

**STATEMENT OF ECONOMIC INTERESTS
 COVER PAGE**

RECEIVED
 Date Initial Filing Received
 Official Use
 JUL 12 2016
 BY: ASV

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
BATTH RAVINDER SINGH

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
CITY OF OAKLEY, CA
 Division, Board, Department, District, if applicable Your Position
PLANNING CITIZEN PLANNING ADVISOR

► 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 OAKLEY
- 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, 2015, through December 31, 2015.
- or-
- The period covered is ____/____/____, through December 31, 2015.
- Assuming Office: Date assumed 06, 15, 2016
- Leaving Office: Date Left ____/____/____ (Check one)
- The period covered is January 1, 2015, through the date of leaving office.
- or-
- The period covered is ____/____/____, through the date of leaving office.
- Candidate: Election year _____ 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)
61 GULL VIEW CT OAKLEY CA 94561
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(925) 323-8626 RVBAAT@GMAIL.COM

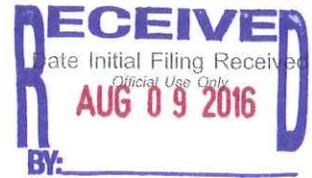
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed 7/12/16
 (month, day, year)

Signature Ravinder Singh
 (File the originally signed statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
DRAVER SAMUEL STEPHEN

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CITY OF OAKLEY

Division, Board, Department, District, if applicable

Your Position

CITIZEN PLANNING ADVISOR

► 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 OAKLEY
- 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, 2015, through December 31, 2015.
- or-
- The period covered is ____/____/____, through December 31, 2015.
- Assuming Office: Date assumed 6/14/2016
- Leaving Office: Date Left ____/____/____ (Check one)
- The period covered is January 1, 2015, through the date of leaving office.
- or-
- The period covered is ____/____/____, through the date of leaving office.
- Candidate: Election year _____ 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)
 25 MORE CT. OAKLEY CA 94561

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
 (925) 878-5677 SDARCH28@GMAIL.COM

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 8/9/2016
(month, day, year)

Signature [Signature]
(File the originally signed statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Garcia Nicholas Raymond

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Oakley

Division, Board, Department, District, if applicable

Citizen Planning Committee

Your Position

Citizen Planning Advisor

► 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 or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of Oakley, California Other _____

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

- Annual: The period covered is January 1, 2015, through December 31, 2015.
- or- The period covered is ____/____/____, through December 31, 2015.
- Assuming Office: Date assumed 07 / 11 / 2016
- Leaving Office: Date Left ____/____/____ (Check one)
 - The period covered is January 1, 2015, through the date of leaving office.
 - or- The period covered is ____/____/____, through the date of leaving office.
- Candidate: Election year _____ 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)
3231 Main Street Oakley Ca 94561
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(925) 625-7000 info@ci.oakley.ca.us

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 8/1/2016
(month, day, year)

Signature
(File the originally signed statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE



Please type or print in ink.

NAME OF FILER (LAST) GOMEZ (FIRST) VERONICA (MIDDLE) S

1. Office, Agency, or Court

Agency Name (Do not use acronyms) City of Oakley
Division, Board, Department, District, if applicable _____
Your Position Citizen Planning Advisor

► 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 Oakley
- 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, 2015, through December 31, 2015.
-or- The period covered is _____, through December 31, 2015.
- Assuming Office: Date assumed _____
- Candidate: Election year _____ and office sought, if different than Part 1: _____
- Leaving Office: Date Left _____/_____/_____
(Check one)
 - The period covered is January 1, 2015, through the date of leaving office.
 - or-
 - The period covered is _____/_____/_____, through the date of leaving office.

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)
4608 LaVista Dr. Oakley CA 94561
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
925)699-3701 fishdancin@yahoo.com

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 7-21-16
(month, day, year)

Signature [Handwritten Signature]
(File the originally signed statement with your filing official.)

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name _____

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Responsive Communication Services

ADDRESS (Business Address Acceptable)
1771 Vineyard Dr #6 Antioch

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Communications

YOUR BUSINESS POSITION
Manager

GROSS INCOME RECEIVED
 \$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

 (Describe)

Other _____
 (Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

YOUR BUSINESS POSITION _____

GROSS INCOME RECEIVED
 \$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

 (Describe)

Other _____
 (Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, 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* _____	INTEREST RATE _____%	TERM (Months/Years) _____
ADDRESS (Business Address Acceptable) _____	<input type="checkbox"/> None	
BUSINESS ACTIVITY, IF ANY, OF LENDER _____	SECURITY FOR LOAN	
	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> Real Property _____	Street address _____
<input type="checkbox"/> \$500 - \$1,000		City _____
<input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Other _____	(Describe) _____
<input type="checkbox"/> OVER \$100,000		

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Lawrence Nick

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Oakley City Council
Division, Board, Department, District, if applicable Your Position
Oakley Citizens Planning Advisors Advisor

► 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 or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of Oakley Other _____

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

- Annual: The period covered is January 1, 2015, through December 31, 2015.
- or-
 The period covered is ____/____/____, through December 31, 2015.
- Assuming Office: Date assumed 06 / 15 / 2016
- Leaving Office: Date Left ____/____/____ (Check one)
 - The period covered is January 1, 2015, through the date of leaving office.
 - or-
 The period covered is ____/____/____, through the date of leaving office.
- Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 1

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)
7200 Earhart Rd Oakland CA 94621
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(510) 613-1089 nick.lawrence@rolls-royce.com

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 28-Jul-16
(month, day, year)

Signature
(File the originally signed statement with your filing official)

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) Twigg (FIRST) Patricia (MIDDLE) Ann

1. Office, Agency, or Court

Agency Name (Do not use acronyms) Oakley City Planning
 Division, Board, Department, District, if applicable N/A Your Position Citizen Planning Advisor

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

Agency: N/A Position: _____

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

- State
- Multi-County _____
- City of Oakley
- 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, 2015, through December 31, 2015.
 -or- The period covered is ____/____/____, through December 31, 2015.
- Assuming Office:** Date assumed ____/____/____
- Candidate:** Election year _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left ____/____/____ (Check one)
 ○ The period covered is January 1, 2015, through the date of leaving office.
 -or-
 ○ The period covered is ____/____/____, through the date of leaving office.

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)
1886 Santa Fe St. Oakley CA 94561
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(925) 625-3686 pattwigg@att.net

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 07/12/2016 Signature Patricia A. Twigg
 (month, day, year) (File the originally signed statement with your filing official.)