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(MIDDLE)

Michael

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Riverside County Office of Education / Desert Recreation District

Division, Board, Department, District, if applicable

Your Position

Board Member

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency:

Riverside County Office of Education

Position:

Director

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

Riverside

☐ City of

☒ Other

Special District

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

11/3/2026

☐ 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

11/2026

Office sought, if different than Part 1:

4. Schedule Summary (required)

► Total number of pages including this cover page: 5

Schedules attached

☐ Schedule A-1 - Investments - schedule attached

☒ Schedule A-2 - Investments - schedule attached

☐ Schedule B - Real Property - schedule attached

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

78684 Como Ct La Quinta

CA

92253

DAYTIME TELEPHONE NUMBER

(760) 899-0187

EMAIL ADDRESS

desertwebber@gmail.com

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and the information contained herein and in any attached schedules is true and complete. I acknowledge this is a true and complete statement.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and complete.

Date Signed

8/4/2026

Signature

(File the original signed page with your filing official.)

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Sean Webb</u>

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

McCallum Theatre Palmdale

ADDRESS (Business Address Acceptable)

73000 Fred Waring Drive #2260

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Ticketing Service Manager (wife)

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

My wife's Salary
(Describe)

☐ Other _____
(Describe)

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Comic Con International

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

Front of House Manager

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

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Sean Webb</u>

1. BUSINESS ENTITY OR TRUST	
Name <u>DW Property Services, LLC</u>	
Address (Business Address Acceptable) <u>22624 Conco Ct La Borda CA 92537</u>	
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: <u> </u> / <u> </u> / <u>25</u> <u> </u> / <u> </u> / <u>25</u> 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: <u> </u> / <u> </u> / <u>25</u> <u> </u> / <u> </u> / <u>25</u> ACQUIRED DISPOSED
NATURE OF INTEREST ☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership ☐ Leasehold <u> </u> Yrs remaining ☐ Other <u> </u>	
☐ 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: <u> </u> / <u> </u> / <u>25</u> <u> </u> / <u> </u> / <u>25</u> 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: <u> </u> / <u> </u> / <u>25</u> <u> </u> / <u> </u> / <u>25</u> ACQUIRED DISPOSED
NATURE OF INTEREST ☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership ☐ Leasehold <u> </u> Yrs remaining ☐ Other <u> </u>	
☐ Check box if additional schedules reporting investments or real property are attached	

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Sean Webb

► NAME OF SOURCE (Not an Acronym)
Sport 5, Impact for Golf

ADDRESS (Business Address Acceptable)
PGA West Stadium Course

BUSINESS ACTIVITY, IF ANY, OF SOURCE
La Quinta

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1/17/25</u>	<u>\$ 79</u>	<u>PGA Annex ticket</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► 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)
Aziz Farms

ADDRESS (Business Address Acceptable)
73545 El Paseo

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Palm Desert CA

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3/7/25</u>	<u>\$ 129</u>	<u>PD Food & Wine</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► 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: _____