#### CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

## STATEMENT OF ECONOMIC INTERESTS Call place of the capital of the c



#### **COVER PAGE**

FEB 2 3 2015

Ple —	ase type or print in ink.						
	NE OF FILER Delson	(LAST)	Gary	(FIRST)	Pá	(MIDDLE)  WITY OF OA	– KL
1.	Office, Agency, or	Court			ar e	The state of the s	-
	Agency Name (Do not us City of Oakley	e acronyms)					<del></del>
	Division, Board, Departme	nt, District, if applicable		Your Position Finance Direc	tor		<del></del>
	► If filing for multiple pos	itions, list below or on an attact	nment. (Do not use	acronyms)			
	Agency: Expanded -	See Attached		_ Position:			_
<u> </u>	Jurisdiction of Off	ICO (Check at least one box)					
	Multi-County	Costa, San Mateo, Sar		-			
	City of			Other			_
3.	Annual: The period December :	covered is/		(Check one)	covered is January	// 1, 2014, through the date of	
	Assuming Office: [	Pate assumed/			covered is/. leaving office.	, through	
	Candidate: Election	yeara	nd office sought, if	different than Part 1:			_
4.	Schedule Summa Check applicable so	ry chedules or "None."	► Total	number of pages in	ncluding this d	cover page: 4	
	Schedule A-2 - Inves	stments – schedule attached stments – schedule attached Property – schedule attached		Schedule D - Income	- Gifts - schedul	ss <i>Positions</i> – schedule attach e attached Payments – schedule attached	ed
		None -	<b>-or-</b> No reportable intere	ests on any schedule			
5.	Verification						
	MAILING ADDRESS (Business or Agency Address R 3231 Main Street	STREET ecommended - Public Document)	city Oakley		STATE CA	ZIP CODE 94561	
	( 925 ) 625-7010			e-MAIL ADDRESS abelson@ci.oakle			_
	herein and in any attache	e diligence in preparing this state ed schedules is true and comple	ete. I acknowledge	this is a public document.			ed
	I certify under penalty of	of perjury under the laws of ti	ne State of Californ	nia that the foregoing is	true and correct		
	Date Signed	(month, day, year)		ignature	e originally signed stateme	ent with your filing official.)	<del></del>
	<u> </u>	······································			V	,,	

#### Gary Paul Abelson

Expanded List of Offices 2014

Agency Name

Successor Agency to the Oakley Redevelopment Agency

Municipal Pooling Authority of Northern California

**Position** 

Oversight Board Member; Vice-Chair

Board Member; Treasurer

#### **SCHEDULE A-1** Investments

### Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Gary Paul Abelson

► NAME OF BUSINESS ENTITY SPDR Gold Trust Shares (GLD)	➤ NAME OF BUSINESS ENTITY  KBS Real Estate Investment Trust II
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Exchange Traded Fund (Gold)	Real Estate Investments
FAIR MARKET VALUE  \$2,000 - \$10,000  \$100,001 - \$1,000,000  Over \$1,000,000	FAIR MARKET VALUE  \$2,000 - \$10,000  \$100,001 - \$1,000,000  Over \$1,000,000
NATURE OF INVESTMENT Exchange Traded Fund  Stock Other (Describe)	NATURE OF INVESTMENT Real Estate Inv Trust  Stock Other (Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	/ / 14 / / 14 ACQUIRED DISPOSED
➤ NAME OF BUSINESS ENTITY  Corp Prop Associates 17 Real Estate Inv Trust	► NAME OF BUSINESS ENTITY IShares Gold Trust (IAU)
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Real Estate Investments	Exchange Traded Fund (Gold)
FAIR MARKET VALUE  \$2,000 - \$10,000  \$100,001 - \$1,000,000  Over \$1,000,000	FAIR MARKET VALUE  \$2,000 - \$10,000  \$100,001 - \$1,000,000  Over \$1,000,000
NATURE OF INVESTMENT Real Estate Inv Trust ☐ Stock ☑ Other	NATURE OF INVESTMENT Exchange Traded Fund ☐ Stock
(Describe)  Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	(Describe)  Partnership O Income Received of \$0 - \$499  Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE; LIST DATE:  10 29 14 14  ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY Center Coast MLP Focus Fnd A (CCCAX)	► NAME OF BUSINESS ENTITY  Center Coast MLP Focus Fnd Inst (CCCNX)
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Energy	Energy
FAIR MARKET VALUE  \$\sumsymbol{\Psi}\$ \$2,000 - \$10,000	FAIR MARKET VALUE  \$2,000 - \$10,000  \$100,001 - \$1,000,000  Over \$1,000,000
NATURE OF INVESTMENT MLP  ☐ Stock	NATURE OF INVESTMENT MLP  ☐ Stock  Other  (Describe)
Partnership   Income Received of \$0 - \$499   Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ / 14 / / 14 ACQUIRED DISPOSED	
Comments:	

#### JUILLUULL ATI Investments 5

### Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM / UU
FAIR POLITICAL PRACTICES COMMISSION
Name
Gary Paul Abelson

► NAME OF BUSINESS ENTITY  Vanguard REIT Index ETF (VNQ)	► NAME OF BUSINESS ENTITY  VT Nuveen Real Estate Sector Fund
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Real Estate Investments	
FAIR MARKET VALUE  \$2,000 - \$10,000  \$100,001 - \$1,000,000  Over \$1,000,000	FAIR MARKET VALUE  \$2,000 - \$10,000
NATURE OF INVESTMENT Exchange Traded Fun  Stock Other (Describe)	d NATURE OF INVESTMENT Sector Fund  ☐ Stock Other(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Repo	Partnership O Income Received of \$0 - \$499
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
3 , 4 , 14 , , 14	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	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	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	NATURE OF INVESTMENT Stock Other
(Describe)  Partnership   Income Received of \$0 - \$499 Income Received of \$500 or More (Repo	(Describe)  Partnership (Dincome Received of \$0 - \$499)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	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	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	NATURE OF INVESTMENT Stock Other
(Describe)  Partnership   O Income Received of \$0 - \$499 O Income Received of \$500 or More (Repo	(Describe)  Partnership O Income Received of \$0 - \$499  of on Schedule C)  (Describe)  Income Received of \$0 - \$499  O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	
Commenter	

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# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

## STATEMENT OF ECONOMIC INTERESTSAR 3 1 2015 Received Official Use Only

**COVER PAGE** 

CITY OF OAKLEY

	rpe or print in InK.	(FIRST) (MIDDLE)
NAME OF I		in.
Cole	Derek	F.
1. Offic	se, Agency, or Court	
Agen	cy Name (Do not use acronyms)	
	of Oakley	Value Barilla
Divisi	on, Board, Department, Diatrict, if applicable	Your Pesition
الله فيونونونونونونونونونونونونونونونونونونون		City Attorney
<b>▶</b> If	filing for multiple positions, list below or on an attachment. (Do no	it use acrenyms)
	Successor Agency to the Oakley Redevelopme	rit Position: General Counsel
Ager	Agency	I WILLIAM TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO T
2. Jur	sdiction of Office (Check at least one box)	
	·	☐ Judge or Court Commissioner (Statewide Jurisdiction)
<del></del>	iulti-County	County of
	ity of Oakley	
Z C	lly of	Other Successor Agency to the Oakley Redevelopment Agency
3. Tvn	e of Statement (Check at least one box)	
• •	Annual: The period covered is January 1, 2014, through	Leaving Office: Date Left/
' لـعن	December 31, 2014.	(Chack one)
	The period covered is/, throu December 31, 2014.	lesving blics.
	Assuming Office: Date assumed/	The period covered is, through the date of leaving office.
	Candidate: Election year and office soug	ht, If different than Part 1:
4. Sci	nedule Summary	9
	ck applicable schedules or "None."	otal number of pages including this cover page: 2
	Schedule A-1 - Investments - schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached
<del></del>	Schedule A-2 • Investments - schedule attached	Schedule D - Income - Gilts - schedule attached
_	Schedule B - Real Property - schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
	-01-	
L	☐ None - No reportable	interests on any schedule
5, Ver	fication	
WAII	NG ADDRESS STREET CIT	Y STATE ZIP CODE
,	61 Lava Ridge Court Rosevill	te CA 95661
DAY	IME TELEPHONE NUMBER	E-MAIL ADDRESS
( 9	16 ) 780-9009	dcole@cotalawfirm.com
here	In and in any attached schedules is true and complete. I acknowle	
	tify under penalty of perjury under the laws of the State of Ca	allfornia that the foregoing is true and correct.
Date	Signed 03/19/2015	Signature
AP 44.5%	(month, day, year)	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)

1	ALIFORNIA FORM
	AIR POLITICAL PRACTICES COMMISSION
	AIR POLITICAL PRACTICES COMMISSION
١	lame
l	Derek P. Cole

▶ 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
Cota Cole LLP	
Name	Name
2261 Lava Ridge Court, Roseville, CA 95661	
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one ☐ Trust, go to 2 ☑ Business Entity, complete the box, then go to 2	Check one  Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Law Firm	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$0 - \$1,999	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$0 - \$1,999  \$2,000 - \$10,000  \$10,001 - \$100,000  ACQUIRED DISPOSED  \$100,001 - \$1,000,000  Over \$1,000,000
NATURE OF INVESTMENT  ☑ Partnership ☐ Sole Proprietorship ☐ Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION Partner	YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	► 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 \$1,001 - \$10,000 \$1,001 - \$10,000 \$1,001 - \$10,000 \$1,001 - \$10,000 \$1,001 - \$10,000 \$1,000 OF S10,000 OR MORE (Attach a separate sheet if necessary)	S0 - \$499 S10,001 - \$100,000 S500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000 \$1,001 - \$10,000  ▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Atlash a separate sheet if necessary.)
None or ✓ Names listed below	None or Names listed below
City of Oakley	
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST  Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000
Leasehold Other	Leasehold Other
Yrs. remaining  Check box if additional schedules reporting investments or real property are attached	Yrs. remaining  Check box if additional schedules reporting investments or real property are attached

Comments:

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#### CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

(month, day, year)

### STATEMENT OF ECONOMIC INTERESTS FEB 1 2 20 Peceived 2 20 P

**COVER PAGE** 

Please type or print in ink.	CITY OF OAKLEY
HAMPORTE DOUGLOS	(FIRST) (MIDDLE)
1. Office, Agency, or Court	
Agency Name (Do not use acronyms)  Ornuly City Com	il
Division, Board, Department, District, if applicable 1	Your Position
▶ If filing for multiple positions, list below or on an attachment. (Do no	of 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 Own le	Other
3. Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2014, through December 31, 2014.	Leaving Office: Date Left
The period covered is, throuse December 31, 2014.	igh O The period covered is January 1, 2014, through the date of leaving office.
Assuming Office: Date assumed	O The period covered is, through the date of leaving office.
Candidate: Election year and office soug	ht, if different than Part 1:
4. Schedule Summary	
Check applicable schedules or "None."	Total number of pages including this cover page:
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 E - Income — Gifts — Travel Payments — schedule attached
Schedule B - Real Property schedule attached	Schedule E = Income = Sins = Haver r ayments = Schedule addoned
	interests on any schedule
5. Verification	
MAILING ADDRESS STREET CIT (Business or Agency Address Recommended - Public Document)	
JAJI WIFKST	Hey Cz 94561
1925) 754 - 4005	E-MAIL ADDRESS
herein and in any attached schedules is true and complete. I acknow	
I certify under penalty of perjury under the laws of the State of C	alifornia that the foregoing is true and correct.
Date Signed 2-12-15	Signature
(month, day, year)	(File the originally signed statement with your filing official.)

## SCHEDULE A-1 Investments

#### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%) Do not attach brokerage or financial statements.

CALIFORN	IA FORM	700
FAIR POLITICAL	PRACTICES CO	MMISSION
Name	1	
Doug	KVANY	nakK 1

NAME OF BUSINESS ENTITY HURRY HIR CO. T. 1	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
RUTAIL SOILS & STORAGE	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000  \$10,001 <b>-</b> \$100,000	\$2,000 - \$10,000\$10,001 - \$100,000
======================================	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
GENERAL DESCRIPTION OF THIS BOOMESS	CENERAL PROCESSION OF THE BOOK AND THE PROCESSION OF THE PROCESSION OF THE BOOK AND THE PROCESSION OF THE BOOK AND THE PROCESSION OF THE BOOK AND TH
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$10,000 \$10,000 \$10,000 \$10,000 Over \$1,000,000
S100,001 - \$1,000,000 Over \$1,000,000	[ ] \$100,001 - \$1,000,000 [] Cver \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
Partnership   Income Received of \$0 - \$499	Partnership () Income Received of \$0 - \$499 () Income Received of \$500 or More (Report on Schedule C)
O income Received of \$500 or More (Report on Schedule C)	C mount incomined of those of more hispan or personal of
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ / 14 / / 14	<u>, , 14 , , 14</u>
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
<del></del>	
	FAID MADNET VALUE
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe)
Partnership   Income Received of \$0 - \$499   Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 14 , , 14	/ / 14 / 14
ACQUIRED DISPOSED	ACQUIRED DISPOSED
	) l

#### **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 Dong X JANAMA

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
HARRITU RV Certa Kan	
Name 1/00 MAIN CT ONOO.C.	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one	Check one
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$ 0 - \$1,999	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$0 - \$1,999
NATURE OF INVESTMENT  Partnership Sole Proprietorship Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
☐ \$0 - \$499	\$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
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	NOME 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:	➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST  Check one box:
INVESTMENT BY REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$2,000 - \$10,000  \$10,001 - \$100,000  \$100,001 - \$1,000,000  Over \$1,000,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

Comments:.

# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Received Official Use Only
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Please type or print in ink. NAME OF FILER (MIDDLE) 1. Office, Agency, or Court Agency Name (Do not use acronyms) Division, Board, Department, District, if applicable Your Position ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: \_\_ 2. Jurisdiction of Office (Check at least one box) ☐ Judge or Court Commissioner (Statewide Jurisdiction) ☐ State ☐ Multi-County County of \_\_\_ City of \_\_\_\_ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2013, through Leaving Office: Date Left \_\_\_\_\_/\_\_ December 31, 2013. (Check one) O The period covered is January 1, 2013, through the date of The period covered is \_\_\_\_ leaving office. December 31, 2013. Assuming Office: Date assumed 13/19/2014 O The period covered is \_\_\_\_\_\_\_, through the date of leaving office. Candidate: Election year \_\_\_ and office sought, if different than Part 1: . 4. Schedule Summary Total number of pages including this cover page: . Check applicable schedules or "None." 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 -OF-None - No reportable interests on any schedule 5. Verification MAILING ADDRESS 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\_ (File the originally signed statement with your filing official.)

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CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

# STATEMENT OF ECONOMIC INTERESTS MAR 2 3 Date Initial Filing 2 Date Initi

Please type or print in ink.

CITY OF OAKLEY

NAME OF FILER	(LAST)		(FIRST)		(MIDDLE)
MONTGOMERY		BRYAN			HYRUM
1. Office, Agency, or Cou	ırt				
Agency Name (Do not use ac	ronyms)				
City of Oakley					
Division, Board, Department, D	istrict, if applicable		Your Position		
			City Manag	ger	
► If filing for multiple positions	, list below or on an attachmo	ent, <i>(Do not u</i> s	e acronyms)		
Successor Ager	ncv: Oversight Board		Ex	ecutive Directo	r
Agency: Successor Ager	loy, Overeight Board		Position:		
2. Jurisdiction of Office	(Check at least one box)		· · · · · · · · · · · · · · · · · · ·		
State			☐ Judge or Co	ourt Commissioner (S	Statewide Jurisdiction)
Multi-County			County of		
☑ City of Oakley			Other		
<ol><li>Type of Statement (ch</li></ol>	eck at least one box)				
✓ Annual: The period cove		gh	Leaving Of (Check one		
December 31, 2			•	•	ary 1, 2014, through the date of
The period cove December 31, 2	red is/ 014.	, through	leaving		asy 1, 2014, through the date of
Assuming Office: Date	assumed	<del></del>		riod covered is e of leaving office.	_/, through
Candidate: Election year	and	office sought, i	f different than Part 1:		
4. Schedule Summary					2
Check applicable sched	lules or "None."	➤ Tota	I number of page	es including this	cover page: 3
Schedule A-1 - Investmen	nts – schedule attached		Schedule C - Inc	come, Loans, & Busi	ness Positions – schedule attache
Schedule A-2 - Investmen			Schedule D - Inc	come – Gifts – sched	dule attached
Schedule B - Real Prope	rty - schedule attached		Schedule E - Inc	come – Gifts – Trave	l Payments - schedule attached
	<b>—</b>	-or-			
	∐ None - No	reportable inte	rests on any schedule		
5. Verification					
MAILING ADDRESS S (Business or Agency Address Recomn	TREET nended - Public Document)	CITY		STATE	ZIP CODE
3231 Main Street		Oakley		CA	94561
DAYTIME TELEPHONE NUMBER			E-MAIL ADDRESS		
( 925 ) 625-7007				ci.oakley.ca.us	
I have used all reasonable dilig herein and in any attached so	jence in preparing this statem hedules is true and complete.	ent, I have revi I acknowledge	ewed this statement ar e this is a public docun	nd to the best of my ment.	knowledge the information contains
I certify under penalty of pe					ct.
Data Signed 03/20/2015			Signature D	rest for	Montgolder
Date Signed	nonth, day, year)			(file the originally signed stat	ement with your filing official.)

#### **SCHEDULE A-1 Investments**

### Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Montgomery, Bryan Hyrum

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Eagle Materials	Franklin Covey Co
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Building Materials	Organizational Planning
FAIR MARKET VALUE	FAIR MARKET VALUE
<b>√</b> \$2,000 - \$10,000	<b>√</b> \$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT   ✓ Stock Other
Stock Other(Describe)	(Describe)
Partnership () Income Received of \$0 - \$499 () Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
<u>/ / 14                                 </u>	//
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	➤ NAME OF BUSINESS ENTITY
Halliburton	Skywest Airlines
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Energy	Aviation
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 <b>3</b> \$10,001 - \$100,000	☐ \$2,000 - \$10,000 <b>☑</b> \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
✓ Stock Other	✓ Stock Other
(Describe)  Partnership O Income Received of \$0 - \$499  Income Received of \$500 or More (Report on Schedule C)	(Describe)  Partnership O Income Received of \$0 - \$499  Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Archer Daniels Midland	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Agriculture, etc	
FAIR MARKET VALUE	FAIR MARKET VALUE
<b>☑</b> \$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 <b>-</b> \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe)  Partnership O Income Received of \$0 - \$499  Income Received of \$500 or More (Report on Schedule C)	(Describe)  Partnership O Income Received of \$0 - \$499  Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	/ / 14 / / 14 ACQUIRED DISPOSED
Comments:	

#### SCHEDULE C Income, Loans, & Business Positions

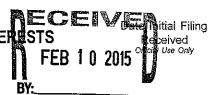
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Montgomery, Bryan Hyrum

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
State of California - SFSU	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1600 Holloway Ave, San Francisco, CA 94132	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
University	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Instructor	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
☐ \$500 - \$1,000 <b>☑</b> \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	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.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)  Loan repayment	(Real property, car, boat, etc.)  Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Commission of Marian Mountain, not each assure of project of more	
(Describe)	(Describe)
Other	Other
(Describe)  ▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERI	(Describe)
* You are not required to report loans from commercial le retail installment or credit card transaction, made in the	nding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to itus. Personal loans and loans received not in a lender's
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
City of Oakley	3 _ 30
ADDRESS (Business Address Acceptable)	% None
3231 Main Street	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	☐ None ☐ Personal residence
Municipality	10 Brooks Ct.
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Oakley, CA
\$500 - \$1,000	City
<b>\$1,001 - \$10,000</b>	Guarantor
\$10,001 - \$100,000	<u> </u>
<b>⊘</b> OVER \$100,000	Other(Describe)
Comments:	

# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

# STATEMENT OF ECONOMIC INTERESTS COVER PAGE



Please type or print in ink.

NAN	TE OF FILER (LAST)	(FIRST) (MIDDLE)
74F41	Relly	Vanessa Renee
1.	Office, Agency, or Court	•
	Agency Name (Do not use acronyms)  City 6 O Division, Board Department, District, if applicable	Your Position
	Oakley City Courcil	City Councilmenter
	▶ If filing for multiple positions, list below or on an attachment. (Do no	it 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
<del>-</del> 3.	Type of Statement (Check at least one box)	
	Annual: The period covered is January 1, 2014, through December 31, 2014.	Leaving Office: Date Left/
	The period covered is, throuse December 31, 2014.	gh O The period covered is January 1, 2014, through the date of leaving office.
	Assuming Office: Date assumed \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	O The period covered is/, through the date of leaving office.
	Candidate: Election year and office soug	ht, if different than Part 1:
4.	Schedule Summary  Check applicable schedules or "None." ▶ 7	Total number of pages including this cover page:
	□ Schedule A-1 - Investments – schedule attached □ Schedule A-2 - Investments – schedule attached □ Schedule B - Real Property – schedule attached	<ul> <li>Schedule C - Income, Loans, &amp; Business Positions − schedule attached</li> <li>Schedule D - Income − Gifts − schedule attached</li> <li>Schedule E - Income − Gifts − Travel Payments − schedule attached</li> </ul>
	None - No reportable	interests on any schedule
5.	Verification	
78	MAILING ADDRESS STREET CIT (Business or Agency Address Recommended - Public Document)  333 N21 ST.  DAYTIME TELEPHONE NUMBER  (305) 256-590-	STATE ZIP CODE  CA 94501  E-MAIL ADDRESS
		reviewed this statement and to the best of my knowledge the information contained edge this is a public document.
	I certify under penalty of perjury under the laws of the State of Ca	The second secon
	Date Signed	Signature (File the originally argued statement with your filing official.)
	(month, day, year)	to the conditional addition apprings to the Arist tenth amount.

# FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE



Ple	ease type or print in ink.				DI C
NAI	ME OF FILER (LAST)		(FIRST)		(MIDDLE)
Po	рре	Randy			)
1.	Office, Agency, or Court			-	
	Agency Name (Do not use acronyms)		-	1,00	The second secon
	City of Oakley				
	Division, Board, Department, District, if applicable		Your Position	)	
			Councilm	an '	
	▶ If filing for multiple positions, list below or on an attach	ment. (Do not us	e acronyms)		
	Agency:		Position:	,	
2.	Jurisdiction of Office (Check at least one box)				
	☐ State		☐ Judge or C	Court Commissioner (S	tatewide Jurisdiction)
	Multi-County		County of	·	· 
	City of Oakley				
	City of Canada		☐ Other —		•
3.	Type of Statement (Check at least one box)				
	Annual: The period covered is January 1, 2014, through December 31, 2014.	ugh	Leaving ( (Check or		
	The period covered is// December 31, 2014.	, through		eriod covered is Janua g office.	ry 1, 2014, through the date of
	Assuming Office: Date assumed/			eriod covered is te of leaving office.	, through
	Candidate: Election year an	d office sought, if	different than Part 1		1500
4.	Schedule Summary	<u> </u>	and the second of the second o		
	Check applicable schedules or "None."	➤ Tota	l number of pag	es including this	cover page: 2
	Schedule A-1 - Investments – schedule attached		Schedule C - Ir	acome, Loans, & Busin	ess Positions - schedule attached
	Schedule A-2 - Investments – schedule attached		Schedule D - /r	ncome – Gifts – sched	ule attached
	Schedule B - Real Property - schedule attached		☑ Schedule E - la	icome – Gifts – Travel	Payments - schedule attached
		-or-			•
	☐ None - N	o reportable inter	ests on any schedule		angan ng gantang ang ang ang ang ang ang ang ang ang
5.	Verification				
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY		STATE	ZIP CODE
٠	2063 Main ST #265	Oakley	•	CA	94561
	DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS		
	( 925 ) 625-7007		randypope@c		
	I have used all reasonable diligence in preparing this states herein and in any attached schedules is true and complete	nent. I have revie e. I acknowledge	ewed this statement a this is a public docu	and to the best of my kill ment.	nowledge the information contained
	I certify under penalty of perjury under the laws of the	State of Califor	nia that the foregol	ng is true and correc	t.
	Date Signed 03/25/2015		Signature	IMI	
	(month, day, year)		<del>-</del>	(File the egiginary signed states	ment with your filing official.)

#### SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Randy D Pope

- · Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
China Silicon Valley Office of Economic Development	Chinese Peoples Association for Friendship with Forei
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
200 E. Santa Clara ST, 17th Floor	No. 1 Taijichang Street
CITY AND STATE	CITY AND STATE
San Jose, CA	Doncheng District, Beijing 100740
BUSINESS ACTIVITY, IF ANY, OF SOURCE   √ 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Non-Profit	Government
DATE(S): 06 / 16 / 14 - 06 / 27 / 14 AMT: \$ 2,000.00	DATE(S): 06,16,14 06,27,14 AMT: \$3,000.00
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income	TYPE OF PAYMENT: (must check one) 🗹 Gift 🗌 Income
✓ Made a Speech/Participated in a Panel	☑ Made a Speech/Participated in a Panel
✓ Other - Provide Description	✓ Other - Provide Description
Silicon Valley Mayor's China Trip: Airfare to/from	Silicon Valley Mayor's China Trip: Lodging, Travel and
China	subsistence while in China
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
DATE(S):/	DATE(S)://
TYPE OF PAYMENT: (must check one)	TYPE OF PAYMENT: (must check one) Gift Income
Made a Speech/Participated in a Panel	☐ Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
Comments:	
	•

# CALIFORNIA FORM 700 FALE POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

### STATEMENT OF ECONOMIC INTEREST

RESTS

Received

Official line Only

**COVER PAGE** 

FEB 2 4 2015

Please type or print in	ink.				
NAME OF FILER	(LAST)		(FIRST)	CIT	Y OF WAKLEY
Romick		Kevin		<del></del>	2
1. Office, Agency	, or Court				
Agency Name (Do	not use acronyms) &Y CITY COUN	cia	Cou	VC(16- 1	Vensen
	partment, District, if applicable		Your Position		
•	le positions, list below or on an attach	_			
Agency: OYEA	251647 Buxes or 5	VCCESSON 7	Position:	Barro M	lensen
2. Jurisdiction of	f Office (Check at least one box)				
State			☐ Judge or Cou	rt Commissioner (S	Statewide Jurisdiction)
Multi-County			County of		
☐ Multi-County — ☐ City of — ☐ △	KLEY		Other		
3. Type of Stater	nent (Check at least one box)				
Decer	eriod covered is January 1, 2014, thronber 31, 2014.	ough	Leaving Offi (Check one)	ce: Date Left	
	eriod covered is// nber 31, 2014.	, through	O The perio leaving of		ary 1, 2014, through the date of
Assuming Office	ce: Date assumed	<del></del>		d covered is of leaving office.	
Candidate: Ele	ection year at	nd office sought, if	different than Part 1: _		
4. Schedule Sum	ımary				·
	le schedules or "None."	➤ Tota	l number of pages	including this	cover page:
Schedule A-1 -	Investments - schedule attached		Schedule C - Incom	me, Loans, & Busi	ness Positions - schedule attached
Schedule A-2 -	Investments - schedule attached		Schedule D - Incol	me – Gifts – sched	lule attached
Schedule B - F	Real Property - schedule attached		Schedule E - Incol	me – Gifts – Trave	I Payments - schedule attached
	п.,	-07-			
	∐ None - /\	lo reportable inter	ests on any schedule		
5. Verification					
MAILING ADDRESS (Business or Agency Addi	STREET ress Recommended - Public Document)	CITY		STATE	ZIP CODE
2066 Verona C		Oakley		Са	94561
DAYTIME TELEPHONE N	NUMBER		E-MAIL ADDRESS		
( 925 ) 382-0	733		kevin@romick.n	et	
	onable diligence in preparing this state tached schedules is true and complete				mowledge the information contained
I certify under pena	alty of perjury under the laws of th	e State of Califor	nia that the foregoing	is true and corre	ot.
Date Signed	7/24/2015		ignature <i>Kuya</i>	a force	`k
g	(month, day, year)		- ,	e the originally signed state	ment with your filing official.)

### **SCHEDULE B** Interests in Real Property (Including Rental Income)

CALIFORNIA FORM FAIR POLITICAL PRACTICES CO	
Name	

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	➤ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
2066 Verona Ct	[1
CITY	СІТУ
Oakley	
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$0 - \$499
S10,001 - \$100,000 OVER \$100,000	☐ \$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.	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	None
	<u> </u>
You are not required to report loans from commercial business on terms available to members of the public loans received not in a lender's regular course of busi	lending institutions made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows:
NAME OF LENDER*	NAME OF LENDER*
Sierra Pacific Mortgage	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
PO Box 7168, Pasadena, Ca 911097168	
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
5 % None 30	%
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000	\$10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
Comments:	

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

CALIFORNIA FORM FAIR POLITICAL PRACTICES CON	
Name	

▶ 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
USS-Posco Industries	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
900 Loveridge Rd, Pittsburg, Ca 94565	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
IT Manager	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
\$500 - \$1,000 <b>\$1,001 - \$10,000</b>	\$500 - \$1,000 \$1,001 - \$10,000
☐ \$10,001 - \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	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.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
(Describe)	11 <u> </u>
Other(Describe)	Other (Describe)
➤ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	RIOD
retail installment or credit card transaction, made in the	ending institutions, or any indebtedness created as part of a e lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's vs:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	% None
ADDRESS (Business Address Acceptable)	
	SECURITY FOR LOAN  None  Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
<b>\$500 - \$1,000</b>	City
\$10,001 - \$100,000	Guarantor
OVER \$100,000	_
- O451. 4100,000	Other(Describe)
Comments:	