

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

CITY CLERK

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Grundmeyer Robin Marie

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Norco
Division, Board, Department, District, if applicable
Your Position
Candidate-City Council

► 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
- Multi-County _____
- City of Norco
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

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

- Annual: The period covered is January 1, 2019, through December 31, 2019.
- or-
The period covered is _____, through December 31, 2019.
- Assuming Office: Date assumed _____
- Leaving Office: Date Left _____ (Check one circle.)
- The period covered is January 1, 2019, through the date of leaving office.
- or-
 The period covered is _____, through the date of leaving office.
- Candidate: Date of Election 11/03/2020 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 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

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
Norco CA 92860
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(951) :

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 8/4/2020
(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.

CALIFORNIA FORM 700	
FAIR POLITICAL PRACTICES COMMISSION	
Name	
Robin Grundmeyer	

▶ NAME OF BUSINESS ENTITY
Security Benefit

GENERAL DESCRIPTION OF THIS BUSINESS
Investment Firm

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 Mutual Fund
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 19 / / 19
 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:
 / / 19 / / 19
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
BlackRock

GENERAL DESCRIPTION OF THIS BUSINESS
Investment Firm

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 Mutual Fund
(Describe)
 Partnership Income Received of \$0 - \$499
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IF APPLICABLE, LIST DATE:
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Comments: _____

