STATEMENT OF ECONOMIC INTERESTS COVER PAGE



Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
AMIE	JOHN		В
1. Office, Agency, or	Court		
Agency Name (Do not us	se acronyms)		100
CONTRA COSTA	COUNTY	County A	POINTEE
Division, Board, Departme	ent, District, if applicable	Your Position	0 1 0 1 1
Oversight 7	Board of the Succession	- Agency to the Oak	ley Redevelopment Agency
	sitions, list below or on an attachment. (Do		,
Agency:		Position:	of the order of the state of th
2. Jurisdiction of Of	fice (Check at least one box)		
State		☐ Judge or Court Commi	ssioner (Statewide Jurisdiction)
☐ Multi-County		County of	
3. Type of Statemen	t (Check at least one box)		
December	covered is January 1, 2016, through 31, 2016.	(Check one)	Left/
-or- The period	covered is 01 31 2017, thro	ough O The period covered	d is January 1, 2016, through the date of
December	31, 2018, 2017	leaving office.	
Assuming Office: [Date assumed/	The period covered the date of leaving	d is, through office.
Candidate: Election	year and office sou	ght, if different than Part 1:	
4. Schedule Summa		mber of pages including this	cover page:
Schedules attack	ned		
Schedule A-1 - //	nvestments - schedule attached	☐ Schedule C - Income, Loans,	& Business Positions - schedule attached
900 C C C W C C	nvestments – schedule attached	Schedule D - Income - Gifts -	
	al Property – schedule attached	Schedule E - Income - Gifts -	- Travel Payments - schedule attached
-or- None - No repo	rtable interests on any schedule		
5. Verification	radio interests on any constant		
MAILING ADDRESS		TY S	TATE ZIP CODE
(Business or Agency Address R	ecommended - Public Document)	KLEY (CA 94561
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS	57. 0.100.1
(925) 321 0168		LA1944@YAHOO.COM	1
	e diligence in preparing this statement. I haved schedules is true and complete. I acknow		st of my knowledge the information contained
I certify under penalty	of perjury under the laws of the State of C	California that the foregoing is true a	nd correct.
	03/09/2017		
Date Signed	(month, day, year)	Signature (File the original	y signed statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS COVER PAGE



Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) Eva "Libby" Beede-Vreonis Elizabeth 1. Office, Agency, or Court Agency Name (Do not use acronyms) City of Oakley Division, Board, Department, District, if applicable Your Position City Clerk/Paralegal ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: Successor Agency; Oakley Oversight Board Position: Secretary 2. Jurisdiction of Office (Check at least one box) ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction) 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 _____/____ 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 STREE' (Business or Agency Address Recommended - Public Document) 94561 3231 Main Street Oakley CA DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (925)625-7000 vreonis@ci.oakley.ca.us I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. 03/09/2017 Date Signed _ Signature (month, day, year) (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 \$1,001 - \$10,000 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
Other	Other
(Describe)	(Describe)
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
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	_
LIANDER ALL MARKET PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF T	Real PropertyStreet address
HIGHEST BALANCE DURING REPORTING PERIOD	
\$500 - \$1,000	City
\$1,001 - \$10,000	Guarantor
\$10,001 - \$100,000	
OVER \$100,000	Other(Describe)
	•
Comments:	

Please type or print in ink,

STATEMENT OF ECONOMIC INTERESTS

RECEIVED FAIR POLCTOR PAGE PRACTICES CONTINES Date Initial Filing Received

MAR 2 7 2017

NAME OF FILER (LAST) T/Minestry PM 2:00 Derek Cole 1. Office, Agency, or Court Agency Name (Do not use acronyms) City of Oakley Division, Board, Department, District, if applicable Your Position City Attorney ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Position: General Counsel Successor Agency to the Oakley Redevelopment 2. Jurisdiction of Office (Check at least one box) ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction) Multi-County ... County of . City of Oakley Redevelopment Agency 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. -OF-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 ■ None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 2261 Lava Ridge Court Roseville CA 95661 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS dcole@cotalawfirm.com (916) 780-9009 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 03/14/2017 Date Signed _ Signature (File the adaptally signed st nt vitin your filing official.) (month, day, year)

FPPC Form 700 (2016/2017)
FPPC Advice Email: advice@fppc.ca.gov

FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name

(Ownership Interest is 10% or Greater) Derek P. Cole ▶ 1. BUSINESS ENTITY OR TRUST ► 1. BUSINESS ENTITY OR TRUST Cota Cole & Huber LLP 2261 Lava Ridge Court, Roseville, CA 95661 Address (Business Address Acceptable) Address (Business Address Acceptable) Check one Check one Trust, go to 2 Business Entity, complete the box, then go to 2 ☐ Trust, go to 2 Business Entity, complete the box, then go to 2 GENERAL DESCRIPTION OF THIS BUSINESS GENERAL DESCRIPTION OF THIS BUSINESS Law Firm FAIR MARKET VALUE IF APPLICABLE, LIST DATE: FAIR MARKET VALUE IF APPLICABLE, LIST DATE: **\$0 - \$1,999** \$0 - \$1,999 \$2,000 - \$10,000 <u>/ 16</u> / 16 \$2,000 - \$10,000 / 16 / 16 \$10,001 - \$100,000 ACQUIRED DISPOSED ACQUIRED DISPOSED \$10,001 - \$100,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 X Over \$1,000,000 Over \$1,000,000 NATURE OF INVESTMENT NATURE OF INVESTMENT X Partnership Sole Proprietorship Partnership Sole Proprietorship YOUR BUSINESS POSITION Partner YOUR BUSINESS POSITION IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) \$0 - \$499 \$10,001 - \$100,000 **\$0 - \$499** \$10,001 - \$100,000 \$500 - \$1,000 X OVER \$100,000 \$500 - \$1,000 OVER \$100,000 **51,001 - \$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). ▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None X Names listed below None or Names listed below City of Oakley INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED $\underline{\mathbf{BY}}$ 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 Description of Business Activity or City or Other Precise Location of Real Property 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 **1 \$2.000 - \$10.000** \$10,001 - \$100,000 <u>/ 16</u> <u>/ 16</u> \$10,001 - \$100,000 <u>/ 16</u> / 16 \$100,001 - \$1,000,000 S100,001 - \$1,000,000 Over \$1,000,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000 ACQUIRED DISPOSED 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 Check box if additional schedules reporting investments or real property are attached are attached

Comments:



(month, day, year)

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

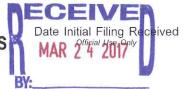
Date Initial Filing Received

Please type or print in ink. NAME OF FILER (LAST) (FIRST) Kratochvil Robert S. 1. Office, Agency, or Court Agency Name (Do not use acronyms) Successor Agency to the Oakley Redevelopment Agency Division, Board, Department, District, if applicable Your Position City of Oakley **Board Member** ▶ 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 ___ ∠ 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 STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 2700 E. Leland Road Pittsburg 94565 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (925) 473-7301 bkratochvil@losmedanos.edu 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. 03/28/2017 Date Signed _ Signature

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



STATEMENT OF ECONOMIC INTERESTS COVER PAGE



Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)			
MONTGOMERY	BRYAN	H			
1. Office, Agency, or Court					
Agency Name (Do not use acronyms)					
Successor Agency to the Oakley Redevelop	pment Agency	/			
Division, Board, Department, District, if applicable		Your Position			
		Executive Director			
▶ If filing for multiple positions, list below or on an attack					
Agency: Oversight Board to the Successor A	gency	Position: _Executive Director			
2. Jurisdiction of Office (Check at least one box)				
☐ State		☐ Judge or Court Commissioner (Statewide Jurisdiction)			
Multi-County		County of			
		Otherformer Oakley Redevelopment Agency			
City of		Unter			
3. Type of Statement (Check at least one box)					
Annual: The period covered is January 1, 2015, the December 31, 2015.	ough	Leaving Office: Date Left/(Check one)			
The period covered is//	, through	 The period covered is January 1, 2015, through the date of leaving office. -or- 			
Assuming Office: Date assumed/, through the date of leaving office.					
Candidate: Election year a	nd office sought,	if different than Part 1:			
4. Schedule Summary (must complete) Schedules attached	- Total numbe	r of pages including this cover page:			
Schedule A-1 - Investments – schedule attached Schedule A-2 - Investments – schedule attached Schedule B - Real Property – schedule attached		Schedule C - Income, Loans, & Business Positions – schedule attached Schedule D - Income – Gifts – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached			
None - No reportable interests on any sch	nedule				
5. Verification	leduje				
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) 625-7007		montgomery @ci.oakley.ca.us			
I have used all reasonable diligence in preparing this state herein and in any attached schedules is true and comple		iewed this statement and to the best of my knowledge the information contained at this is a public document.			
I certify under penalty of perjury under the laws of th	e State of Califo	rnia that the foregoing is true and correct.			
Date Signed 03/24/2017		Signature Duku Mortnum			
(month, day, year) (File the originally signed statement with your filing official.)					

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION				
Name				
	Bryan Montgomery			

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Franklin Covey	Eagle Materials
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Personal Planning	Building Materials
FAIR MARKET VALUE	FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ※ \$10,001 - \$100,000	X \$2,000 - \$10,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT X Stock	NATURE OF INVESTMENT
(Describe)	(Describe)
Partnership () Income Received of \$0 - \$499 () Income Received of \$500 or More (Report on Schedule C)	Partnership () Income Received of \$0 - \$499 () Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 16 , , 16	, , 16 , , 16
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Halliburton	Skywest
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Energy	Aviation
FAIR MARKET VALUE	FAIR MARKET VALUE
X \$2,000 - \$10,000	
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVERTMENT	NATURE OF INVESTMENT
NATURE OF INVESTMENT X Stock Other	NATURE OF INVESTMENT
(Describe)	(Describe)
☐ Partnership ◯ Income Received of \$0 - \$499 ◯ Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
O fincultie Necessed of \$500 of World (Nepott of Scriedule of	Income Necessed of 4000 of World (Nepolit of Statedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 16 , , 16	, , 16 , , 16
ACQUIRED DISPOSED	ACQUIRED DISPOSED
➤ NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Archer Daniels Midland	Dean Foods
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Agriculture, etc	Food
FAIR MARKET VALUE	FAIR MARKET VALUE
※ \$2,000 - \$10,000	X \$2,000 - \$10,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other(Describe)	Stock Other (Describe)
Partnership () Income Received of \$0 - \$499	Partnership () 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:
, , 16 , , 16	08 , 08 , 16 , , 16
ACQUIRED DISPOSED	ACQUIRED DISPOSED
'	
Comments:	

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION		
Name		
Bryan Montgomery		

▶ 1. INCOME RECEIVED	► 1. INCOME RECEIVED		
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
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	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.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)		
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)		
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)		
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more		
(Describe)	(Describe)		
Other	Other		
(Describe)	(Describe)		
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		
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)		
City of Oakley			
ADDRESS (Business Address Acceptable)			
3231 Main St. Oakley, CA 94561	SECURITY FOR LOAN		
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence		
Municipality	Real Property		
HIGHEST BALANCE DURING REPORTING PERIOD	Oakley, CA		
<u>\$500 - \$1,000</u>	City		
<u>\$1,001 - \$10,000</u>	Guarantor		
\$10,001 - \$100,000			
▼ OVER \$100,000	Other(Describe)		
Comments:			



STATEMENT OF ECONOMIC INTERESTS COVER PAGE



Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)		
Swenson	William	Van		
1. Office, Agency, or Court				
Agency Name (Do not use acronyms)				
City of Oakley				
Division, Board, Department, District, if applicable	Your Position			
Over site Board	Chairman			
▶ If filing for multiple positions, list below or on an attachment. (Do not	t use acronyms)			
Agency:	Position:			
2. Jurisdiction of Office (Check at least one box)				
State	☐ Judge or Court Commissione	er (Statewide Jurisdiction)		
Multi-County	County of			
⊠ City of Oakley				
M only or	_ Guioi			
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 12 31 2017 , throug December 31, 2016.	h O The period covered is J leaving office.	anuary 1, 2016, through the date of		
Assuming Office: Date assumed/	 Or- The period covered is _ the date of leaving office 	/, through		
Candidate: Election year and office sough	15k			
	per of pages including this cove	r page:		
Schedules attached				
Schedule A-1 - Investments – schedule attached	Schedule C - Income, Loans, & Bu	usiness Positions - schedule attached		
Schedule A-2 - Investments – schedule attached	Schedule D - Income – Gifts – sch			
Schedule B - Real Property – schedule attached	Schedule E - Income - Gifts - Tra	vel Payments – schedule attached		
-or- None - No reportable interests on any schedule				
5. Verification				
MAILING ADDRESS STREET CITY	STATE	ZIP CODE		
(Business or Agency Address Recommended - Public Document)				
1951 Chardonnay Drive Oak DAYTIME TELEPHONE NUMBER	ley Ca	94561		
(925) 628-5019	bishop_cubsfan@sbcglobal	.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 Cal		prrect.		
$\mathcal{O}(\mathcal{O}(\mathcal{O}(\mathcal{O}(\mathcal{O}(\mathcal{O}(\mathcal{O}(\mathcal{O}($				
Date Signed03/15/2017	Signature Communication of the state of the	& Story		
(month, day, year)	(File the originally signed	d statement with your filing official.)		



041600128-NFH-0128

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS COVER PAGE



(FIRST)	(MIDDLE)
Your Position	
Superintendent	
e acronyms)	
Position:	
☐ Judge or Court Commissioner	(Statewide Jurisdiction)
X County of Contra Costa	
☐ Other	
Leaving Office: Date Left (Check one)	
O The period covered is Jeaving office.	lanuary 1, 2016, through the date
 The period covered is of leaving office. 	, through the date
different than Part 1:	
of pages including this cover p	age:4
Schedule C - Income, Loans, & Bo	usiness Positions - schedule attache
X Schedule D - Income - Gifts - sch	
☐ Schedule E - Income - Gifts - Tra	vel Payments - schedule attached
STATE	ZIP CODE
STATE swood CA E-MAIL ADDRESS	ZIP CODE 94513
cwood CA	
E-MAIL ADDRESS	94513
E-MAIL ADDRESS voltae@luhsd.net ewed this statement and to the best of m	94513 y knowledge the information contains
	Your Position Superintendent e acronyms) Position: Judge or Court Commissioner County of Contra Costa Other Leaving Office: Date Left — (Check one) The period covered is Jeaving office. The period covered is — of leaving office. Idifferent than Part 1: Schedule C - Income, Loans, & Bills Schedule D - Income — Gifts — Schedule

FPPC Form 700 (2016/2017) FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov 041600128-NFH-0128

STATEMENT OF ECONOMIC INTERESTS COVER PAGE Expanded Statement Attachment

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Eric Volta

. This table lists all positions including the primary position listed in the Office, Agency, or Court section of the Cover Page.

Agency	Division/Board/Dept/District	Position	Type of Statement
Contra Costa County	School District - Liberty Union High	Superintendent	Annual 1/1/2016 - 12/31/2016
City of Brentwood		Oversight Board Member to the RDA Successor Agency	Annual 1/1/2016 - 12/31/2016
City of Gakley		Oversight Board Member to the RDA Successor Agency	Annual 1/1/2016 - 12/31/2016

FPPC Form 700 (2016/2017) Expanded Statement FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

SCHEDULE D Income – Gifts

CALIFO	DRNIA	FOR	M	700
FAIR FOLI	IICAL PI	RACTICE	S COM	MISSION
Name			kul.	TON)
Volta,	Eric		3	

DDRESS (Busine:	ss Address Accept	lable)	ADDRESS (Busines	ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE			BUSINESS ACTIVIT	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
ATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	
<u> </u>	\$, S		
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FPPC Form 760 (2016/2017) Sch. D. FPPC Advice Emall: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

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On Dec. 1,2016 I attended a sponsored dinner valued at more than \$50. However the event was sponsored by multiple vendors. No vendor paid more than \$50 per attendee. (Balfour Beatty, Ruhnau Ruhnau &Clarke, RBC Capitol Markets, Orrick Herrington & Sutcliffe LLP, Build America Mutual, Piper Jaffray, and California Financial Services)

On September 23, 2016 I played gold at Valley Hi Country Club in Elk Grove as a guest at an expense of \$50 however there were two sponsors; AMS.net and Presence Learning, Neither spent more than \$50.