

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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MAR 28 2017
 BY: _____

Please type or print in ink.

NAME OF FILER (LAST) Banos - Galvan (FIRST) Gabriela (MIDDLE) _____

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Oakley
 Division, Board, Department, District, if applicable
City Manager's Office/Human Resources Your Position
Program Coordinator/HR Technician

▶ 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, 2016, through December 31, 2016.
- or-
- The period covered is ____/____/____, through December 31, 2016.
- 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, 2016, 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)
3231 Main Street Oakley CA 94561
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(925) 625-7011 banos@ci.oakley.ca.us

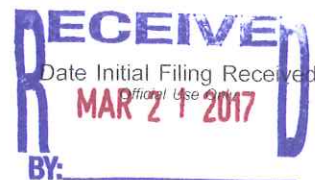
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed 03/28/2017
 (month, day, year)

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

**STATEMENT OF ECONOMIC INTERESTS
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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Bayona Janielyn B

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
 City of Oakley
 Division, Board, Department, District, if applicable Your Position
 Finance Department Senior Accountant

► 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)

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- or-
- The period covered is ____/____/____, through December 31, 2016.
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- 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) 625-7014 bayona@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 03/21/2017
 (month, day, year)

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



Please type or print in ink.

NAME OF FILER (LAST) BEARD (FIRST) PAUL (MIDDLE) ALLEN

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

OAKLEY POLICE

Division, Board, Department, District, if applicable

Your Position

SERGEANT

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, County of, Other

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

- Annual, Assuming Office: Date assumed 2/25/2017, Leaving Office, Candidate

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

Schedules attached

- Schedule A-1, A-2, B, C, D, E

-or-

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE 3231 MAIN STREET OAKLEY CA 94561 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (925) 625-8826 beard@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 3-8-17 (month, day, year)

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

STATEMENT OF ECONOMIC INTERESTS
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MAR - 9 2017
 BY: _____

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Beede-Vreonis	Eva "Libby"	Elizabeth

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Oakley

Division, Board, Department, District, if applicable

Your Position

City Clerk/Paralegal

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

Agency: Successor Agency; Oakley Oversight Board

Position: Secretary

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, 2016, through December 31, 2016.

Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2016.

The period covered is January 1, 2016, through the date of leaving office.

-or-

The period covered is ____/____/____, through the date of leaving office.

Assuming Office: Date assumed ____/____/____

Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 2

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

-or-

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
<i>(Business or Agency Address Recommended - Public Document)</i>				
3231 Main Street		Oakley	CA	94561
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS			
(925) 625-7000	vreonis@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 03/09/2017
(month, day, year)

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
 Eva E. "Libby" Beede-Vreonis

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 USS POSCO

ADDRESS (Business Address Acceptable)
 900 Loveridge Road

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

 (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 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

 (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*

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) _____

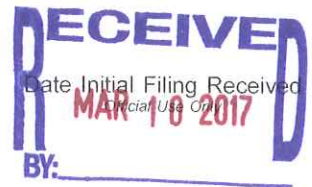
SECURITY FOR LOAN
 None Personal residence

Real Property _____
 Street address _____
 City _____

Guarantor _____

Other _____
 (Describe)

Comments: _____



STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) BERMUDEZ (FIRST) HEYLIN (MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms) CITY OF OAKLEY
Division, Board, Department, District, if applicable FINANCE DEPARTMENT
Your Position SENIOR ACCOUNTING TECHNICIAN

► 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, 2016, through December 31, 2016. Leaving Office: Date Left ____/____/____ (Check one)
- or- The period covered is ____/____/____, through December 31, 2016. The period covered is January 1, 2016, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____ -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 C - Income, Loans, & Business Positions - schedule attached
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- Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- None - No reportable interests on any schedule

5. Verification

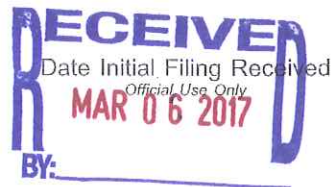
MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
3231 Main Street Oakley CA 94561
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(925) 625-7018 bermudez@ci.oakley.ca.us

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 03/10/2017 Signature
(month, day, year) (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) Bruno (FIRST) Lindsey (MIDDLE) Jillien

1. Office, Agency, or Court

Agency Name (Do not use acronyms) City of Oakley Your Position Recreation Manager
 Division, Board, Department, District, if applicable

▶ 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, 2016, through December 31, 2016.
- or-
- The period covered is _____, through December 31, 2016.
- Assuming Office:** Date assumed _____
- Candidate:** Election year _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left _____ (Check one)
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- 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) 625-7042 bruno@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 03/06/17
 (month, day, year)

Signature Lindsey Bruno
 (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)
Cartwright Logan James

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Oakley Police Department
Division, Board, Department, District, if applicable
Your Position
SERGEANT

► 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, 2016, through December 31, 2016.
- or-
- The period covered is ____/____/____, through December 31, 2016.
- Assuming Office:** Date assumed 02 / 26 / 2017
- Leaving Office:** Date Left ____/____/____
(Check one)
- The period covered is January 1, 2016, through the date of leaving office.
- or-
- The period covered is ____/____/____, through the date of leaving office.
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- 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) 3825735 Cartwright@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 03/07/2017
(month, day, year)

Signature *Logan Cartwright*
(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)
Coan	Zachary	Andrew

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
 City of Oakley
 Division, Board, Department, District, if applicable
 Code Enforcement
 Your Position
 Code Enforcement Officer

► 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)*

- | | |
|---|---|
| <input type="checkbox"/> State | <input type="checkbox"/> Judge or Court Commissioner (Statewide Jurisdiction) |
| <input type="checkbox"/> Multi-County _____ | <input type="checkbox"/> County of _____ |
| <input checked="" type="checkbox"/> City of <u>Oakley</u> | <input type="checkbox"/> Other _____ |

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

- | | |
|--|---|
| <input checked="" type="checkbox"/> Annual: The period covered is January 1, 2016, through December 31, 2016. | <input type="checkbox"/> Leaving Office: Date Left ____/____/____
<i>(Check one)</i> |
| -or-
The period covered is ____/____/____, through December 31, 2016. | <input type="checkbox"/> The period covered is January 1, 2016, through the date of leaving office. |
| <input type="checkbox"/> Assuming Office: Date assumed ____/____/____ | -or-
<input type="checkbox"/> The period covered is ____/____/____, through the date of leaving office. |
| <input type="checkbox"/> Candidate: Election year _____ and office sought, if different than Part 1: _____ | |

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

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- | | |
|--|--|
| <input type="checkbox"/> Schedule A-1 - Investments – schedule attached | <input type="checkbox"/> Schedule C - Income, Loans, & Business Positions – schedule attached |
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-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
3231 Main St		Oakley	CA	94561
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS			
(925) 625-7000	coan@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.

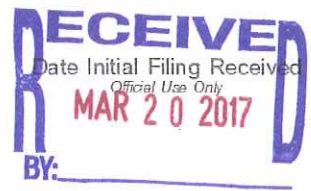
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/07/2017
(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) Coelho (FIRST) Cindy (MIDDLE) Jane

1. Office, Agency, or Court

Agency Name (Do not use acronyms) City of Oakley Recreation + Event Coordinator
 Division, Board, Department, District, if applicable _____ Your Position _____

▶ 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)

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- 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 St Oakley CA 94561
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(925) 625-7044 _____

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 3-20-17
 (month, day, year)

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

**STATEMENT OF ECONOMIC INTERESTS
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RECEIVED
 Date Initial Filing Received
 Official Use Only
 MAR 22 2017
 BY: _____

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Coggins	Keith	Alan

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
 City of Oakley
 Division, Board, Department, District, if applicable
 Public Works & Engineering
 Your Position
 Senior Engineer

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

Agency: City of Oakley Position: Storm Water Program Manager

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

State Judge or Court Commissioner (Statewide Jurisdiction)
 Multi-County _____ County of _____
 City of _____ Other _____

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

Annual: The period covered is January 1, 2016, through December 31, 2016.
 -or-
 The period covered is ____/____/____, through December 31, 2016.
 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, 2016, through the date of leaving office.
 -or-
 The period covered is ____/____/____, through the date of leaving office.

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 -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
3231 Main Street	Oakley	CA	94561	
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS			
(925) 625-7155	coggins@ci.oakley.ca.us			

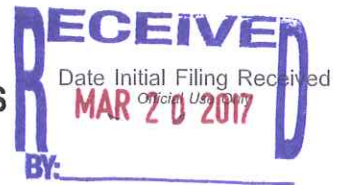
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I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/22/2017
 (month, day, year)

Signature Keith Alan Coggins
 (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)
Dalman	Dwayne	A

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Oakley

Division, Board, Department, District, if applicable

Economic Development

Your Position

Economic Development Manager

► 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)

- | | |
|---|---|
| <input type="checkbox"/> State | <input type="checkbox"/> Judge or Court Commissioner (Statewide Jurisdiction) |
| <input type="checkbox"/> Multi-County _____ | <input type="checkbox"/> County of _____ |
| <input checked="" type="checkbox"/> City of <u>Oakley</u> | <input type="checkbox"/> Other _____ |

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

Annual: The period covered is January 1, 2016, through December 31, 2016.

-or-

The period covered is ____/____/____, through December 31, 2016.

Leaving Office: Date Left ____/____/____ (Check one)

The period covered is January 1, 2016, through the date of leaving office.

-or-

The period covered is ____/____/____, through the date of leaving office.

Assuming Office: Date assumed ____/____/____

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

- | | |
|--|--|
| <input type="checkbox"/> Schedule A-1 - Investments – schedule attached | <input type="checkbox"/> Schedule C - Income, Loans, & Business Positions – schedule attached |
| <input type="checkbox"/> Schedule A-2 - Investments – schedule attached | <input type="checkbox"/> Schedule D - Income – Gifts – schedule attached |
| <input type="checkbox"/> Schedule B - Real Property – schedule attached | <input type="checkbox"/> 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
<i>(Business or Agency Address Recommended - Public Document)</i>				
3231 Main Street		Oakley	CA	94561

DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS
(925) 625-7006	dalman@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 3/20/17
 (month, day, year)

Signature *Dwayne Dalman*
 (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)
Dela Cruz Jesse Rey

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Oakley
Division, Board, Department, District, if applicable Your Position
Public Works Department, Parks and Landscape Division Parks and Landscape Maintenance Foreman

► 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, 2016, through December 31, 2016.
-or-
The period covered is ____/____/____, through December 31, 2016.
- 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, 2016, 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: 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)
3231 Main St. Oakley CA 94561
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(925) 625-7015 delacruz@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 03/09/2017
(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)
 Edgell Troy A

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Oakley

Division, Board, Department, District, if applicable

Your Position

Code Enforcement

Manager

► 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, 2016, through December 31, 2016.

Leaving Office: Date Left ____/____/____
 (Check one)

-or-

The period covered is ____/____/____, through December 31, 2016.

The period covered is January 1, 2016, through the date of leaving office.

-or-

Assuming Office: Date assumed ____/____/____

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 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

-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 St Oakley CA 94561

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
 (925) 625-7009 edgell@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 9 March 2017
 (month, day, year)

Signature [Signature]
 (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.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name _____

▶ NAME OF BUSINESS ENTITY
USAA Investment Management Company

GENERAL DESCRIPTION OF THIS BUSINESS
Various Stocks-IRA

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 _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
 _____ / _____ / **16** _____ / _____ / **16**
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

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

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
 _____ / _____ / **16** _____ / _____ / **16**
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

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

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
 _____ / _____ / **16** _____ / _____ / **16**
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

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

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
 _____ / _____ / **16** _____ / _____ / **16**
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

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

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
 _____ / _____ / **16** _____ / _____ / **16**
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

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

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
 _____ / _____ / **16** _____ / _____ / **16**
 ACQUIRED DISPOSED

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Initial Filing Received MAR 27 2017
Official Use Only

CITY OF OAKLEY

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Galstan William R.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Oakley
Division, Board, Department, District, if applicable Your Position
City Attorney Special Counsel

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

Successor Agency to Oakley Redevelopment Agency
Agency: Oversight Board of Successor Agency to the Oakley Redevelopment Agency Position: Special Counsel

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

State Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County County of
City of Oakley Other Oakley Oversight Board

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

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

4. Schedule Summary (must complete)

Total number of pages including this cover page: 3

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)
2261 Lava Ridge Court Roseville CA 95661
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(916) 780-9009 wgalstanlaw@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 3-19-17
(month, day, year)

Signature William R. Galstan
(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
Galstan, William

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Cota Cole LLP

ADDRESS (Business Address Acceptable)
2261 Lava Ridge Court, Roseville, CA 95661

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Firm

YOUR BUSINESS POSITION
Consulting Attorney

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

 (Describe)
 Other Hourly fees

 (Describe)

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

 (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*

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: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Grubaugh Ricky Alan

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
 Oakley Police Department
 Division, Board, Department, District, if applicable Your Position
 Sergeant

► 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, 2016, through December 31, 2016.
 -or- The period covered is 05 / 06 / 2016, through December 31, 2016.
- 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, 2016, 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)
 3231 Main Street Oakley Ca 94561
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
 (925) 625-7000 grubaugh@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 03/06/2017
 (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) (FIRST) (MIDDLE)
 Grubaugh Ricky Alan

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
 Oakley Police Department
 Division, Board, Department, District, if applicable Your Position
 Sergeant

► 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, 2016, through December 31, 2016.
- or-
 The period covered is ____/____/____, through December 31, 2016.
- Assuming Office:** Date assumed 05 / 06 / 2016
- Leaving Office:** Date Left ____/____/____ (Check one)
- The period covered is January 1, 2016, 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 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

-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 grubaugh@ci.oakley.ca.us

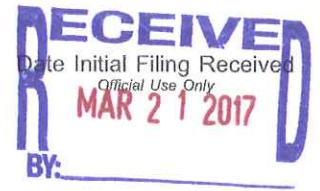
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed 03/06/2017
 (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) Hurney (FIRST) Dean (MIDDLE) B.

1. Office, Agency, or Court

Agency Name (Do not use acronyms) City of Oakley
 Division, Board, Department, District, if applicable _____
 Your Position Permit Center Manager

► 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, CA
- 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, 2016, through December 31, 2016.
- or-
- The period covered is ____/____/____, through December 31, 2016.
- 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, 2016, 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: 2

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 St. Oakley CA 94561
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(925) 625-7001 hurney@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 3/21/17
 (month, day, year)

Signature [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
Dean Hurney

▶ 1. BUSINESS ENTITY OR TRUST

Name Dean Hurney Access Inspection
Address (Business Address Acceptable) 1612 S. Francisco Ct, Antioch, CA 94509
Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS
Disabled access property inspection

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED / /16 DISPOSED / /16

NATURE OF INVESTMENT
 Partnership Sole Proprietorship 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.)

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:
 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 IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED / /16 DISPOSED / /16

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Yrs. remaining Other _____

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 IF APPLICABLE, LIST DATE:
 \$0 - \$1,999
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED / /16 DISPOSED / /16

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 \$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.)

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 IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED / /16 DISPOSED / /16

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Yrs. remaining Other _____

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

Comments: _____

**STATEMENT OF ECONOMIC INTERESTS
 COVER PAGE**



Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Kabalin	Jason	M

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
 City of Oakley
 Division, Board, Department, District, if applicable
 Public Works & Engineering
 Your Position
 Associate Engineer

► 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)*

- | | |
|---|---|
| <input type="checkbox"/> State | <input type="checkbox"/> Judge or Court Commissioner (Statewide Jurisdiction) |
| <input type="checkbox"/> Multi-County _____ | <input type="checkbox"/> County of _____ |
| <input checked="" type="checkbox"/> City of <u>Oakley</u> | <input type="checkbox"/> Other _____ |

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

- | | |
|--|---|
| <input checked="" type="checkbox"/> Annual: The period covered is January 1, 2016, through December 31, 2016.
-or-
The period covered is ____/____/____, through December 31, 2016. | <input type="checkbox"/> Leaving Office: Date Left ____/____/____
<i>(Check one)</i>
<input type="radio"/> The period covered is January 1, 2016, through the date of leaving office.
-or-
<input type="radio"/> The period covered is ____/____/____, through the date of leaving office. |
| <input type="checkbox"/> Assuming Office: Date assumed ____/____/____ | |
| <input type="checkbox"/> 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

- | | |
|--|--|
| <input type="checkbox"/> Schedule A-1 - Investments – schedule attached | <input type="checkbox"/> Schedule C - Income, Loans, & Business Positions – schedule attached |
| <input type="checkbox"/> Schedule A-2 - Investments – schedule attached | <input type="checkbox"/> Schedule D - Income – Gifts – schedule attached |
| <input type="checkbox"/> Schedule B - Real Property – schedule attached | <input type="checkbox"/> 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
3231 Main Street		Oakley	Ca	94561
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS			
(925) 625-7040	kabalin@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 03/07/2017
(month, day, year)

Signature *Jason Kabalin*
(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) Kennedy (FIRST) Francis (MIDDLE) J

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Oakley

Division, Board, Department, District, if applicable

Your Position

City Surveyor

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, County of, Other

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

- Annual, Leaving Office, Assuming Office, Candidate

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

Schedules attached

- Schedule A-1, A-2, B, C, D, E

-or-

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS, STREET, CITY, STATE, ZIP CODE, DAYTIME TELEPHONE NUMBER, E-MAIL 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 03/07/2017 (month, day, year)

Signature [Signature]

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

RECEIVED
 Date Initial Filing Received
Official Use Only
MAR 21 2017
 BY: _____

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Kidwell Louis Randolph

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Oakley Building Official
 Division, Board, Department, District, if applicable Your Position

► 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 _____
- 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, 2016, through December 31, 2016.
- or-
- The period covered is 1/1/17, through 12/31/17, through December 31, 2016.
- 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, 2016, 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)
3231 Main St Oakley CA 94561
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(925) 625 7032 Kidwelle@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 3-22-17
(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)
Kohlmaier	Mark	Robert

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
 Oakley Police Department

Division, Board, Department, District, if applicable
 Your Position
 Sergeant

► 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)

- | | |
|---|---|
| <input type="checkbox"/> State | <input type="checkbox"/> Judge or Court Commissioner (Statewide Jurisdiction) |
| <input type="checkbox"/> Multi-County _____ | <input type="checkbox"/> County of _____ |
| <input checked="" type="checkbox"/> City of <u>Oakley</u> | <input type="checkbox"/> Other _____ |

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Annual: The period covered is January 1, 2016, through December 31, 2016. | <input type="checkbox"/> Leaving Office: Date Left ____/____/____
(Check one) |
| -or-
The period covered is <u>5</u> / <u>6</u> / <u>2016</u> , through December 31, 2016. | <input type="checkbox"/> The period covered is January 1, 2016, through the date of leaving office. |
| <input type="checkbox"/> Assuming Office: Date assumed ____/____/____ | -or-
<input type="checkbox"/> The period covered is ____/____/____, through the date of leaving office. |
| <input type="checkbox"/> 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

- | | |
|--|--|
| <input type="checkbox"/> Schedule A-1 - Investments – schedule attached | <input type="checkbox"/> Schedule C - Income, Loans, & Business Positions – schedule attached |
| <input type="checkbox"/> Schedule A-2 - Investments – schedule attached | <input type="checkbox"/> Schedule D - Income – Gifts – schedule attached |
| <input type="checkbox"/> Schedule B - Real Property – schedule attached | <input type="checkbox"/> Schedule E - Income – Gifts – Travel Payments – schedule attached |

-or-

None - No reportable interests on any schedule

5. Verification

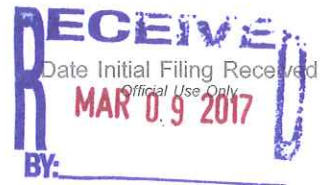
MAILING ADDRESS <i>(Business or Agency Address Recommended - Public Document)</i>	STREET	CITY	STATE	ZIP CODE
3231 Main St		Oakley	Ca	94561
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS			
(925) 457-2401	kohlmaier@ci.oakley.ca.us			

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 03/08/2017
(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) (FIRST) (MIDDLE)
Kohlmaier Mark Robert

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Oakley Police Department
Division, Board, Department, District, if applicable Your Position
Sergeant

► 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, 2016, through December 31, 2016.
-or-
The period covered is ____/____/____, through December 31, 2016.
 Assuming Office: Date assumed 5 / 6 / 2016
 Leaving Office: Date Left ____/____/____ (Check one)
 The period covered is January 1, 2016, 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 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

-or-

None - No reportable interests on any schedule

5. Verification

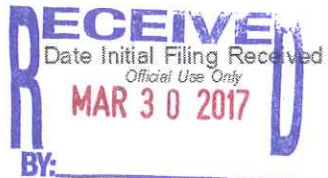
MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
3231 Main St Oakley Ca 94561
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(925) 457-2401 kohlmaier@ci.oakley.ca.us

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 03/08/2017
(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) (FIRST) (MIDDLE)
Marquez-Suarez Nancy Angelica

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Oakley
Division, Board, Department, District, if applicable Your Position
City Manager's Office/Human Resources Assistant to the City Manger/HR Manager

► 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, 2016, through December 31, 2016.
- or-
- The period covered is _____, through December 31, 2016.
- 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, 2016, 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)
3231 Main St Oakley CA 94561

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(925) 625-7007 marquez@ci.oakley.ca.us

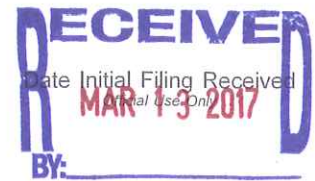
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed 3.30.17
(month, day, year)

Signature Nancy Marquez-Suarez
(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)
Mcmurray Joshua Aaron

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Oakley

Division, Board, Department, District, if applicable

Planning Division

Your Position

Planning Manager

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

Agency: Oversight Board

Position: Board Member

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, 2016, through December 31, 2016.

Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2016.

The period covered is January 1, 2016, through the date of leaving office.

-or-

Assuming Office: Date assumed ____/____/____

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 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

-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

(925) 625-7004

E-MAIL ADDRESS

mcmurray@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 03/13/2017
(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) (FIRST) (MIDDLE)
Miller Richard Michael

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Oakley
Division, Board, Department, District, if applicable
IT Your Position
Contract IT

► 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, California
- 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, 2016, through December 31, 2016.
- or-
- The period covered is _____, through December 31, 2016.
- Assuming Office:** Date assumed _____
- Leaving Office:** Date Left _____ (Check one)
- The period covered is January 1, 2016, 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)
79 Muth Drive Orinda CA 94563
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(510) 517-8555 rich@ontai.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 4/1/2017 Signature _____
(month, day, year) (File the originally signed statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

RECEIVED
 Date Initial Filing Received
 Official Use Only
MAR 06 2017
 BY: _____

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Morrow	Leonard	A

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
 City of Oakley
 Division, Board, Department, District, if applicable
 Parks and Landscape Division
 Your Position
 Parks and Landscape Division Manager

► 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, 2016, through December 31, 2016.
 -or-
 The period covered is ____/____/____, through December 31, 2016.

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, 2016, 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: 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 <i>(Business or Agency Address Recommended - Public Document)</i>	STREET	CITY	STATE	ZIP CODE
3231 Main Street	Oakley	CA	94561	
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS			
(925) 625-7039	morrow@ci.oakley.ca.us			

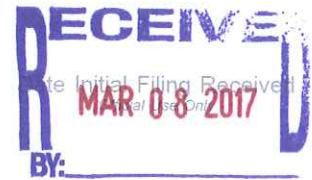
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed 03/03/2017
(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)	(FIRST)	(MIDDLE)
Navarro	Eric	Daniel

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
 City of Oakley
 Division, Board, Department, District, if applicable
 Police Department
 Your Position
 Lieutenant

► 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)

- | | |
|---|---|
| <input type="checkbox"/> State | <input type="checkbox"/> Judge or Court Commissioner (Statewide Jurisdiction) |
| <input type="checkbox"/> Multi-County _____ | <input type="checkbox"/> County of _____ |
| <input checked="" type="checkbox"/> City of <u>Oakley</u> | <input type="checkbox"/> Other _____ |

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

- | | |
|--|---|
| <input checked="" type="checkbox"/> Annual: The period covered is January 1, 2016, through December 31, 2016. | <input type="checkbox"/> Leaving Office: Date Left ____/____/____
(Check one) |
| -or- | <input type="checkbox"/> The period covered is January 1, 2016, through the date of leaving office. |
| The period covered is ____/____/____, through December 31, 2016. | -or- |
| <input type="checkbox"/> Assuming Office: Date assumed ____/____/____ | <input type="checkbox"/> The period covered is ____/____/____, through the date of leaving office. |
| <input type="checkbox"/> 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

- | | |
|--|--|
| <input type="checkbox"/> Schedule A-1 - Investments – schedule attached | <input type="checkbox"/> Schedule C - Income, Loans, & Business Positions – schedule attached |
| <input type="checkbox"/> Schedule A-2 - Investments – schedule attached | <input type="checkbox"/> Schedule D - Income – Gifts – schedule attached |
| <input type="checkbox"/> Schedule B - Real Property – schedule attached | <input type="checkbox"/> Schedule E - Income – Gifts – Travel Payments – schedule attached |

-or-

None - No reportable interests on any schedule

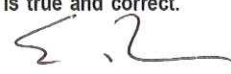
5. Verification

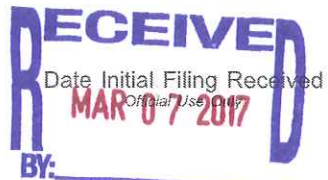
MAILING ADDRESS <i>(Business or Agency Address Recommended - Public Document)</i>	STREET	CITY	STATE	ZIP CODE
3231 Main Street	Oakley	CA	94561	
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS			
(925) 625-8855	navarro@ci.oakley.ca.us			

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 MARCH 7, 2017
 (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) (FIRST) (MIDDLE)
Newman David Rea

1. Office, Agency, or Court

Agency Name (Do not use acronyms) City of Oakley
Division, Board, Department, District, if applicable Public Works
Your Position Street Maintenance Foreman

► 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, 2016, through December 31, 2016. Leaving Office: Date Left ____/____/____ (Check one)
- or- The period covered is ____/____/____, through December 31, 2016. The period covered is January 1, 2016, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____ -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 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

-or-
 None - No reportable interests on any schedule

5. Verification 3231 Main ST. Oakley Ca. 94561
MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

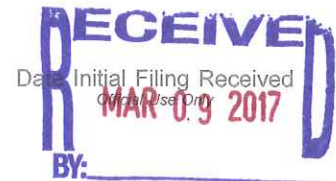
3231 Main ST. Oakley Ca. 94561
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(925) 625-7038 newman@ci.oakley.ca.us

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 3-7-17 (month, day, year) Signature David Newman (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)
PERATA STEVE MATTHEW

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

OAKLEY POLICE DEPARTMENT

Division, Board, Department, District, if applicable

POLICE DEPARTMENT

Your Position

SERGEANT

► 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, 2016, through December 31, 2016. Leaving Office: Date Left ____/____/____ (Check one)
- or- The period covered is 04 / 18 / 2016, through December 31, 2016. The period covered is January 1, 2016, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____ -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 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

-or- None - No reportable interests on any schedule

5. Verification

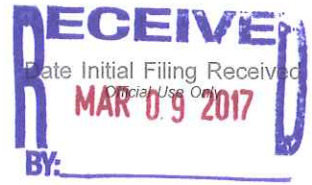
MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
3231 MAIN STREET OAKLEY CA 94561
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(925) 625-8855 PERATA@CI.OAKLEY.CA.US

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 03/18/2017
(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) (FIRST) (MIDDLE)
PERATA STEVE MATTHEW

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
OAKLEY POLICE DEPARTMENT
Division, Board, Department, District, if applicable Your Position
POLICE DEPARTMENT SERGEANT

► 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, 2016, through December 31, 2016.
-or-
The period covered is ____/____/____, through December 31, 2016.
 Assuming Office: Date assumed 04 / 18 / 2016
 Leaving Office: Date Left ____/____/____ (Check one)
 The period covered is January 1, 2016, 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 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

-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) 625-8855 PERATA@CI.OAKLEY.CA.US

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Date Signed 03/18/2017
(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) (FIRST) (MIDDLE)
Robert Robert William

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Oakley Police Department

Division, Board, Department, District, if applicable

Your Position

Sergeant

► 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, 2016, through December 31, 2016.
- or-
- The period covered is ____/____/____, through December 31, 2016.
- Assuming Office:** Date assumed ____/____/____
- Leaving Office:** Date Left ____/____/____ (Check one)
- The period covered is January 1, 2016, 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

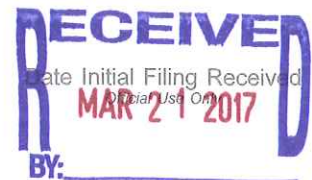
MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
3231 Main St Oakley CA 94561
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(925) 625-8855 roberts@ci.oakley.ca.us

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 03/21/2017
(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) (FIRST) (MIDDLE)
Robert Robert William

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Oakley Police Department

Division, Board, Department, District, if applicable

Your Position

Sergeant

► 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, 2016, through December 31, 2016.
- or- The period covered is ____/____/____, through December 31, 2016.
- Assuming Office: Date assumed 05 / 06 / 2016
- Leaving Office: Date Left ____/____/____ (Check one)
- The period covered is January 1, 2016, 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 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

-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 St Oakley CA 94561
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(925) 625-8855 roberts@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.

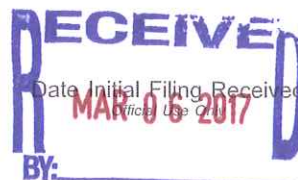
Date Signed 03/21/2017
(month, day, year)

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) Rohani (FIRST) Kevin (MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms) city of oakley
Division, Board, Department, District, if applicable Public Works Dept. Your Position city Engineer

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, 2016, through December 31, 2016. -or- The period covered is through December 31, 2016. Assuming Office: Date assumed. Leaving Office: Date Left. The period covered is January 1, 2016, 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 3231 main st. oakley CA 94561
MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

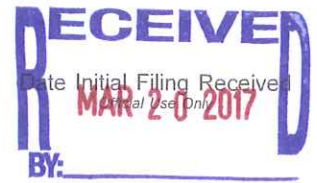
DAYTIME TELEPHONE NUMBER (925) 625-7003 E-MAIL ADDRESS rohani@ci.oakley.ca.us

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 3-7-17 Signature Kevin Rohani
(month, day, year) (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)
Saengchalern	Billilee	Hofer

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Oakley

Division, Board, Department, District, if applicable

Public Works and Engineering

Your Position

Associate Engineer

► 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, 2016, through December 31, 2016.

Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2016.

The period covered is January 1, 2016, through the date of leaving office.

-or-

Assuming Office: Date assumed ____/____/____

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 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

-or-

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
<i>(Business or Agency Address Recommended - Public Document)</i>				
3231 Main Street		Oakley	CA	94561

DAYTIME TELEPHONE NUMBER

(925) 625-7154

E-MAIL ADDRESS

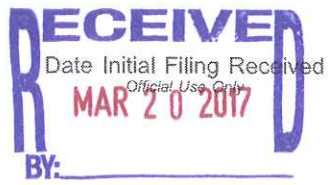
saengchalern@ci.oakley.ca.us

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 03/20/2017
(month, day, year)

Signature *Paul Saengchalern*
(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)
Sanders Scott Raymond

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Oakley
Division, Board, Department, District, if applicable Your Position
Building Department Building Inspector II

► 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, 2016, through December 31, 2016. Leaving Office: Date Left ____/____/____ (Check one)
- or- The period covered is ____/____/____, through December 31, 2016. The period covered is January 1, 2016, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____ -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 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

-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 sanders@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 03/20/2017
(month, day, year)

Signature Scott Sanders
(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)
Solomon	Jeffrey	Lee

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
 Oakley Police
 Division, Board, Department, District, if applicable
 Police Patrol
 Your Position
 Sergeant

► 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)*

- | | |
|---|---|
| <input type="checkbox"/> State | <input type="checkbox"/> Judge or Court Commissioner (Statewide Jurisdiction) |
| <input type="checkbox"/> Multi-County _____ | <input type="checkbox"/> County of _____ |
| <input checked="" type="checkbox"/> City of <u>Oakley</u> | <input type="checkbox"/> Other _____ |

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

- | | |
|---|--|
| <input type="checkbox"/> Annual: The period covered is January 1, 2016, through December 31, 2016. | <input type="checkbox"/> Leaving Office: Date Left ____/____/____
<i>(Check one)</i> |
| -or- | <input type="radio"/> The period covered is January 1, 2016, through the date of leaving office. |
| The period covered is ____/____/____, through December 31, 2016. | -or- |
| <input checked="" type="checkbox"/> Assuming Office: Date assumed <u>05</u> / <u>06</u> / 2016 | <input type="radio"/> The period covered is ____/____/____, through the date of leaving office. |
| <input type="checkbox"/> 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

- | | |
|--|--|
| <input type="checkbox"/> Schedule A-1 - Investments – schedule attached | <input type="checkbox"/> Schedule C - Income, Loans, & Business Positions – schedule attached |
| <input type="checkbox"/> Schedule A-2 - Investments – schedule attached | <input type="checkbox"/> Schedule D - Income – Gifts – schedule attached |
| <input type="checkbox"/> Schedule B - Real Property – schedule attached | <input type="checkbox"/> 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
3231 Main Street	Oakley	CA	94561	
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS			
(925) 325-8855	solomon@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 03/12/2016
(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) (FIRST) (MIDDLE)
Solomon Jeffrey Lee

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Oakley Police
Division, Board, Department, District, if applicable Your Position
Police Patrol Sergeant

► 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, 2016, through December 31, 2016.
-or- The period covered is 05 / 06 / 2016, through December 31, 2016.
 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, 2016, 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 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
-or-
 None - No reportable interests on any schedule

5. Verification

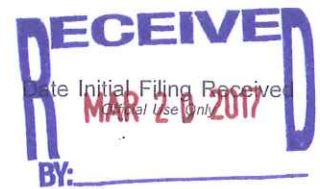
MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
3231 Main Street Oakley CA 94561
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(925) 325-8855 solomon@ci.oakley.ca.us

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

Date Signed 03/12/2016 Signature _____
(month, day, year) (File & be 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)
 Strelo Kenneth

1. Office, Agency, or Court

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

► 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, 2016, through December 31, 2016.
- or-
- The period covered is ____/____/____, through December 31, 2016.
- 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, 2016, 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)
 3231 Main Street Oakley CA 94561
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
 (925) 625-7000 strelo@ci.oakley.ca.us

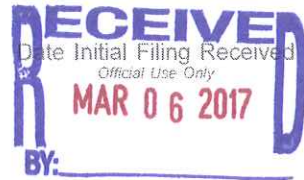
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I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/20/2017
 (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)	(FIRST)	(MIDDLE)
Thorsen	Christopher	William

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
 City of Oakley
 Division, Board, Department, District, if applicable
 Police Department
 Your Position
 Chief of Police

► 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, 2016, through December 31, 2016.
- or-
- The period covered is _____, through December 31, 2016.
- 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, 2016, 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
<i>(Business or Agency Address Recommended - Public Document)</i>				
3231 Main Street		Oakley	Ca	94561
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS			
(925) 625-8820	thorsen@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 03/06/2017
 (month, day, year)

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