

AMENDMENT

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) Kujawa (FIRST) Rebecca (MIDDLE) A

1. Office, Agency, or Court

Agency Name (Do not use acronyms) Phelan Pinn Hills Community Service District
Division, Board, Department, District, if applicable _____ Your Position Director

► 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 San Bernardino
☐ 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 ____/____/____
☐ 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 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
☐ 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)
PO Box 294049 Phelan Ca 92329
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(760) 868-1212 RKujawa@pphcsd.org

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 August 12, 2026 Signature Rebecca Kujawa
(month, day, year) (File the originally signed paper statement with your filing official.)

SCHEDULE B
Interests in Real Property
(Including Rental Income)

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

3068-291-13-0-000

CITY

Pinon Hills

FAIR MARKET VALUE

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

IF APPLICABLE, LIST DATE:

 / /25 / /25
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:

 / /25 / /25
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 TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

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

☐ Guarantor, if applicable

Filer's Verification

Print Name _____

Office, Agency
or Court _____

Statement Type ☐ 2025/2026 Annual ☐ Assuming ☐ Leaving
 ☐ _____ Annual ☐ Candidate
 (yr)

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 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)

Filer's Signature _____

Comments: _____