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<p>IF APPLICABLE, LIST DATE:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">_ / _ / 22</td> <td style="text-align: center;">_ / _ / 22</td> </tr> <tr> <td style="text-align: center;">ACQUIRED</td> <td style="text-align: center;">DISPOSED</td> </tr> </table>	_ / _ / 22	_ / _ / 22	ACQUIRED	DISPOSED
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ACQUIRED	DISPOSED				

NATURE OF INVESTMENT
 Partnership Sole Proprietorship Other _____

YOUR BUSINESS POSITION _____

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<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
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NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

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Comments: _____