

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**

Date Received  
 Official Use Only  
**MAR 15 2012**  
 BY: Z.R. HCSD

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
**KEOSHKERIAN H. JAMES**

**1. Office, Agency, or Court**

Agency Name  
**HELENDALE COMMUNITY SERVICES DISTRICT**  
 Division, Board, Department, District, if applicable  
**SPECIAL DISTRICT**  
 Your Position  
**DIRECTOR**

► If filing for multiple positions, list below or on an attachment.

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

State  Judge or Court Commissioner (Statewide Jurisdiction)  
 Multi-County \_\_\_\_\_  County of \_\_\_\_\_  
 City of \_\_\_\_\_  Other **Special District**

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

**Annual:** The period covered is January 1, 2011, through December 31, 2011.  
 -or- The period covered is \_\_\_\_\_, through December 31, 2011.  
 **Assuming Office:** Date assumed \_\_\_\_\_  
 **Candidate:** Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_  
 **Leaving Office:** Date Left \_\_\_\_\_ (Check one)  
 The period covered is January 1, 2011, through the date of leaving office.  
 The period covered is \_\_\_\_\_, through the date of leaving office.

**4. Schedule Summary**

Check applicable schedules or "None."  
 ► Total number of pages including this cover page: 6  
 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 <i>(Business or Agency Address Recommended - Public Document)</i>	STREET	CITY	STATE	ZIP CODE
PO Box 359		Helendale	CA	92342-0359
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS (OPTIONAL)			
( 760 ) 951-0006				

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 March 15, 2012  
*(month, day, year)*  
 Signature   
*(File the originally signed statement with your filing official.)*

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

Name  
KEOSHKERIAN, H. JAMES

**▶ 1. BUSINESS ENTITY OR TRUST**

H. James Keoshkerian

Name

PO Box 1928, Helendale, CA 92342

Address (Business Address Acceptable)

Check one

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

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

**Construction Consulting**

**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:**

      /      /11          /      /11  
 ACQUIRED                  DISPOSED

**NATURE OF INVESTMENT**

Sole Proprietorship     Partnership     Corp  
 Other

YOUR BUSINESS POSITION Owner

**▶ 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.)**

W.A. Rasic Const.

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD 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:**

      /      /11          /      /11  
 ACQUIRED                  DISPOSED

**NATURE OF INTEREST**

Property Ownership/Deed of Trust     Stock     Partnership

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

Check box if additional schedules reporting investments or real property are attached

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

**▶ 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 BUSINESS ACTIVITY**

**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:**

      /      /11          /      /11  
 ACQUIRED                  DISPOSED

**NATURE OF INVESTMENT**

Sole Proprietorship     Partnership     \_\_\_\_\_  
 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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 \$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.)**

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

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