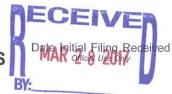
STATEMENT OF ECONOMIC INTERESTS COVER PAGE



Please type or print in ink.

NA	IE OF FILER (LAST) (FIRST)	(MIDDLE)
ŀ	Banos-Galvan Galo	nela
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	Program Coordinator/HR Technician
	▶ If filing for multiple positions, list below or on an attachment. (Do not u	se acronyms)
	Agency:	Position:
2.	Jurisdiction of Office (Check at least one box)	
	State	☐ Judge or Court Commissioner (Statewide Jurisdiction)
	Multi-County	County of
	X City of Oakley	Other
	N oily or	
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
	-or- The period covered is	O The period covered is January 1, 2016, through the date of
	December 31, 2016.	leaving officeor-
	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	er 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 (Business or Agency Address Recommended - Public Document)	STATE ZIP CODE
	3231 Main Street Oakley	
	DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS
	(925) 625-7011	banos@ci.oakley.ca.us iewed this statement and to the best of my knowledge the information contained
	herein and in any attached schedules is true and complete. I acknowledg	e this is a public document.
	I certify under penalty of perjury under the laws of the State of California	ornia that the foregoing is true and correct.
	Date Signed	Signature Signature
Person	(month, day, year)	(File the originally signed statement with your filing official.)



	ise type or print in ink.					
	OF FILER (LAST)		(FIRST)			(MIDDLE)
Bay	yona		Janielyn			В
1. 0	Office, Agency, or	Court				
Ā	Agency Name (Do not u	se acronyms)				
	City of Oakley					
Ī	Division, Board, Departme	ent, District, if applicable		Your Po	osition	
	Finance Departme	nt		Senio	or Accountant	
1	▶ If filing for multiple pos	sitions, list below or on an attachm	ent. (Do not use	e acronyms)		
,	Agency:	\$		_ Positio	on:	
2.	Jurisdiction of Of	fice (Check at least one box)				
Γ	State			☐ Judae	e or Court Commissioner (Si	tatewide Jurisdiction)
Г						and a second sec
L	0-11-			-		
L	X City of	.,		U Other		
3.	Type of Statemen	t (Check at least one box)				
[Annual: The period	covered is January 1, 2016, throu	gh	Leav	ring Office: Date Left	
	December		~		eck one)	
	-or- The period December	covered is/	, through	The second secon	The period covered is Janua eaving office.	ry 1, 2016, through the date of
	Assuming Office: [Date assumed/		OT	he period covered ishe date of leaving office.	, through
	Candidate: Election	year and	office sought, if	different than F	Part 1:	
4.	Schedule Summa	ry (must complete)	Total number	of names in	ncluding this cover pa	one. 1
	Schedules attacl		otal mambol	or pageo in	iolaanig and oover pe	
	Schedule A-1 - //	nvestments - schedule attached		Schedule C	- Income, Loans, & Busines	s Positions - schedule attached
	Schedule A-2 - //	nvestments – schedule attached		Schedule D	- Income - Gifts - schedule	attached
	Schedule B - Re	al Property - schedule attached		Schedule E	- Income – Gifts – Travel Pa	ayments - schedule attached
-0	r-					
[2	■ None - No report	rtable interests on any sched	dule			
5. \	/erification					
	MAILING ADDRESS (Business or Agency Address R	STREET ecommended - Public Document)	CITY		STATE	ZIP CODE
	3231 Main Street	okurousinsissiani komikin — pu-kolusiriaki sokvitaansi titoris i. ≢	Oakley		CA	94561
1	DAYTIME TELEPHONE NUMBE	ER		E-MAIL ADDRESS	S	1
((925) 625-7014			bayona@d	ci.oakley.ca.us	
		e diligence in preparing this statement of schedules is true and complete.				nowledge the information contained
I	certify under penalty of	of perjury under the laws of the	State of Califorr	ia that the for	regoing is true and correc	L/
r	Date Signed	03/21/2017	ç	gnature	Jann	
		(month, day, year)	0	g.1000010	(File the originally signed staten	nent with your filing official.)

STATEMENT OF ECONOMIC INTERESTS COVER PAGE



Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) BEARD PAUL 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: __ 2. Jurisdiction of Office (Check at least one box) State Judge or Court Commissioner (Statewide Jurisdiction) County of _____ ☐ Multi-County _ City of OAKLEY Other __ 3. Type of Statement (Check at least one box) Leaving Office: Date Left ____/___ Annual: The period covered is January 1, 2016, through December 31, 2016. -or-O The period covered is January 1, 2016, through the date of The period covered is ____/___/__ leaving office. December 31, 2016. 🔀 Assuming Office: Date assumed 2 _ 25 _ 2017 O The period covered is ______, through the date of leaving office. and office sought, if different than Part 1: ___ Candidate: Election year ____ 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 E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - 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) OAKLEY CA 94561 3231 MAIN STREET 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 Signature . (File the originally signed statement with your filing official.)



Ple	ease type or print in ink.				
NAN	ME OF FILER (LAST)	(F	IRST)		(MIDDLE)
Ве	eede-Vreonis	E	va "Libby"		Elizabeth
1.	Office, Agency, or Court				
	Agency Name (Do not use acronyn	ns)			
	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	acronymel	
	Agency: Successor Agency;	Oakley Oversight Bo	ard	Position: Secretary	
2.	Jurisdiction of Office (Che	eck at least one box)			
	State	,		☐ Judge or Court Commissioner (State	wide Jurisdiction)
				County of	
	City of Oakley			Other	
3.	Type of Statement (Check a	at least one box)			
	★ Annual: The period covered is	January 1, 2016, through		Leaving Office: Date Left/_	J
	December 31, 2016.			(Check one)	
	The period covered is		, through	O The period covered is January 1	, 2016, through the date of
	December 31, 2016.			leaving officeor-	
	Assuming Office: Date assum	ned/		The period covered is/_ the date of leaving office.	, through
	Candidate: Election year	and off	ice sought, if o	lifferent than Part 1:	
4.	Schedule Summary (mus	t complete) ► Tot	al number	of pages including this cover page	:2
	Schedules attached				
	Schedule A-1 - Investments	- schedule attached	×	Schedule C - Income, Loans, & Business P	ositions - schedule attached
	☐ Schedule A-2 - Investments		100	Schedule D - Income - Gifts - schedule att	
	Schedule B - Real Property	- schedule attached		Schedule E - Income - Gifts - Travel Paym	ents - schedule attached
-(or-				
	☐ None - No reportable interpretable interpretable.	erests on any schedul	e		
5.	Verification				
	MAILING ADDRESS STREET (Business or Agency Address Recommended	- Public Document)	CITY	STATE	ZIP CODE
	3231 Main Street		Oakley	Control Not	4561
	DAYTIME TELEPHONE NUMBER			E-MAIL ADDRESS	
	(925) 625-7000			vreonis@ci.oakley.ca.us	
	I have used all reasonable diligence herein and in any attached schedule			ved this statement and to the best of my know his is a public document.	ledge the information contained
	I certify under penalty of perjury	under the laws of the Sta	te of Californ	a that the foregoing is true and correct.	
	Data Signad 03/09	/2017	6.		
	Date Signed(month, da		51	gnature(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	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
USS POSCO	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
900 Loveridge Road	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	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	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	Other
(Describe)	(Describe)
retail installment or credit card transaction, made in the	ending institutions, or any indebtedness created as part of a e lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's rs:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	☐ None ☐ Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	
\$500 - \$1,000	City
\$1,001 - \$10,000	Guarantor
\$10,001 - \$100,000	
OVER \$100,000	Other(Describe)
Comments:	



PIE	ease type or print in ink.		
NA	ME OF FILER (LAST)	(FIRST)	(MIDDLE)
В	ERMUDEZ	HEYLIN	
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 ACCOUNTING TECHNICIAN
	▶ If filing for multiple positions, list below or on an attac	hment. (Do not use	acronyms)
	Agency:		Position:
2.	Jurisdiction of Office (Check at least one box	t)	
	☐ State		☐ Judge or Court Commissioner (Statewide Jurisdiction)
	Multi-County		County of
	X City of Oakley		- Same
	City of		Other
3.	Type of Statement (Check at least one box)		
	★ Annual: The period covered is January 1, 2016, the	rouah	Leaving Office: Date Left/
	December 31, 2016.	30000 3 000	(Check one)
	-or- The period covered is/	, through	O The period covered is January 1, 2016, through the date of
	December 31, 2016.	40	leaving officeor-
	Assuming Office: Date assumed/		The period covered is/, through the date of leaving office.
	Candidate: Election year a	and office sought, if di	ifferent than Part 1:
4	Schedule Summary (must complete)	Total number	of pages including this cover page:
••	Schedules attached	r Total Humber C	or pages including this cover page
	Schedule A-1 - Investments - schedule attached	П	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 sch	nedule	
5.	Verification		
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE
	3231 Main Street	Oakley	CA 94561
	DAYTIME TELEPHONE NUMBER	120	E-MAIL ADDRESS
	(925) 625-7018		bermudez@ci.oakley.ca.us
	I have used all reasonable diligence in preparing this state herein and in any attached schedules is true and complete		ed this statement and to the best of my knowledge the information contained his is a public document.
	I certify under penalty of perjury under the laws of the	ne State of California	a that the foregoing is true and correct.
	03/40/2047		the state of
	Date Signed 03/10/2017 (month, day, year)	_ Sig	(File the originally signed statement with your filing official.)
	(monur, day, year)		(r lie trie originally signed statement with your niling official.)

STATEMENT OF ECONOMIC INTERESTS COVER PAGE



Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) 1. Office, Agency, or Court Agency Name (Do not use acronyms) Division, Board, Department, District, if applicable ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Position: _ Agency: _ 2. Jurisdiction of Office (Check at least one box) State Judge or Court Commissioner (Statewide Jurisdiction) County of _____ ■ Multi-County City of Other _____ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2016, through Leaving Office: Date Left ____/___ December 31, 2016. (Check one) O The period covered is January 1, 2016, through the date of The period covered is ____/___ leaving office. December 31, 2016. O The period covered is _ Assuming Office: Date assumed ____/_ the date of leaving office. and office sought, if different than Part 1: ___ Candidate: Election year ___ 4. Schedule Summary (must complete) ► Total number of pages including this cover page: _ Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached -or-None - No reportable interests on any schedule 5. Verification STATE ZIP CODE MAILING ADDRESS STREET CITY 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 Signature (File the originally signed statement with your filing official.) (month, day, year)



Please type	or print in ink.		
NAME OF FILE		(FIRST)	(MIDDLE)
Cartwrigh	t	Logan	James
1. Office,	Agency, or Court		
Agency 1	Name (Do not use acronyms)		4
Oakley	/ Police Department	5	ERCIAN
Division,	Board, Department, District, if applic	able Your	Position
▶ If filin	g for multiple positions, list below or	on an attachment. (Do not use acronyms)	
Agency:		Pos	sition:
2. Jurisd	liction of Office (Check at lea	st one box)	
☐ State	(☐ Ju	dge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-	-County	□ Cc	ounty of
	Oakley		her
△ City (JI		TIET
3. Type	of Statement (Check at least of	ne box)	
Ann	ual: The period covered is January	1, 2016, through	eaving Office: Date Left/
<u> </u>	December 31, 2016.	(0	Check one)
	The period covered is/_ December 31, 2016.	/, through	The period covered is January 1, 2016, through the date of leaving office.
X Ass	uming Office: Date assumed 02		The period covered is/, through the date of leaving office.
☐ Can	didate: Election year	and office sought, if different tha	n Part 1:
4. Sched	lule Summary (must comp	lete) > Total number of pages	including this cover page:
	lules attached	rese, Protai number of pages	morading this sever page.
			_ ,
	ichedule A-1 - Investments - schedu		C - Income, Loans, & Business Positions – schedule attached
	ichedule A-2 - Investments - schedule		D - Income - Gifts - schedule attached E - Income - Gifts - Travel Payments - schedule attached
-or-	ichedule B - Real Property - schedu	ne attached 3chedule	E - Income - Gins - Haver Fayments - schedule attached
5252 5252	ne - No reportable interests o	n anv schedule	
5. Verifica		in any concause	
MAILING A	DDRESS STREET	CITY	STATE ZIP CODE
Anaman	or Agency Address Recommended - Public Doc		Ca 94561
	Main Street TELEPHONE NUMBER	Oakley E-MAIL ADDR	
) 3825735		ht@ci.Oakley.ca.us
I have us	sed all reasonable diligence in prepar		tement and to the best of my knowledge the information contained
		e laws of the State of California that the	
Date Sig	ned03/07/2017	Signature	Louis Carlings
0.9	(month, day, year)		File the originally signed statement with your filing official.)



Please type o	r print in ink.		
NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Coan		Zachary	Andrew
1. Office, A	gency, or Court		
Agency Na	me (Do not use acronyms)		
City of C	25 25 25 25 25 25 25 25 25 25 25 25 25 2		
-	pard, Department, District, if applicable	Your Position	
Code Er	forcement	Code Enforcemer	nt Officer
▶ If filing t	or multiple positions, list below or on an attachme	ent. (Do not use acronyms)	
Agency:		Position:	
7.50.10).			
2. Jurisdic	tion of Office (Check at least one box)		
☐ State		☐ Judge or Court Comn	nissioner (Statewide Jurisdiction)
☐ Multi-Ce	ounty	County of	
	Oakley		
∠ City of	variation principal de la constant d	Utilei	
3. Type of	Statement (Check at least one box)		
	i: The period covered is January 1, 2016, throug	h Leaving Office: Dat	te Left/
Parties .	December 31, 2016.	(Check one)	
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	December 31, 2016.	leaving office.	
Assun	ning Office: Date assumed/	1985-C 1495-74 PAR 40%	ed is, through
Candie	date: Election year and c		
Canun	and c	onice sought, it different than Fart 1.	
4. Schedu	le Summary (must complete) ▶ 7	otal number of pages including this	cover page:
Schedu	les attached		
	nedule A-1 - Investments – schedule attached	Schodulo C - Income I cans	, & Business Positions – schedule attached
	nedule A-2 - Investments – schedule attached	Schedule D - Income – Gifts	
	nedule B - Real Property – schedule attached		- Travel Payments - schedule attached
-or-	Tour Popolty Sollicular alactica		
10000000000000000000000000000000000000	e - No reportable interests on any sched	ule	
5. Verificat			
MAILING ADD	RESS STREET	CITY	STATE ZIP CODE
	Agency Address Recommended - Public Document)	O-Id	04504
3231 Ma	EPHONE NUMBER	Oakley E-MAIL ADDRESS	CA 94561
	625-7000	coan@ci.oakley.ca.us	
	I all reasonable diligence in preparing this stateme		est 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 ur	ider penalty of perjury under the laws of the S	tate of California that the foregoing is true	and correct.
	03/07/2017	2	
Date Signe	d(month, day, year)	Signature (File the original	ally signed statement with your filing official.)
	(monal, day, year)	It is the origina	

STATEMENT OF ECONOMIC INTERESTS



A PUBLIC DOCUMENT

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Coelho	Cindy		June
1. Ottice, Agency, or Court			
Agency Name (Do not use acronyms) Division, Board, Department, District, if applicable	cley Recr	Portion + Even	+ Coordina
► If filing for multiple positions, list below or on a	n attachment. (Do not use acror	nyms)	
Agency:	s	Position:	
2. Jurisdiction of Office (Check at least o	ne box)		
☐ State		Judge or Court Commissioner (State)	wide Jurisdiction)
Multi-County		County of	
Desty of Oakley		Other	
3. Type of Statement (Check at least one keep and the period covered is January 1, 2 December 31, 2016. The period covered is/	016, through	Leaving Office: Date Left/(Check one) The period covered is January 1 leaving office.	
Assuming Office: Date assumed		 Or- The period covered is/_ the date of leaving office. 	, through
Candidate: Election year	and office sought, if differen	nt than Part 1:	
4. Schedule Summary (must complet Schedules attached	e) ► Total number of pa	ages including this cover page	:
 ☐ Schedule A-1 - Investments – schedule a ☐ Schedule A-2 - Investments – schedule a ☐ Schedule B - Real Property – schedule a 	stached Sche	edule C - Income, Loans, & Business Po edule D - Income – Giffs – schedule atta edule E - Income – Giffs – Travel Paym	ached
-Or-			
□ None - No reportable interests on a	ny schedule		
5. Verification		27777	7/0.0005
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Documen 3231 DAYTIME TELEPHONE NUMBER (925) 625 - 704 4	t Oakl	STATE CA ADDRESS	21P CODE 94561
I have used all reasonable diligence in preparing the herein and in any attached schedules is true and			edge the information contained
I certify under penalty of perjury under the law	vs of the State of California tha	t the foregoing is true and correct.	
Date Signed 3 - 20 - \7	Signatu	re	with your fling official.)

STATEMENT OF ECONOMIC INTERESTS COVER PAGE



Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) Keith Coggins Alan 1. Office, Agency, or Court Agency Name (Do not use acronyms) City of Oakley Division, Board, Department, District, if applicable Your Position Public Works & Engineering Senior Engineer ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Position: Storm Water Program Manager Agency: City of Oakley 2. Jurisdiction of Office (Check at least one box) ☐ Judge or Court Commissioner (Statewide Jurisdiction) State 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 Leaving Office: Date Left ____/___/_ December 31, 2016. (Check one) -or-O The period covered is January 1, 2016, through the date of __/ ______, through The period covered is ____ leaving office. December 31, 2016. -or-O The period covered is ____ Assuming Office: Date assumed ____/____ the date of leaving office. and office sought, if different than Part 1: _ Candidate: Election year _ 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 ZIP CODE STREET CITY STATE (Business or Agency Address Recommended - Public Document) 3231 Main Street Oakley CA 94561 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (925) 625-7155 coggins@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. 03/22/2017 Date Signed __ Signature (month, day, year) (File the originally signed stateme



Please type or print in ink.			
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Dalman	Dwayne		Α
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
City of Oakley			
Division, Board, Department, District, if applicable		Your Position	
Economic Development		Economic Development Mar	nager
▶ If filing for multiple positions, list below or on an	attachment. (Do not use a	acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at least one	box)		
State		☐ Judge or Court Commissioner (State	ewide Jurisdiction)
☐ Multi-County		County of	
⊠ City of Oakley			
City of		Other	
3. Type of Statement (Check at least one bo	r)		
★ Annual: The period covered is January 1, 201	6, through	Leaving Office: Date Left/.	
December 31, 2016.	and the second desired to the second	(Check one)	
The period covered is/	, through	 The period covered is January leaving office. 	1, 2016, through the date of
Assuming Office: Date assumed/		The period covered is/_ the date of leaving office.	, through
Candidate: Election year	and office sought, if dif	ferent than Part 1:	
4. Schedule Summary (must complete)	► Total number o	f pages including this cover page	
Schedules attached	► Total number o	r pages including this cover page	
Schedule A-1 - Investments - schedule atta	ched :	Schedule C - Income, Loans, & Business F	Positions – schedule attached
Schedule A-2 - Investments - schedule atta	ched :	Schedule D - Income - Gifts - schedule at	tached
☐ Schedule B - Real Property - schedule atta	ched :	Schedule E - Income – Gifts – Travel Payr	nents - schedule attached
-or-			
None - No reportable interests on any	schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
3231 Main Street	Oakley	CA S	94561
DAYTIME TELEPHONE NUMBER		-MAIL ADDRESS	9
(925) 625-7006	d	alman@ci.oakley.ca.us	
I have used all reasonable diligence in preparing this herein and in any attached schedules is true and co			vledge the information contained
I certify under penalty of perjury under the laws	of the State of California	that the foregoing is true and correct.	
211		9 91	
Date Signed 5 23 17 (month, day, year)	Sign	nature (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) (MIDDLE) (FIRST) 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) 2. Jurisdiction of Office (Check at least one box) Judge or Court Commissioner (Statewide Jurisdiction) State County of _ ☐ Multi-County _ □ City of Oakley Other _ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2016, through Leaving Office: Date Left ____/___ December 31, 2016. (Check one) O The period covered is January 1, 2016, through the date of The period covered is ___ leaving office. December 31, 2016. O The period covered is ___ Assuming Office: Date assumed ____ 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 CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) CA 94561 3231 Main St. Oakley DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS delacruz@ci.oakley.ca.us (925) 625-7015 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. 03/09/2017 Date Signed __ Signature, (File the originally signed statement with your filing official.) (month, day, year)





Ple	ease type or print in ink.		
NAI	ME OF FILER (LAST)	(FIRST)	(MIDDLE)
Ec	dgell	Troy	Α
1.	Office, Agency, or Court		
	Agency Name (Do not use acronyms)		
	City of Oakley		
	Division, Board, Department, District, if applicable	Your Posi	lion
	Code Enforcement	Manage	er
	If Gline for multiple positions list below as an ex-		
	▶ If filing for multiple positions, list below or on an a	ttachment. (Do not use acronyms)	
	Agency:	Position:	
2.	Jurisdiction of Office (Check at least one l	box)	
	State	☐ Judge o	r Court Commissioner (Statewide Jurisdiction)
	Multi-County	County	of
	⊠ City of Oakley	1007-200	
	City of		
3.	Type of Statement (Check at least one box)		
	★ Annual: The period covered is January 1, 2016,	. through	g Office: Date Left/
	December 31, 2016.	(Check	
	-or- The period covered is//_	through O The	period covered is January 1, 2016, through the date of
	December 31, 2016.	leav -or-	ing office.
	Assuming Office: Date assumed/_		period covered is/, through date of leaving office.
	Candidates Floation was		of the ten specific • such as a
	Candidate. Election year	and onice sought, it different than Par	t 1:
4.	Schedule Summary (must complete)	► Total number of pages incl	uding this cover page:
	Schedules attached	All the second of the second s	
	Schedule A-1 - Investments – schedule attac	had Schadula C - I	ncome, Loans, & Business Positions – schedule attached
	Schedule A-1 - Investments – schedule attack		ncome - Gifts - schedule attached
	Schedule B - Real Property - schedule attack		ncome - Gifts - Travel Payments - schedule attached
-(Or-		Some Sine water, symbolic someone and her
	□ 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 DAYTIME TELEPHONE NUMBER	Oakley E-MAIL ADDRESS	CA 94561
	(925) 625-7009	edgell@ci.oa	klov og us
	<u></u>		
	herein and in any attached schedules is true and com		t and to the best of my knowledge the information contained cument.
	I certify under penalty of perjury under the laws of	f the State of California that the foreg	oing is true and correct.
	(M. 1 3210		1
	Date Signed March 2017 (month, day, year)	Signature	(File the originally signed statement with your filing official.)
	(monus, uay, year)		true are originally signed statement with your filling unitidit,

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	•	NAME OF BUSINESS ENTITY
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
	Various Stocks-IRA		
	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000		FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000
	\$100,001 - \$1,000,000		\$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT		NATURE OF INVESTMENT
	Stock Other		Stock Other
	(Describe) Partnership () Income Received of \$0 - \$499		(Describe) Partnership O Income Received of \$0 - \$499
	O Income Received of \$500 or More (Report on Schedule C)		O Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
	ACQUIRED DISPOSED	ļ	ACQUIRED DISPOSED
>	NAME OF BUSINESS ENTITY	*	NAME OF BUSINESS ENTITY
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
	FAIR MARKET VALUE		FAIR MARKET VALUE
	\$2,000 - \$10,000 \$10,001 - \$100,000		\$2,000 - \$10,000 \$10,001 - \$100,000
	\$100,001 - \$1,000,000 Over \$1,000,000		\$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT		NATURE OF INVESTMENT
	Stock Other(Describe)		Stock Other(Describe)
	Partnership O Income Received of \$0 - \$499		Partnership O Income Received of \$0 - \$499
	○ Income Received of \$500 or More (Report on Schedule C)		○ Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
	ACQUIRED DISPOSED		ACQUIRED DISPOSED
>	NAME OF BUSINESS ENTITY	>	NAME OF BUSINESS ENTITY
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
	FAIR MARKET VALUE		FAIR MARKET VALUE
	\$2,000 - \$10,000 \$10,001 - \$100,000		\$2,000 - \$10,000 \$10,001 - \$100,000
	\$100,001 - \$1,000,000 Over \$1,000,000		\$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT		NATURE OF INVESTMENT
	Stock Other (Describe)		Stock Other (Describe)
	Partnership O Income Received of \$0 - \$499		Partnership O Income Received of \$0 - \$499
	O Income Received of \$500 or More (Report on Schedule C)		○ Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
	ACQUIRED DISPOSED	1	ACQUIRED DISPOSED
_	omments:		
	amments:		



STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received

COVER PAGE CITY OF OAKLEY

Please type	or print in ink.			The state of the s
NAME OF FILER	(LAST)	(FIRST)	The state of the s	(MIDDLE)
Galstan		William		R.
1. Office,	Agency, or Court			
Agency Na	ame (Do not use acronyms)			
City of	Oakley			
Division, E	Board, Department, District, if applicable		Your Position	
City Att	orney		Special Counsel	
Agency A	for multiple positions, list below or on an a ssor Agency to Oakley Redevelopment Age Oversight Board of Successor Agency to the Agency	ncy		
2. Jurisdi	ction of Office (Check at least one	box)		
State			☐ Judge or Court Commissioner (S	Statewide Jurisdiction)
☐ Multi-C	county		County of	ž.
	Oakley		Other Oakley Oversight B	
A City of			Other	
3. Type of	Statement (Check at least one box)		**************************************
	al: The period covered is January 1, 2016		Leaving Office: Date Left	1 1
	December 31, 2016.	,	(Check one)	
-0	The period covered is/	, through	O The period covered is Janua	ry 1, 2016, through the date of
	December 31, 2016.		leaving office.	
☐ Assur	ning Office: Date assumed/		O The period covered is the date of leaving office.	_/, through
☐ Candi	date: Election year	and office sought, if different	ent than Part 1:	
4. Schedu	le Summary (must complete)	► Total number of r	ages including this cover pa	ara: 3
	iles attached	rotal number of p	ages moldaling and cover pe	.ge.
□ Scl	hedule A-1 - Investments – schedule attac	hed V Sch	edule C - Income, Loans, & Busines	o Positions - eshadula attached
	hedule A-2 - Investments - schedule attac		edule D - Income - Gifts - schedule	
	nedule B - Real Property - schedule attac	en trans	edule E - Income - Gifts - Travel P	
-or-	,			symonic conceder and once
□ None	e - No reportable interests on any	schedule		
5. Verificat	ion			
MAILING ADD	DRESS STREET	CITY	STATE	ZIP CODE
Assessment of the	Agency Address Recommended - Public Document)	Roseville	0.4	00004
	IVA Ridge Court		L ADDRESS	95661
	780-9009	-0.00000000	alstanlaw@yahoo.com	
	d all reasonable diligence in preparing this s			nowledge the information contained
herein and	in any attached schedules is true and com	nplete. I acknowledge this is	a public document.	· ·
i certify ur	ider penalty of perjury under the laws o	т tne State of California tha	at the foregoing is true and correct	L .
Date Signe	3-19-17	Signatu	re William R. Coll	leten
Date orgine	(month, day, year)	Jighatu	(File the originally signed staten	nent with your filing official.)

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

CALIFORNIA FORM / UU
FAIR POLITICAL PRACTICES COMMISSION
Name
Galstan, William

(Ownership Interest is 10% or Greater) ► 1. BUSINESS ENTITY OR TRUST ▶ 1. BUSINESS ENTITY OR TRUST Law Office of William R. Galstan Name 2440 Candolero Way, Antioch, CA 94509 Address (Business Address Acceptable) Address (Business Address Acceptable) Check one Business Entity, complete the box, then go to 2 Trust go to 2 Trust, go to 2 ☐ Business Entity, complete the box, then go to 2 GENERAL DESCRIPTION OF THIS BUSINESS GENERAL DESCRIPTION OF THIS BUSINESS Law Office FAIR MARKET VALUE IF APPLICABLE, LIST DATE: FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 **\$0 - \$1,999** / 16 <u>/ 16</u> \$2,000 - \$10,000 / 16 \$2,000 - \$10,000 <u>/ 16</u> ACQUIRED X \$10,001 - \$100,000 DISPOSED ACQUIRED DISPOSED \$10,001 - \$100,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 Over \$1,000,000 Over \$1,000,000 NATURE OF INVESTMENT NATURE OF INVESTMENT Partnership X Sole Proprietorship ____ Partnership Sole Proprietorship YOUR BUSINESS POSITION Owner YOUR BUSINESS POSITION IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST) IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>IQ</u> THE ENTITY/IRUST) **50 - \$499** \$10,001 - \$100,000 \$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$500 - \$1,000 OVER \$100,000 S1,001 - \$10,000 \$1,001 - \$10,000 LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary) LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary) X Names listed below Names listed below Cota Cole LLP INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: Check one box: **INVESTMENT** REAL PROPERTY ☐ INVESTMENT REAL PROPERTY Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property Description of Business Activity or City or Other Precise Location of Real Property Description of Business Activity or City or Other Precise Location of Real Property FAIR MARKET VALUE IF APPLICABLE, LIST DATE: FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$2,000 - \$10,000 <u>/ 16</u> / 16 <u>/ 16</u> / 16 \$10,001 - \$100,000 \$10,001 - \$100,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000 Over \$1,000,000 NATURE OF INTEREST NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership Property Ownership/Deed of Trust Stock Partnership Leasehold Yrs. remaining Other Other .

Check box if additional schedules reporting investments or real property

Comments:

Check box if additional schedules reporting investments or real property

are attached

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	➤ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Cota Cole LLP	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
2261 Lava Ridge Court, Roseville, CA 95661	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Firm	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Consulting Attorney	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,000	\$500 - \$1,000 \$1,000
▼ \$10,001 - \$100,000 □ OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Parinership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, cer, boat, etc.)	(Real property, car, boal, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe) Nother Hourly fees	(Describe)
X Other (Describe)	Other(Describe)
► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	IOD
retail installment or credit card transaction, made in the	ending institutions, or any indebtedness created as part of a lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's s:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	% None
ADDRESS (Business Address Acceptable)	CECURITY FOR LOAN
	SECURITY FOR LOAN None Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER	
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	Cify
\$500 - \$1,000 \$1,001 - \$10,000	City
<u> </u>	City
\$1,001 - \$10,000	Guarantor
\$1,001 - \$10,000 \$10,001 - \$100,000	,
\$1,001 - \$10,000 \$10,001 - \$100,000	Guarantor



Ple	ease type or print in ink.	8	B	0
NA	ME OF FILER (LAST)	(FIRST)		(MIDDLE)
G	rubaugh	Ricky		Alan
1.	Office, Agency, or	Court		
	Agency Name (Do not a			
	Oakley Police Dep			
		nent, District, if applicable	Your Position	
		and committee - electroscaphological and the committee of	Sergeant	
	► If filing for multiple po	ositions, list below or on an attachment. (Do no		
	Agency:		Position:	
2.	Jurisdiction of O	ffice (Check at least one box)		
	☐ State	To forest at react one wery	☐ Judge or Court Commissioner (Statewide J	urisdiction)
	= Invariance and			*
				
	City of Oakley		Other	
3.	Type of Statemer	nt (Check at least one box)		
	Annual: The period December	d covered is January 1, 2016, through 31, 2016.	Leaving Office: Date Left/	<u> </u>
	-or- The period December	d covered is 05 , 06 , 2016 , throu 31, 2016.	ugh	s, through the date of
	☐ Assuming Office:	Date assumed/	The period covered is	, through
	Candidate: Election	n year and office soug	ht, if different than Part 1:	
4.	Schedule Summa	ary (must complete) ▶ Total num	nber of pages including this cover page:	
	Schedules attac			
	Schedule A-1 -	Investments – schedule attached	Schedule C - Income, Loans, & Business Position	s – schedule attached
		Investments – schedule attached	Schedule D - Income - Gifts - schedule attached	o onouno attaonou
		eal Property – schedule attached	Schedule E - Income - Gifts - Travel Payments -	schedule attached
-	or-			
	None - No report No report None - No report No rep	ortable interests on any schedule	*	
5.	Verification			
	MAILING ADDRESS (Business or Agency Address F	STREET CITY Recommended - Public Document)	Y STATE	ZIP CODE
	3231 Main Street	Oakl	ley Ca 9456	Í
	DAYTIME TELEPHONE NUMB		E-MAIL ADDRESS	<u>'</u>
	(925) 625-7000)	grubaugh@ci.oakley.ca.us	
	I have used all reasonab		reviewed this statement and to the best of my knowledge	the information contained
	59 50 15 69 70 WO-00099000	policy graph and report the company of the property of the company	alifornia that the foregoing is true and correct.	
	Data Signad	03/06/2017	Simplified Will Mills	
	Date Signed	(month, day, year)	Signature (File the originally signed statement with your	filing official.)



Please type or print in i	ink.		BY:	lang.
NAME OF FILER (LAST)		(FIRST)	(MIDDLE)	
Grubaugh		Ricky	Alan	
1. Office, Agency,	or Court			
Agency Name (Do n	ot use acronyms)			
Oakley Police D	epartment			
Division, Board, Depa	artment, District, if applicable		Your Position	
-			Sergeant	
▶ If filing for multiple	positions, list below or on an attachme	ent. (Do not use	acronyms)	
Agency:			Position:	
2. Jurisdiction of	Office (Check at least one box)			
State			☐ Judge or Court Commissioner (Statewide Jurisdiction)	
			County of	
1000 To 100	1			
City of			Other	
3. Type of Statem	nent (Check at least one box)			
Annual: The pe	riod covered is January 1, 2016, throug	h	Leaving Office: Date Left/	
Decemi -or-	ber 31, 2016.		(Check one)	
The pe	riod covered is/	, through	 The period covered is January 1, 2016, through the leaving office. -or- 	date of
X Assuming Office	e: Date assumed	016	The period covered is/	through
Candidate: Elec	otion year and o	office sought, if d	ifferent than Part 1:	
4. Schedule Sumi	mary (must complete) ▶ 7	otal number o	of pages including this cover page:	
Schedules atta			, , , , , , , , , , , , , , , , , , , ,	
□ Sahadula A 1	- Investments – schedule attached		Schedule C - Income, Loans, & Business Positions - schedule	attached
	2 - Investments – schedule attached	DF 18	Schedule D - Income - Gifts - schedule attached	allached
	Real Property – schedule attached		Schedule E - Income - Gifts - Travel Payments - schedule att	ached
-or-	,			
✓ None - No re	eportable interests on any sched	ule		
5. Verification				
MAILING ADDRESS	STREET ess Recommended - Public Document)	CITY	STATE ZIP CODE	
3231 Main Stree		Oakley	Ca 94561	
DAYTIME TELEPHONE NU			E-MAIL ADDRESS	
(925) 625-70	000		grubaugh@ci.oakley.ca.us	
	nable diligence in preparing this stateme ached schedules is true and complete.		ed this statement and to the best of my knowledge the information is is a public document.	n contained
I certify under penal	Ity of perjury under the laws of the S	tate of Californi	a that the foregoing is true and correct.	
	03/06/2017	() ±0.007	W. 17/2.	
Date Signed	(month, day, year)	Sig	(File the originally signed statement with your filing official.)	
	W. St. Street, M.			



Ple	ease type or print in ink.	
NA	ME OF FILER (LAST) (FIRST)	(MIDDLE)
	Hurney Dear	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 no	
	I ming for manuple positions, list below or on an attachment. (Do no	it use accongins)
	Agency:	Position:
2.	Jurisdiction of Office (Check at least one box)	
	☐ State	☐ Judge or Court Commissioner (Statewide Jurisdiction)
	Multi-County	County of
	Wity of Oakley CA	Other
_	! I	
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)
	The period covered is/, through December 31, 2016.	gh
	Assuming Office: Date assumed/	 The period covered is/, through the date of leaving office.
	Candidate: Election year and office sough	nt, if different than Part 1:
<u></u>	Schedule Summary (must complete) ► Total num	have of manage including this series name. 1-
7.	Schedules attached	ber of pages including this cover page:
	Schedule A-1 - Investments - schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached
	Schedule A-2 - Investments - schedule attached	Schedule D - Income - Gifts - schedule attached
	Schedule 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 (Business or Agency Address Recommended - Public Document)	STATE ZIP CODE
	2	<ley 94561<="" ca="" td=""></ley>
	DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS
	9251 625.7001	hurnay@cr.oakley.ca.us
	I have used all reasonable diligence in preparing this statement. I have therein and in any attached schedules is true and complete. I acknowle	reviewed this statement and to the best of my knowledge the information contained dge this is a public document.
	I certify under penalty of perjury under the laws of the State of Cal	lifornia that the foregoing is true and correct.
	Date Signed 3 21 17	Signature Pun B. Jann
	(month, day, year)	(File the originally signed statement with your filing official.)

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

	A FORM 700 PRACTICES COMMISSION
Name	
Dear 1	Lurney

► 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
Dean Harney Access Inspection	Name
Address (Business Address Acceptable) / 94509	Address (Business Address Acceptable)
Check one Trust, go to 2 Business Entity, complete the box, then go to 2	Check one ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS Disabled access property inspection	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Partnership Sole Proprietorship Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION OWNEY	YOUR BUSINESS POSITION
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
\$0 - \$499 \$10,001 - \$100,000 OVER \$100,000 \$500 - \$1,000 OVER \$100,000	\$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	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:	► 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, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 / 16 / 16 \$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

Comments:_



STATEMENT OF ECONOMIC INTERESTS COVER PAGE



Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) M Kabalin Jason 1. Office, Agency, or Court Agency Name (Do not use acronyms) City of Oakley Division, Board, Department, District, if applicable Your Position Public Works & Engineering Associate Engineer ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) 2. Jurisdiction of Office (Check at least one box) ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction) County of __ ☐ Multi-County _ X City of Oakley Other _ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2016, through Leaving Office: Date Left ____/____ December 31, 2016. (Check one) -or-O The period covered is January 1, 2016, through the date of The period covered is _____/____, through leaving office. December 31, 2016. O The period covered is _______, through the date of leaving office. Candidate: Election year ____ and office sought, if different than Part 1: _ 4. Schedule Summary (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 CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 3231 Main Street Oakley Ca 94561 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS kabalin@ci.oakley.ca.us (925)625-7040 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. 03/07/2017 Date Signed _ Signature (File the originally signed statement with your filing official.) (month, day, year)



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received
Official Use Only
MAR 1 3 2017

Please type or print in ink.		CITY OF OAKI
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Kennedy	Francis	J
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
City of Oakley		
Division, Board, Department, District, if applicable	e	Your Position
		City Surveyor
► If filing for multiple positions, list below or on	an attachment. (Do not u	
Agency:		Position:
Agency:		Position.
2. Jurisdiction of Office (Check at least	one box)	
State		☐ Judge or Court Commissioner (Statewide Jurisdiction)
		County of
Multi-County		
⊠ City of Oakley		Other
3. Type of Statement (Check at least one	hox)	
Annual: The period covered is January 1,		Leaving Office: Date Left/
December 31, 2016.	2010, tillough	(Check one)
The period covered is/ December 31, 2016.	/, through	 The period covered is January 1, 2016, through the date of leaving office.
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 comple	ete) > Total number	er of pages including this cover page:
Schedules attached	rotal number	or pages including this cover page.
Schedule A-1 - Investments - schedule	attached	Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments - schedule	attached	Schedule D - Income - Gifts - schedule attached
Schedule 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 (Business or Agency Address Recommended - Public Docum	CITY ent)	STATE ZIP CODE
3231 Main St	lakley	CA 94561
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS
(932) 625 7000	AND THE RESERVE OF THE PARTY OF	fjki@fjkennedy.com
I have used all reasonable diligence in preparing herein and in any attached schedules is true an		iewed this statement and to the best of my knowledge the information contained e this is a public document.
I certify under penalty of perjury under the la	aws of the State of Califo	rnia that the foregoing is true and correct.
Date Signed03/07/2017		Signature Mannech
(month, day, year)		(File the originally signed statement with your filing official.)

FPPC Form 700 (2016/2017)

FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS COVER PAGE



NAME OF FILER (LAST) (MIDDLE) (FIRST) Randol 1. Office, Agency, or Court Agency Name (Do not use acronyms) Division, Board, Department, District, if applicable ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) 2. Jurisdiction of Office (Check at least one box) ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction) County of _ City of ___ Other _ 3. Type of Statement (Check at least one box) Leaving Office: Date Left ____/___ Annual: The period covered is January 1, 2016, through December 31, 2016. (Check one) O The period covered is January 1, 2016, through the date of The period covered is December 31, 2016. leaving office. O The period covered is _______, through Assuming Office: Date assumed __ 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 CITY STATE ZIP CODE STREET (Business or Agency Address Recommended - Public Document) DAYTIME TELEPHONE NUMBER 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 _ Signature (File the originally signed statement with your filing official.) (month, day, year)



Plea	se type or print in ink.		
NAM	E OF FILER (LAST)	(FIRST)	(MIDDLE)
Ko	hlmaier	Mark	Robert
1. (Office, Agency, or Court		
7	Agency Name (Do not use acronyms)		
	Oakley Police Department		
Ī	Division, Board, Department, District, if applicable		Your Position
12			Sergeant
	▶ If filing for multiple positions, list below or on an at	tachment. (Do not use	e acronyms)
	Agency:		Position:
2.	Jurisdiction of Office (Check at least one b	ox)	
8	State		☐ Judge or Court Commissioner (Statewide Jurisdiction)
8	Multi-County		County of
	City of Oakley		
	K City of		Other
3.	Type of Statement (Check at least one box)		
	★ Annual: The period covered is January 1, 2016,	through	Leaving Office: Date Left/
	December 31, 2016.	•	(Check one)
	The period covered is 5 / 6 /_ December 31, 2016.	2016 , through	 The period covered is January 1, 2016, through the date of leaving office.
	Assuming Office: Date assumed/	<i>J</i>	The period covered is/, through the date of leaving office.
j	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 attach	ned -	Schedule C - Income, Loans, & Business Positions – schedule attached
	Schedule A-2 - Investments – schedule attach	NO N	Schedule D - Income - Gifts - schedule attached
	Schedule B - Real Property - schedule attach	ned	Schedule E - Income - Gifts - Travel Payments - schedule attached
-0	r		
- 1	▼ None - No reportable interests on any s	schedule	
5. \	/erification		
2	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE
	3231 Main St	Oakley	Ca 94561
22	DAYTIME TELEPHONE NUMBER	2	E-MAIL ADDRESS
8	(925) 457-2401	2007	kohlmaier@ci.oakley.ca.us
	I have used all reasonable diligence in preparing this s herein and in any attached schedules is true and com		wed this statement and to the best of my knowledge the information contained this is a public document.
	I certify under penalty of perjury under the laws of	f the State of Californ	nia that the foregoing is true and correct.
75	03/08/2017	-	involve // /
	Date Signed(month, day, year)	Si	(File the originally signed statement with your filing official.)



r lease ij	pe or print in lik.			
NAME OF F	ILER (LAST)	(FIRST)		(MIDDLE)
Kohlma	aier	Mark		Robert
1. Offic	e, Agency, or Court			
-	cy Name (Do not use acronyms)	W		
10000	ley Police Department			
	on, Board, Department, District, if applicable		Your Position	
Diffici	and populational pleased in applicable		Sergeant	
-			_	
▶ If :	iling for multiple positions, list below or on an attachme	nt. (Do not use acr	onyms)	
Agon	су;		Position:	
Agen	бу	,	Fosition.	
2. Juri	sdiction of Office (Check at least one box)			
☐ St	ate		☐ Judge or Court Commissioner (Statewide Jurisdiction)
1 200				
	ulti-County		ACTION OF SCOOL OF A LOCAL	
× C	ty of Oakley		Other	
3 Tyn	e of Statement (Check at least one box)			
	TO - 1940 - 1940 TO THE SEASON THE HEALT (IN A SEASON BUILDING THE TARREST HEALT WITH THE THE THE THE THE THE THE THE THE T	h	Leaving Office: Date Left	
□ F	Innual: The period covered is January 1, 2016, through December 31, 2016.	1	(Check one)	
	-or- The period covered is/	through	A Warrish and A Comment of the Comme	ary 1, 2016, through the date of
	December 31, 2016.	, tillough	leaving office.	, .,,
X	ssuming Office: Date assumed 5 6 20	16	1070	
	southing office. Date assumed		the date of leaving office.	
	andidate: Election year and c	office sought, if differ	ent than Part 1:	
	•			N N
4. Sch	edule Summary (must complete)	otal number of	pages including this cover p	page:
Sch	edules attached			
Г	Schedule A-1 - Investments – schedule attached	□ Sc	hedule C - Income, Loans, & Busine	ess Positions – schedule attached
Ē	Schedule A-2 - Investments – schedule attached	-	hedule D - Income - Gifts - schedu	
	Schedule B - Real Property - schedule attached	Sci	hedule E - Income - Gifts - Travel	Payments - schedule attached
-or-				
×	lone - No reportable interests on any schedu	ıle		
5. Verif	ication			
MAILIN	G ADDRESS STREET	CITY	STATE	ZIP CODE
	ess or Agency Address Recommended - Public Document)	Oaklass	0.5	0.4561
(N. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	1 Main St ME TELEPHONE NUMBER	Oakley E-M	Ca AIL ADDRESS	94561
	25) 457-2401		nlmaier@ci.oakley.ca.us	
-	e used all reasonable diligence in preparing this statemen			knowledge the information contained
	and in any attached schedules is true and complete.			
I cert	ify under penalty of perjury under the laws of the S	tate of California th	nat the foregoing is true and corre	ect.
	200 00 00 00 00 00 00 00 00 00 00 00 00		111-	The state of the s
Date	Signed03/08/2017	Signat		
	(month, day, year)		(File the originally signed state	tement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS COVER PAGE



PIG	ease type or print in link.			
	ME OF FILER (LAST)	(FIRST)		(MIDDLE)
M	arquez-Suarez	Nancy	Ang	elica
1.	Ottice, Agency, or Court			
	Agency Name (Do not use acronyms)			
	City of Oakley			
	Division, Board, Department, District, if applicable		Your Position	1000 BUT-LINE NO NOTI
	City Manager's Office/Human Resources	3	Assistant to the City Man	iger/HR Manager
	▶ If filing for multiple positions, list below or on a	n attachment. (Do not	se acronyms)	
	Agency:		Position:	
2.	Jurisdiction of Office (Check at least or	ne box)		
	☐ State		☐ Judge or Court Commissioner	(Statewide Jurisdiction)
	Multi-County		County of	
	☑ City of Oakley			U - A
	Oity of			- anti-anti-anti-anti-anti-anti-anti-anti-
3.	Type of Statement (Check at least one b	ox)		
	Annual: The period covered is January 1, 20	016, through	Leaving Office: Date Left	
	December 31, 2016.		(Check one)	
	The period covered is	, throug	 The period covered is Ja leaving office. 	nuary 1, 2016, through the date of
	Assuming Office: Date assumed			, through
	Candidate: Election year	and office sough	f different than Part 1:	
4.	Schedule Summary (must complete	e) ► Total numl	r of pages including this cover	page:
	Schedules attached	, , , , , , , , , , , , , , , , , , , ,	or pages management	L-4
	Schedule A-1 - Investments - schedule a	ttached	Schedule C - Income, Loans, & Busi	iness Positions – schedule attached
	Schedule A-2 - Investments – schedule a	ttached	Schedule D - Income - Gifts - sche	dule attached
	Schedule B - Real Property – schedule a	tached	Schedule E - Income – Gifts – Trave	el Payments - schedule attached
-(or-			
	✓ None - No reportable interests on a	ny schedule		
5.	Verification			
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Documen	CITY	STATE	ZIP CODE
	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 therein and in any attached schedules is true and	is statement. I have re complete. I acknowler	ewed this statement and to the best of me this is a public document.	y knowledge the information contained
	I certify under penalty of perjury under the law	s of the State of Cal	rnia that the foregoing is true and co	rrect.
	Data Signed 3.30.17		Sannon Man	DANOLY - SUDDON?
	Date Signed 5.30.17 (month, day, year)		Signature (File the priginally signed	salement with your filing official.)

FPPC Form 700 (2016/2017)

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 Your Position Planning Division Planning Manager ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: Oversight Board **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 Leaving Office: Date Left ____/___ December 31, 2016. (Check one) -or O The period covered is January 1, 2016, through the date of The period covered is _ leaving office. December 31, 2016. O The period covered is ____ Assuming Office: Date assumed ____ 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 D - Income - Gifts - schedule attached Schedule A-2 - Investments - 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 STATE ZIP CODE CITY (Business or Agency Address Recommended - Public Document) 3231 Main Street Oakley CA 94561 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (925) 625-7004 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. 03/13/2017 Date Signed _ Signature _ (File the originally signed statement with your filing official.) (month, day, year)

Date Signed __

(month, day, year)

STATEMENT OF ECONOMIC INTERESTS COVER PAGE



COVER PAGE Please type or print in ink. NAME OF FILER (LAST) (MIDDLE) 1. Office, Agency, or Court Agency Name (Do not use acronyms) City of Oakley Division, Board, Department, District, if applicable Your Position IT Contract IT ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) 2. Jurisdiction of Office (Check at least one box) ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction) ☐ Multi-County County of _ Oakley, California Other _ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2016, through Leaving Office: Date Left _____/___ December 31, 2016. O The period covered is January 1, 2016, through the date of The period covered is _____ leaving office. December 31, 2016. O The period covered is ___ Assuming Office: Date assumed ____/___/_ the date of leaving office. Candidate: Election year __ _____ and office sought, if different than Part 1: ___ 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 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, 4/1/2017

Signature

ally signed statement with your filing official.)

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Antai Solutions LLC	
Name	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one	Check one
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS Computer Network Management	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	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999
NATURE OF INVESTMENT Partnership Sole Proprietorship Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 X OVER \$100,000	\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary) None or Names listed below Salary - 135,000	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	► 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, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity <u>or</u> City or Other Precise Location 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 / 16	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 / 16
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments:	FPPC Form 700 (2016/2017) Sch. A-2

Please type or print in ink.



NAME OF FILER (LAST)	(F	FIRST)		(MIDDLE)
Morrow	Ï	_eonard		Α
1. Office, Agency,	or Court			
Agency Name (Do n	ot use acronyms)			
City of Oakley				
Division, Board, Depa	artment, District, if applicable		Your Position	
Parks and Land	scape Division		Parks and Landscape Divisi	on Manager
▶ If filing for multiple	positions, list below or on an attachmen	t. (Do not use a	acronyms)	
Agency:			Position:	
2. Jurisdiction of	Office (Check at least one box)			
☐ State			☐ Judge or Court Commissioner (State	ewide Jurisdiction)
☐ Multi-County			County of	
			Other	
M Oily or				
3. Type of Statem	nent (Check at least one box)			
Decem	eriod covered is January 1, 2016, through liber 31, 2016.		Leaving Office: Date Left	
	eriod covered is/	, through	 The period covered is January leaving office. 	1, 2016, through the date of
Assuming Office	e: Date assumed//		 The period covered is/_ the date of leaving office. 	, through
Candidate: Elec	ction year and of	fice sought, if di	fferent than Part 1:	
4. Schedule Sum	mary (must complete) ▶ To	tal number o	f pages including this cover pag	e:1
Schedules att	ached			
☐ Schedule A-	1 - Investments – schedule attached	П:	Schedule C - Income, Loans, & Business	Positions – schedule attached
	2 - Investments – schedule attached		Schedule D - Income - Gifts - schedule a	
Schedule B	Real Property - schedule attached		Schedule E - Income - Gifts - Travel Payi	ments - schedule attached
-Oľ-				
✓ None - No re	eportable interests on any schedu	le		
5. Verification				
MAILING ADDRESS (Business or Agency Addre	STREET pss Recommended - Public Document)	CITY	STATE	ZIP CODE
3231 Main Stre	et	Oakley	CA	94561
DAYTIME TELEPHONE N	UMBER		-MAIL ADDRESS	
(925) 625-70			norrow@ci.oakley.ca.us	
	nable diligence in preparing this statement ached schedules is true and complete. I		ed this statement and to the best of my known is is a public document.	wledge the information contained
I certify under pena	Ity of perjury under the laws of the Sta	ate of California	that the foregoing is true and correct.	
Date Signed	03/03/2017	Sim	nature tond ha	
	(month. day, year)	Olg.	(File the originally signed statement	nt with your filing official.)



F16	ase type or print in link.		
NAN	ME OF FILER (LAST)	(FIRST)	(MIDDLE)
Na	avarro	Eric	Daniel
1.	Office, Agency, or Court		
	Agency Name (Do not use acronyms)		
	City of Oakley		
	Division, Board, Department, District, if applicable		Your Position
	Police Department		Lieutenant
	▶ If filing for multiple positions, list below or on an attachm	ent. (Do not use	e acronyms)
	Agongy		Position
	Agency:		_ Position:
2.	Jurisdiction of Office (Check at least one box)		
	State		☐ Judge or Court Commissioner (Statewide Jurisdiction)
	Multi-County		County of
	0.11		100 m = 100 m
			Other
3.	Type of Statement (Check at least one box)		
-	Annual: The period covered is January 1, 2016, throu	ah	Leaving Office: Date Left/
	December 31, 2016.	311	(Check one)
	-or- The period covered is//	through	○ The period covered is January 1, 2016, through the date of
	December 31, 2016.	, anough	leaving office.
	Assuming Office: Date assumed/		The period covered is/, through
		50	the date of leaving office.
	Candidate: Election year and	office sought, if	different than Part 1:
51			
4.		otal 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 sched	dule	
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	Oakley	E-MAIL ADDRESS
	(925) 625-8855		navarro@ci.oakley.ca.us
			wed this statement and to the best of my knowledge the information contained
	herein and in any attached schedules is true and complete.		
	I certify under penalty of perjury under the laws of the	State of Californ	ia that the foregoing is true and correct.
	MARCH 7, 2017		5,6
	Date Signed	Si	gnature
	(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) Rea ewman 1. Office, Agency, or Court Agency Name (Do not use acronyms) Division, Board, Department, District, if applicable Street Public Works ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) 2. Jurisdiction of Office (Check at least one box) Judge or Court Commissioner (Statewide Jurisdiction) ☐ State ☐ Multi-County City of _ Other _ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2016, through Leaving Office: Date Left ____/___ December 31, 2016. (Check one) -or-O The period covered is January 1, 2016, through the date of The period covered is ____ leaving office. December 31, 2016. O The period covered is _____/____ Assuming Office: Date assumed _____/__ the date of leaving office. and office sought, if different than Part 1: _ Candidate: Election year _ 4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: __ Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - 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 323) MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) 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 . Signature (File the originally signed statement with your filing official.) (month, day, year)

STATEMENT OF ECONOMIC INTERESTS COVER PAGE



Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) STEVE **MATTHEW PERATA** 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) 2. Jurisdiction of Office (Check at least one box) ☐ Judge or Court Commissioner (Statewide Jurisdiction) ☐ State County of ___ ■ Multi-County _ City of OAKLEY Other _ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2016, through Leaving Office: Date Left ____/___ December 31, 2016. (Check one) The period covered is __04__/ 18 , O The period covered is January 1, 2016, through the date of leaving office. December 31, 2016. O The period covered is _______, through Assuming Office: Date assumed _____/_ the date of leaving office. _____ and office sought, if different than Part 1: ___ Candidate: Election year ____ 4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: __ Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - 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 STATE ZIP CODE STREET CITY (Business or Agency Address Recommended - Public Document) 3231 MAIN STREET OAKLEY CA 94561 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS PERATA@CI.OAKLEY.CA.US 925) 625-8855 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. 03/18/2017 Date Signed _ Signature (File the originally signed statement with your filing official.) (month, day, year)

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) 2. Jurisdiction of Office (Check at least one box) ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction) County of _ ■ Multi-County _ X City of OAKLEY Other _ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2016, through Leaving Office: Date Left ____/___ December 31, 2016. (Check one) O The period covered is January 1, 2016, through the date of The period covered is _____/____, through December 31, 2016. 🗷 Assuming Office: Date assumed __04__/_18__/ 2016 ___/_____, through O The period covered is ____ the date of leaving office. and office sought, if different than Part 1: _ Candidate: Election year _ 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 ZIP CODE STREET STATE (Business or Agency Address Recommended - Public Document) 94561 OAKLEY CA 3231 MAIN STREET 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 03/18/2017 Date Signed _ Signature File the originally signed statement with your filing official.) (month, day, year)



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		
	partment, District, if applicable		Your Position
			Sergeant
▶ If filing for multip	le positions, list below or on an attachme	nt. (Do not us	
Agency:			Position:
2. Jurisdiction o	f Office (Check at least one box)		
☐ State			Judge or Court Commissioner (Statewide Jurisdiction)
**************************************			2 20 2
Committee of the Commit			County of
City of Oakley	<i>y</i>		Other
3. Type of State	ment (Check at least one box)		
	period covered is January 1, 2016, through	h	Leaving Office: Date Left/
Decer	mber 31, 2016.	34.:	(Check one)
	period covered is// mber 31, 2016.	, through	 The period covered is January 1, 2016, through the date of leaving office. -or-
Assuming Office	ce: Date assumed/	Y	The period covered is/, through the date of leaving office.
Candidate: Ele	ection year and c	office sought, if	different than Part 1:
4. Schedule Sun	nmary (must complete) ▶ 70	otal number	of pages including this cover page:
Schedules at			and production statements of relation (statements).
Cobodulo A	-1 - Investments – schedule attached	-	Schedule C - Income, Loans, & Business Positions – schedule attached
	-2 - Investments – schedule attached		Schedule D • Income – Gifts – schedule attached
<u> </u>	- Real Property – schedule attached		Schedule E - Income - Gifts - Travel Payments - schedule attached
-or-	rical Proporty Solication attached	_	
9000000 120020 100 00	reportable interests on any schedu	ule	
5. Verification			
MAILING ADDRESS	STREET	CITY	STATE ZIP CODE
3231 Main St	ress Recommended - Public Document)	Oakley	CA 94561
DAYTIME TELEPHONE I	NUMBER	Caricy	E-MAIL ADDRESS
(925) 625-8	855		roberts@ci.oakley.ca.us
	onable diligence in preparing this statemer ttached schedules is true and complete.		wed this statement and to the best of my knowledge the information contained
CONCRETED THE SAME THE SECOND	ALBERT THE STATE OF THE STATE STATE OF THE S		nia that the foregoing is true and correct.
D-4- 01	03/21/2017		
Date Signed	(month, day, year)	5	(File the originally signed statement with your filing official.)



Ple	ase type or print in ink.		
NAN	ME OF FILER (LAST)	(FIRST)	(MIDDLE)
R	obert	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 Com	missioner (Statewide Jurisdiction)
	Multi-County	County of	
	X City of Oakley		
	City of	Other	
3.	Type of Statement (Check at least one bo.	9	
	Annual: The period covered is January 1, 201	6, through Leaving Office: Da	ate Left/
	December 31, 2016.	(Check one)	
	The period covered is// December 31, 2016.	leaving office.	ered is January 1, 2016, through the date of
	Assuming Office: Date assumed 05 06		ered is, through ing office.
	Candidate: Election year	and office sought, if different than Part 1:	
4.	Schedule Summary (must complete)	► Total number of pages including this	s cover nade.
	Schedules attached	Protei number of pages moraling the	s cover page.
	Schedule A-1 - Investments - schedule atta	ched Schedule C - Income, Loan	s, & Business Positions – schedule attached
	Schedule A-2 - Investments - schedule atta	ched Schedule D - Income - Gift	s - schedule attached
	Schedule B - Real Property - schedule atta	ched Schedule E - Income - Gift	s - Travel Payments - schedule attached
-(or-		
	■ None - No reportable interests on any	schedule	
5.	Verification		
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE
	3231 Main St	Oakley	CA 94561
	DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS	
	(925) 625-8855	roberts@ci.oakley.ca.	
	I have used all reasonable diligence in preparing this herein and in any attached schedules is true and co	statement. I have reviewed this statement and to the implete. I acknowledge this is a public document.	best of my knowledge the information contained
	I certify under penalty of perjury under the laws	of the State of California that the foregoing is true	and correct.
	Data Signad 03/21/2017		1 > 1
	Date Signed	Signature / (File the original control of the contr	nally signed statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS COVER PAGE



Please type or print in ink.

NA	Reoffiler (LAST) Rohani (FIRST)	(MIDDLE)
-	Office, Agency, or Court	
١.	1 11 /6	V
	Agency Name (Do not use acronyms) City of Oakle	e J
	Division, Board, Department, District, if applicable Public Works Dept.	Your Position Engineer
	lacktriangledown If filling for multiple positions, list below or on an attachment. (Do no	ot 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)
	The period covered is/, throug December 31, 2016.	gh
	Assuming Office: Date assumed/	The period covered is/, through the date of leaving office.
	Candidate: Election year and office sough	nt, if different than Part 1:
4.		ber 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 B - Real Property - 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. 00	akley CA 94561
	MAILING ADDRESS STREET CITY (Business or Agency Address Recommended - Public Document)	STATE ZIP CODE
	DAYTIME TELEPHONE NUMBER (925) 625 - 7003	rohani @ ci. oakley. Ca. Us
	I have used all reasonable diligence in preparing this statement. I have r herein and in any attached schedules is true and complete. I acknowle	reviewed this statement and to the best of my knowledge the information contained dge this is a public document.
	I certify under penalty of perjury under the laws of the State of Cal	lifornia that the foregoing is true and correct.
	Date Signed 3 - 7 - 17	Signature Kern Ko Jon. (File the originally signed statement with your filing official.)
	(month, day, year)	true the originally aighed statement with your filling official.)



Please type or print in ink.			
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Saengchalern	Billilee		Hofer
1. Office, Agency, or Court			5 S
Agency Name (Do not use acronyms)			
City of Oakley			
Division, Board, Department, District, if applicable		Your Position	
Public Works and Engineering		Associate Engineer	
▶ If filing for multiple positions, list below or on a	n attachment. (Do not use ac	ronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at least of	ne box)		
State		☐ Judge or Court Commissioner (Stat	ewide Jurisdiction)
Multi-County		County of	
⊠ City of Oakley		Other	
3. Type of Statement (Check at least one b	ox)		
Annual: The period covered is January 1, 20 December 31, 2016.)16, through	Leaving Office: Date Left(Check one)	
The period covered is/ December 31, 2016.	_/, through	 The period covered is January leaving office. 	1, 2016, through the date of
Assuming Office: Date assumed/_		 The period covered is/_ the date of leaving office. 	, through
Candidate: Election year	and office sought, if diffe	rent than Part 1:	
4. Schedule Summary (must complete	⇒) ► Total number of	pages including this cover pag	e:
Schedules attached			
Schedule A-1 - Investments – schedule at	ttached Sc	chedule C - Income, Loans, & Business	Positions – schedule attached
Schedule A-2 - Investments – schedule a		hedule D - Income - Gifts - schedule a	
Schedule B - Real Property – schedule at		:hedule E - Income - Gifts - Travel Payi	
-or-			
None - No reportable interests on an	nv schedule		
5. Verification	·		
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Documen	50		
3231 Main Street	Oakley	CA	94561
DAYTIME TELEPHONE NUMBER	155.23	AIL ADDRESS engchalern@ci.oakley.ca.us	
(925) 625-7154			uladas the information sentained
I have used all reasonable diligence in preparing the herein and in any attached schedules is true and	complete. I acknowledge this	is a public document.	wieuge trie iniormation contained
I certify under penalty of perjury under the law	s of the State of California t	hat the foregoing is true and correct.	
Date Signed 03/20/2017	Signa	ture Rille Sn	eng dulu
(month day year)	3.9	(File the originally signed statement	t with volv filing official.)



70.5	or print in ink.		
NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Sanders		Scott	Raymond
1. Office,	Agency, or Court		
Agency N	ame (Do not use acronyms)		
City of	Dakley		
Division, E	Board, Department, District, if applicable	Your Position	
Building	Department	Building Inspector II	
- If filing	for multiple positions, list below or on on		
▶ II IIIIng	for multiple positions, list below or on an	attachment. (Do not use acronyms)	
Agency: _		Position:	
2 Juriedi	ction of Office (Check at least one	faul .	
	CHOIL OF OTHICE (Check at least one	<u> </u>	/OLD 13 1 2 2 2 2 3
☐ State		Judge or Court Commissi	
	County		***************************************
X City of	Oakley	Other	
2 Tuna a	f Ctatement (a)		
	f Statement (Check at least one box		
X Annu	al: The period covered is January 1, 201 December 31, 2016.	6, through Leaving Office: Date Le (Check one)	eft/
-0)r-	§	s January 1, 2016, through the date of
	The period covered is	leaving office.	s January 1, 2010, unough the date of
□ A.s		-or-	s, through
∐ Assu	ming Office: Date assumed/	the date of leaving of	
☐ Cand	idate: Election vear	and office sought, if different than Part 1:	
4. Schedu	ule Summary (must complete)	► Total number of pages including this co	ver page:1
Sched	ules attached		
□ Sc	:hedule A-1 - Investments - schedule atta	ched Schedule C - Income Loans &	Business Positions – schedule attached
	chedule A-2 - Investments - schedule atta		
-	hedule B - Real Property - schedule atta		
-or-			
× Nor	e - No reportable interests on any	schedule	
5. Verifica	tion		
MAILING AD	DRESS STREET Agency Address Recommended - Public Document)	CITY STAT	E ZIP CODE
	ain Street	Oakley CA	94561
DAYTIME TI	ELEPHONE NUMBER	E-MAIL ADDRESS	
(925) 625-7000	sanders@ci.oakley.ca.us	
		statement. I have reviewed this statement and to the best of mplete. I acknowledge this is a public document.	of my knowledge the information contained
		of the State of California that the foregoing is true and	correct.
:#.:	ು ಕುಟಕಚ್		Tops
Date Sign	ed03/20/2017	Signature CON)andos)
3	(month, day, year)		gned statement with your filing official.)

03/12/2016

(month, day, year)

Date Signed _

STATEMENT OF ECONOMIC INTEREST

COVER PAGE A PUBLIC DOCUMENT Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) Jeffrey Lee Solomon 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) 2. Jurisdiction of Office (Check at least one box) ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction) Multi-County -County of __ X City of Oakley Other _ 3. Type of Statement (Check at least one box) Leaving Office: Date Left ____/___ Annual: The period covered is January 1, 2016, through December 31, 2016. (Check one) O The period covered is January 1, 2016, through the date of The period covered is ____/_ ___/_____, through leaving office. December 31, 2016. 🗷 Assuming Office: Date assumed 05 / 06 2016 O The period covered is ____ 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 D - Income - Gifts - schedule attached Schedule A-2 - Investments - 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 CITY ZIP CODE STREET STATE (Business or Agency Address Recommended - Public Document) CA 94561 Oakley 3231 Main Street E-MAIL ADDRESS DAYTIME TELEPHONE NUMBER solomon@ci.oakley.ca.us (925) 325-8855 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

Signature

(Eile the originally signed statement with your filing official.)

Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE



NAME OF FILER (LAST)	' (FIRST)		(MIDDLE)
Solomon	Jeffre	у	Lee
1. Office, Agency, or	Court		
Agency Name (Do not us			
Oakley Police			
Division, Board, Departme	ent, District, if applicable	Your Position	
Police Patrol		Sergeant	
▶ If filing for multiple pos	sitions, list below or on an attachment. (Do	not use acronyms)	
Agency:		Position:	
2. Jurisdiction of Of	fice (Check at least one box)		
State		☐ Judge or Court Com	missioner (Statewide Jurisdiction)
		49-4-4-V	
— Oakley		Annual Company	
X City of		Uther	
3. Type of Statement	t (Check at least one box)		
**	covered is January 1, 2016, through	Leaving Office: Da (Check one)	te Left/
-or- The period	covered is	O TI	red is January 1, 2016, through the date of
December		-or-	red is, through
	Date assumed	the date of leavi	
☐ Candidate: Election	year and office so	ught, if different than Part 1:	
		Secretary of the secret	
4. Schedule Summa		mber of pages including this	cover page:
Schedules attack	ned		
Schedule A-1 - Ir	nvestments - schedule attached	Schedule C - Income, Loans	s, & Business Positions - schedule attached
Schedule A-2 - Ir	nvestments - schedule attached	Schedule D - Income - Gifts	s - schedule attached
Schedule B - Rea	al Property - schedule attached	Schedule E - Income - Gifts	s - Travel Payments - schedule attached
-or-			
■ None - No report	rtable interests on any schedule		
5. Verification			
MAILING ADDRESS (Business or Agency Address Re	STREET C ecommended - Public Document)	ITY	STATE ZIP CODE
3231 Main Street		kley	CA 94561
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS	
(925) 325-8855		solomon@ci.oakley.ca	
	e diligence in preparing this statement. I haved schedules is true and complete. I acknow		pest of my knowledge the information contained
I certify under penalty of	of perjury under the laws of the State of 0	California that the foregoing is true	and cornect.
Date Signed	03/12/2016	Signature	
	(month, day, year)		ally signed statement with your filing official.)



Please type o	r print in ink.		
NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Strelo		Kenneth	
1. Office, A	Agency, or Court		
Agency Na	me (Do not use acronyms)		
City of 0	Dakley		
Division, B	pard, Department, District, if applicable	Your Position	
Plannin	g Division	Senior Plan	nner
8		hand (Do not use commune)	
► IT Illing	for multiple positions, list below or on an attact	nment. (Do not use acronyms)	
Agency: _		Position:	
2. Jurisdio	ction of Office (Check at least one box)	
☐ State	,		urt Commissioner (Statewide Jurisdiction)
☐ Multi C	ounty	1177 CHAPTER - 2017 C	

[X] City of	Oakley	Other	
3. Type of	Statement (Check at least one box)		
× Annua	il: The period covered is January 1, 2016, thr	ough Leaving Off	ice: Date Left/
	December 31, 2016.	(Check one)	
-0	The period covered is//	illiougii	od covered is January 1, 2016, through the date of
	December 31, 2016.	leaving o	ffice.
Assur	ning Office: Date assumed/		od covered is/, through of leaving office.
☐ Candi	date: Election year a	nd office sought, if different than Part 1: _	
4. Schedu	le Summary (must complete)	Total number of pages including	ng this cover nage.
	iles attached	Total number of pages metadi	ig and total page.
□ Scl	nedule A-1 - Investments - schedule attached	Schedule C = Incom	e, Loans, & Business Positions – schedule attached
	hedule A-2 - Investments - schedule attached		e – Gifts – schedule attached
	nedule B - Real Property - schedule attached		e – Gifts – Travel Payments – schedule attached
-or-		_	•
× Non	e - No reportable interests on any sch	nedule	
5. Verificat	ion		
MAILING ADI	DRESS STREET Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE
A:-	ain Street	Oakley	CA 94561
DAYTIME TE	LEPHONE NUMBER	E-MAIL ADDRESS	
925	625-7000	strelo@ci.oakley	v.ca.us
	d all reasonable diligence in preparing this state in any attached schedules is true and comple		to the best of my knowledge the information contained ent.
I certify u	nder penalty of perjury under the laws of th	e State of California that the foregoing	is true and correct.
	00/00/0047		1 100
Date Signe		_ Signature	and the same of th
	(month, day, year)	(Fi	le the originally signed statement with your filing official.)



Please type or print in ink.		BY:	
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Thorsen	Christopher		William
I. Office, Agency, or Court			
Agency Name (Do not use acronyr	ns)		
City of Oakley			
Division, Board, Department, Distric	t, if applicable	Your Position	
Police Department	a in the the construction	Chief of Police	
<u> </u>	below or on an attachment. (Do not use a	acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Ch	eck at least one box)		
State		☐ Judge or Court Commissioner (Statewide J	lurisdiction)
☐ Multi-County		County of	
		☐ Other	
X City of			
B. Type of Statement (Check	at least one box)		
Annual: The period covered is December 31, 2016.	s January 1, 2016, through	Leaving Office: Date Left/	1
-or- The period covered in December 31, 2016.	s, through	 The period covered is January 1, 2016 leaving office. 	6, through the date of
	med/	The period covered is/	, through
Candidate: Election year	and office sought, if di	fferent than Part 1:	
4. Schedule Summary (mus Schedules attached	st complete) ▶ Total number o	of pages including this cover page:	-
Schedule A-1 - Investment	s – schedule attached	Schedule C - Income, Loans, & Business Position	ns - schedule attached
Schedule A-2 - Investment	s – schedule attached	Schedule D - Income - Gifts - schedule attached	
Schedule B - Real Propert	y – schedule attached	Schedule E - Income - Gifts - Travel Payments -	- schedule attached
-Or-			
None - No reportable in	terests on any schedule		
5. Verification			
MAILING ADDRESS STREE		STATE	ZIP CODE
(Business or Agency Address Recommended 3231 Main Street	d - Public Document) Oakley	Ca 9456	1
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS	514.
(925) 625-8820		thorsen@ci.oakley.ca.us	
I have used all reasonable diligence		ed this statement and to the best of my knowledge	the information contain
	under the laws of the State of Californi		
Data Signal 03/06	6/2017 Sin	gnature A TU	Ze.
Date Signed	day year)	(File the originally signed statement with you	ur filing official.)