

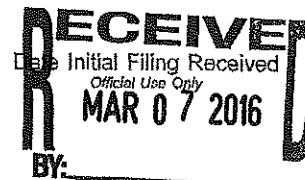
CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE



Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Oakley

Division, Board, Department, District, if applicable

Human Resources

Your Position

Human Resources Technician

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

Agency: _____ Position: _____

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

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

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

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

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

Schedules attached

- Schedule A-1 - Investments - schedule attached
- Schedule A-2 - Investments - schedule attached
- Schedule B - Real Property - schedule attached
- Schedule C - Income, Loans & Business Positions - schedule attached
- Schedule D - Income - Gifts - schedule attached
- Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-
 None - No reportable interests on any schedule.

5. Verification

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

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
 (925) 625-7011 banos@ci.oakley.ca.us

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

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

Date Signed 3/7/2016
 (month, day, year)

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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

RECEIVED
 Date Initialed: **MAR 07 2016**
 Official Use Only
 BY: _____

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
 City of Oakley
 Division, Board, Department, District, if applicable City Manager's Office
 Your Position Program Coordinator
 ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
 Agency: _____ Position: _____

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

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

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

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

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

Schedules attached

- Schedule A-1: Investments - schedule attached
- Schedule A-2: Investments - schedule attached
- Schedule B: Real Property - schedule attached
- Schedule C: Income, Loans & Business Positions - schedule attached
- Schedule D: Income, Gifts - schedule attached
- Schedule E: Income, Gifts, Travel Payments - schedule attached
- None - No reportable interests on any schedule.**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)
 3231 Main Street Oakley CA 94561
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
 (925) 625-7011 gaby@youmeweoakley.org

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

Date Signed 3/7/2016
 (month, day, year)

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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

RECEIVED
MAR 02 2016
Date Initial Filing Received
Official Use Only
BY:

Please type or print in ink.

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

1. Office, Agency, or Court

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

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

Agency: _____ Position: _____

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

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

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

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

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

Schedules attached

- Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached
- Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-
 None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
3231 Main Street Oakley CA 94561
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(925) 625-7014 bayona@ci.oakley.ca.us

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

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

Date Signed 03/02/2016 Signature 
(month, day, year) (File the originally signed statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

RECEIVED
Date Initial Filing Received
Official Use Only
MAR 22 2016
BY: _____

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Bermudez Heylin T.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CITY OF OAKLEY

Division, Board, Department, District, if applicable

FINANCE DEPARTMENT

Your Position

SENIOR ACCOUNTING TECHNICIAN

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

Agency: _____ Position: _____

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

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

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

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

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

Schedules attached

- Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached
 Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached
 Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

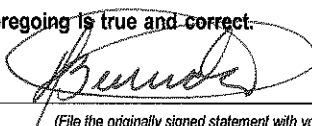
5. Verification

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

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

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

Date Signed 03/22/2016
(month, day, year)

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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

RECEIVED
 Initial Filing Received
 MAR 07 2016
 BY: _____

Please type or print in ink.

NAME OF FILER (LAST) BILLECI (FIRST) JOFFREY (MIDDLE) JOSEPH

1. Office, Agency, or Court

Agency Name (Do not use acronyms) CITY OF OAKLEY
 Division, Board, Department, District, if applicable POLICE DEPT. Your Position ASST. TO THE CHIEF

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

Agency: _____ Position: _____

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

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

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

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

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

Schedules attached:

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

or

None - No reportable interests on any schedule.

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
3231 MAIN ST, OAKLEY, CA 94561
 (Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(925) 625-8855 billecj@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 3/1/16 Signature J. Billecj
(month, day, year) (File the originally signed statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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Date Initial Filing Received
Official Use Only
MAR 14 2016
BY: _____

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Billeci Jeffrey Joseph

1. Office, Agency, or Court

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

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

Agency: _____ Position: _____

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

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

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

Annual: The period covered is January 1, 2015, through December 31, 2015.
-or- The period covered is _____, through December 31, 2015.
 Assuming Office: Date assumed 3, 14, 16
 Candidate: Election year _____ and office sought, if different than Part 1: _____
 Leaving Office: Date Left _____ (Check one)
 The period covered is January 1, 2015, through the date of leaving office.
-or-
 The period covered is _____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 1
Schedules attached:
 Schedule A-1: Investments - schedule attached
 Schedule A-2: Investments - schedule attached
 Schedule B: Real Property - schedule attached
 Schedule C: Income, Loans, & Business Positions - schedule attached
 Schedule D: Income, Gifts - schedule attached
 Schedule E: Income, Gifts, & Travel Payments - schedule attached
or
 None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Documents)
3231 Main St, Oakley, Ca. 94561
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(925) 625-8855 billeci@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 3/14/16 Signature [Signature]
(month, day, year) (File the originally signed statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

RECEIVED
Date Initial Filing Received
MAR 13 2016
BY: _____

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
BILLECI JEFFREY JOSEPH

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
CITY OF OAKLEY
Division, Board, Department, District, if applicable
POLICE DEPT. Your Position
ASST. TO THE CHIEF

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

Agency: _____ Position: _____

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

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

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

- Annual: The period covered is January 1, 2015, through December 31, 2015.
-or-
The period covered is _____ through December 31, 2015.
- Assuming Office: Date assumed _____
- Candidate: Election year _____ and office sought, if different than Part 1: _____
- Leaving Office: Date Left 3, 13, 16
(Check one)
 - The period covered is January 1, 2015, through the date of leaving office.
 - or-
 - The period covered is _____ through the date of leaving office.

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

Schedules attached

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

or

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
3231 MAIN ST, OAKLEY, CA 94561
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(925) 625-8855 billeci@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 3/13/16 Signature [Signature]
(month, day, year) (File the originally signed statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

RECEIVED
 Date Initial Filing Received
 Official Use Only
MAR 22 2016
 BY: _____

Please type or print in ink.

NAME OF FILER (LAST) Bruno (FIRST) Lindsey (MIDDLE) Jilleen

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Oakley

Division, Board, Department, District, if applicable

Recreation

Your Position

Recreation Manager

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

Agency: _____

Position: _____

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County _____

County of _____

City of Oakley

Other _____

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

Annual: The period covered is January 1, 2015, through December 31, 2015.

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

-or-

The period covered is ____/____/____, through December 31, 2015.

The period covered is January 1, 2015, through the date of leaving office.

-or-

Assuming Office: Date assumed ____/____/____

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

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

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

Schedules attached

Schedule A-1 - Investments - schedule attached

Schedule C - Income, Loans, & Business Positions - schedule attached

Schedule A-2 - Investments - schedule attached

Schedule D - Income - Gifts - schedule attached

Schedule B - Real Property - schedule attached

Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

5. Verification

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

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(925) 625-7042 bruno@ci.oakley.ca.us

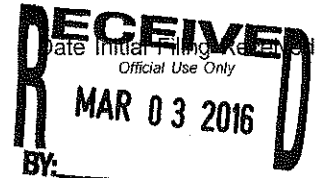
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed March 21, 2016
 (month, day, year)

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

**STATEMENT OF ECONOMIC INTERESTS
 COVER PAGE**



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Coan Zachary Andrew

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Oakley

Division, Board, Department, District, if applicable

Your Position

Code Enforcement

Code Enforcement Technician

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

Agency: _____

Position: _____

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County _____

County of _____

City of Oakley

Other _____

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

Annual: The period covered is January 1, 2015, through December 31, 2015.

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

-or- The period covered is 08 / 24 / 2015, through December 31, 2015.

The period covered is January 1, 2015, through the date of leaving office.

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

Assuming Office: Date assumed ____/____/____

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

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

Schedules attached

Schedule A-1 - Investments – schedule attached

Schedule C - Income, Loans, & Business Positions – schedule attached

Schedule A-2 - Investments – schedule attached

Schedule D - Income – Gifts – schedule attached

Schedule B - Real Property – schedule attached

Schedule E - Income – Gifts – Travel Payments – schedule attached

-or-

None - No reportable interests on any schedule

5. Verification

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

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
 (925) 625-7034 coan@ci.oakley.ca.us

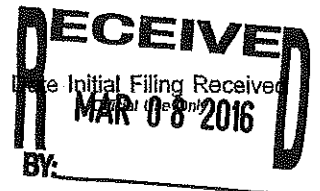
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I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/03/2016
 (month, day, year)

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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE



Please type or print in ink.

NAME OF FILER (LAST) Coelho (FIRST) Cindy (MIDDLE) Jane

1. Office, Agency, or Court

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

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

Agency: _____ Position: _____

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

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

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

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

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

Schedules attached

<input type="checkbox"/> Schedule A - Investments - schedule attached	<input type="checkbox"/> Schedule C - Income, Loans, & Business Positions - schedule attached
<input type="checkbox"/> Schedule A2 - Investments - schedule attached	<input type="checkbox"/> Schedule D - Income & Gifts - schedule attached
<input type="checkbox"/> Schedule B - Real Property - schedule attached	<input type="checkbox"/> Schedule E - Income & Gifts - Travel Payments - schedule attached

-or-
 None - No reportable interests on any schedule.

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)
3231 Main St Oakley CA 94561

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(925) 625-7044

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

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

Date Signed March 8, 2016 Signature Cindy Coelho
 (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
Cindy Coelho

NAME OF BUSINESS ENTITY
Wells Reit

GENERAL DESCRIPTION OF THIS BUSINESS
Real Estate Investment fund

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

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

IF APPLICABLE, LIST DATE:
 _____ / _____ / 15 _____ / _____ / 15
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

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

IF APPLICABLE, LIST DATE:
 _____ / _____ / 15 _____ / _____ / 15
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

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

IF APPLICABLE, LIST DATE:
 _____ / _____ / 15 _____ / _____ / 15
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

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

IF APPLICABLE, LIST DATE:
 _____ / _____ / 15 _____ / _____ / 15
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

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

IF APPLICABLE, LIST DATE:
 _____ / _____ / 15 _____ / _____ / 15
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

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

IF APPLICABLE, LIST DATE:
 _____ / _____ / 15 _____ / _____ / 15
 ACQUIRED DISPOSED

Comments:

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name _____

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Michael Louis Coelho

ADDRESS (Business Address Acceptable)
611 Heathrow Dr Oakley

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION
husbands income

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

Other _____
 (Describe)

NAME OF SOURCE OF INCOME
Wells Real Estate Investment

ADDRESS (Business Address Acceptable)
P O Box 219073

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Kansas City Mo 64121-9073

YOUR BUSINESS POSITION
stockholder

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

Other _____
 (Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE _____% None

TERM (Months/Years) _____

SECURITY FOR LOAN
 None Personal residence

Real Property _____
 Street address _____
 City _____

Guarantor _____

Other _____
 (Describe)

Comments: _____

**STATEMENT OF ECONOMIC INTERESTS
 COVER PAGE**

RECEIVED
 Date Initial Filing Received
 Official Use Only
MAR 22 2016
 BY: _____

Please type or print in ink.

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

1. Office, Agency, or Court

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

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

Agency: City of Oakley Position: Storm Water Program Manager

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

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

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

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

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

Schedules attached

- Schedule A-1 - Investments - schedule attached
- Schedule A-2 - Investments - schedule attached
- Schedule B - Real Property - schedule attached
- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - schedule attached
- Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

5. Verification

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

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
 (925) 625-7155 coggins@ci.oakley.ca.us

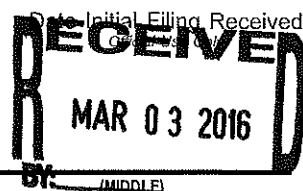
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed 03/22/2016
 (month, day, year)

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

**STATEMENT OF ECONOMIC INTERESTS
 COVER PAGE**



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Dalman Dwayne A

1. Office, Agency, or Court

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

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

Agency: _____ Position: _____

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

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

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

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

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

- Schedules attached**
- Schedule A-1 - Investments** – schedule attached
 - Schedule A-2 - Investments** – schedule attached
 - Schedule B - Real Property** – schedule attached
 - Schedule C - Income, Loans, & Business Positions** – schedule attached
 - Schedule D - Income – Gifts** – schedule attached
 - Schedule E - Income – Gifts – Travel Payments** – schedule attached
- or-
- None - No reportable interests on any schedule**

5. Verification

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

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
 (925) 625-7006 dalman@ci.oakley.ca.us

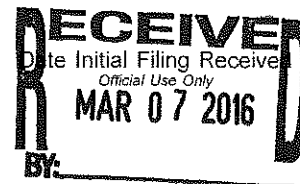
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed 3/3/16
 (month, day, year)

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

**STATEMENT OF ECONOMIC INTERESTS
 COVER PAGE**



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Dela Cruz Jesse Rey

1. Office, Agency, or Court

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

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

Agency: _____ Position: _____

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

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

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

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

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

Schedules attached

- Schedule A-1 - Investments – schedule attached Schedule C - Income, Loans, & Business Positions – schedule attached
- Schedule A-2 - Investments – schedule attached Schedule D - Income – Gifts – schedule attached
- Schedule B - Real Property – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached

-or-

- None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)
 3231 Main Street Oakley CA 94561
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
 (925) 625-7015 delacruz@ci.oakley.ca.us

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

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

Date Signed 03/07/2016
 (month, day, year)

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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

RECEIVED
 Date Initial Filing Received
Official Use Only
 MAR 31 2016
 BY: _____

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Dela Cruz Jesse Rey

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Oakley

Division, Board, Department, District, if applicable

Public Works Department, Parks and Landscape Division

Your Position

Parks and Landscape Maintenance Foreman

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

Agency: _____ Position: _____

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

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

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

Annual: The period covered is January 1, 2015, through December 31, 2015.

-or-

The period covered is ____/____/____, through December 31, 2015.

Assuming Office: Date assumed 04/08/2013

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

The period covered is January 1, 2015, through the date of leaving office.

-or-

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

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

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

Schedules attached

- Schedule A-1 - Investments** – schedule attached
- Schedule A-2 - Investments** – schedule attached
- Schedule B - Real Property** – schedule attached
- Schedule C - Income, Loans, & Business Positions** – schedule attached
- Schedule D - Income – Gifts** – schedule attached
- Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or-

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)
 3231 Main St. Oakley CA 94561

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
 (925) 625-7015 delacruz@ci.oakley.ca.us

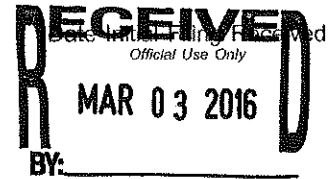
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed 3/31/16
(month, day, year)

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

**STATEMENT OF ECONOMIC INTERESTS
 COVER PAGE**



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 EDGELL TROY ALLAN

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
 CITY OF OAKLEY
 Division, Board, Department, District, if applicable Your Position
 CODE ENFORCEMENT CODE ENFORCEMENT MANAGER

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

Agency: _____ Position: _____

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

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

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

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

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

Schedules attached

- Schedule A-1 - Investments** – schedule attached
- Schedule A-2 - Investments** – schedule attached
- Schedule B - Real Property** – schedule attached
- Schedule C - Income, Loans, & Business Positions** – schedule attached
- Schedule D - Income – Gifts** – schedule attached
- Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or-
 None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)
 3231 MAIN STREET OAKLEY CA 94561
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
 (925) 625-7009

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

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

Date Signed 03/03/2016
 (month, day, year)

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

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Edgell, Tracy A

▶ NAME OF BUSINESS ENTITY
CISCO

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)

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

IF APPLICABLE, LIST DATE:
01 / 01 / 15 / / 15
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
ORLY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)

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

IF APPLICABLE, LIST DATE:
 / / 15 / / 15
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
FNBG

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)

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

IF APPLICABLE, LIST DATE:
 / / 15 / / 15
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
FORD

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)

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

IF APPLICABLE, LIST DATE:
 / / 15 / / 15
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
MPGX

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)

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

IF APPLICABLE, LIST DATE:
 / / 15 / / 15
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

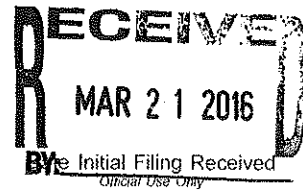
FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)

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

IF APPLICABLE, LIST DATE:
 / / 15 / / 15
ACQUIRED DISPOSED

Comments:



CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

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

1. Office, Agency, or Court

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

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

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

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

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

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

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

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 3

Schedules attached

- Schedule A-1 - Investments - schedule attached
- Schedule A-2 - Investments - schedule attached
- Schedule B - Real Property - schedule attached
- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - schedule attached
- Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
2261 Lava Ridge Court Roseville CA 95661
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(916) 780-9009 wgalstanlaw@yahoo.com

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

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

Date Signed 03/18/2016
(month, day, year)

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

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
 (Ownership Interest is 10% or Greater)

Name
 William R. Galstan

► 1. BUSINESS ENTITY OR TRUST

Law Office of William R. Galstan
 Name
 2440 Candolero Way, Antioch, CA 94509
 Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

Law Firm

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/15 ____/____/15
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED DISPOSED
<input checked="" type="checkbox"/> \$10,001 - \$100,000	
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION Owner

► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$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

Cota Cole LLP

► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/15 ____/____/15
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

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

► 1. BUSINESS ENTITY OR TRUST

Name
 Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/15 ____/____/15
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000	
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None or Names listed below

► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

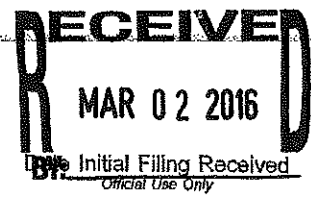
FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/15 ____/____/15
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

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

Comments: _____



CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) Hurney (FIRST) Dean (MIDDLE) B.

1. Office, Agency, or Court

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

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

Agency: _____ Position: _____

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

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

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

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

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

Schedules attached:

- Schedule A-1: Investments - schedule attached
- Schedule A-2: Investments - schedule attached
- Schedule B: Real Property - schedule attached
- Schedule C: Income, Loans, & Business Positions - schedule attached
- Schedule D: Income - Gifts - schedule attached
- Schedule E: Income - Gifts - Travel Payments - schedule attached

or

None - No reportable interests on any schedule.

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document) STREET CITY STATE ZIP CODE
3231 Main St, Oakley CA 94561

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(925) 625-7001 hurney@ci.oakley.ca.us

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

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

Date Signed 03/02/16 (month, day, year) Signature [Signature] (File the originally signed statement with your filing official.)

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
 (Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
Dean Hurney

1. BUSINESS ENTITY OR TRUST

Name
Dean Hurney Access Inspection

Address (Business Address Acceptable)
1612 S. Francisco Ct. Antioch CA 94509

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$0 - \$1,999 / / 15 / / 15

\$2,000 - \$10,000 ACQUIRED DISPOSED

\$10,001 - \$100,000

\$100,001 - \$1,000,000

Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship Other

YOUR BUSINESS POSITION owner

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000

\$500 - \$1,000 OVER \$100,000

\$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)

None or Names listed below

City of Oakley, CA

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 / / 15 / / 15

\$10,001 - \$100,000 ACQUIRED DISPOSED

\$100,001 - \$1,000,000

Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold Other

Yrs. remaining

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

1. BUSINESS ENTITY OR TRUST

Name

Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$0 - \$1,999 / / 15 / / 15

\$2,000 - \$10,000 ACQUIRED DISPOSED

\$10,001 - \$100,000

\$100,001 - \$1,000,000

Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship Other

YOUR BUSINESS POSITION

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000

\$500 - \$1,000 OVER \$100,000

\$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)

None or Names listed below

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 / / 15 / / 15

\$10,001 - \$100,000 ACQUIRED DISPOSED

\$100,001 - \$1,000,000

Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold Other

Yrs. remaining

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

Comments:

RECEIVED
MAR 02 2016
BY: _____
Date Initial Filing Received
Official Use Only

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
KABALEW JASON M

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)

Agency: _____ Position: _____

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

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

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

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

SK **Assuming Office:** Date assumed 12/5/2014

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 3

Schedules attached

- Schedule A-1: Investments - schedule attached
- Schedule A-2: Investments - schedule attached
- Schedule B: Real Property - schedule attached
- Schedule C: Income, Loans, & Business Positions - schedule attached
- Schedule D: Income, Gifts - schedule attached
- Schedule E: Income, Gifts, Travel Payments - schedule attached

or

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
3231 Main St, Oakley, Ca 94561

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(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.

Date Signed 3/2/15 3/2/14 Signature Jason Kabalew
(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 _____

▶ NAME OF BUSINESS ENTITY
Wowio Inc

GENERAL DESCRIPTION OF THIS BUSINESS
E-Book Space

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

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

IF APPLICABLE, LIST DATE:
 _____ / _____ / 15 _____ / _____ / 15
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

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

IF APPLICABLE, LIST DATE:
 _____ / _____ / 15 _____ / _____ / 15
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

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

IF APPLICABLE, LIST DATE:
 _____ / _____ / 15 _____ / _____ / 15
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

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

IF APPLICABLE, LIST DATE:
 _____ / _____ / 15 _____ / _____ / 15
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

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

IF APPLICABLE, LIST DATE:
 _____ / _____ / 15 _____ / _____ / 15
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

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

IF APPLICABLE, LIST DATE:
 _____ / _____ / 15 _____ / _____ / 15
 ACQUIRED DISPOSED

Comments: _____

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION
 Name _____

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
City of Oakley

ADDRESS (Business Address Acceptable)
3231 Main St, Oakley Ca 94561

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Engineering

YOUR BUSINESS POSITION
Associate Engineer

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

Other _____
 (Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Siegfried Engineering

ADDRESS (Business Address Acceptable)
3244 Brookside Rd, Stockton, Ca 95219

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Ste. 100

Engineering

YOUR BUSINESS POSITION
Project Engineer

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

Other _____
 (Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions; or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE _____% None

TERM (Months/Years) _____

SECURITY FOR LOAN
 None Personal residence

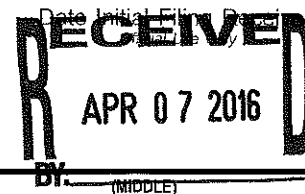
Real Property _____
 Street address _____
 City _____

Guarantor _____

Other _____
 (Describe)

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE



Please type or print in ink.

NAME OF FILER (LAST) Kennedy (FIRST) Francis (MIDDLE) _____

1. Office, Agency, or Court

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

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

Agency: _____ Position: _____

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

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

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

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

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

Schedules attached

- Schedule A-1 - Investments** – schedule attached
- Schedule A-2 - Investments** – schedule attached
- Schedule B - Real Property** – schedule attached
- Schedule C - Income, Loans, & Business Positions** – schedule attached
- Schedule D - Income – Gifts** – schedule attached
- Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or-

- None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)
 3231 Main Street Oakley CA 94561
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
 (925) 625-7155 fjk@fjkennedy.com

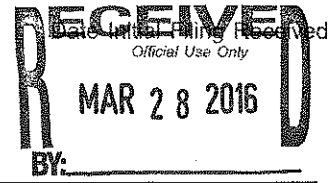
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed 04/01/2016
 (month, day, year)

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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Marquez-Suarez Nancy Angelica

1. Office, Agency, or Court

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

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

Agency: _____ Position: _____

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

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

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

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

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

Schedules attached

- Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached
- Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
3231 Main St Oakley CA 94561
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(925) 550-9517 marquez@ci.oakley.ca.us

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

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

Date Signed 3/28/16 Signature Nancy Marquez-Suarez
(month, day, year) (File the originally signed statement with your filing official)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

RECEIVED
Date Initial Filing Received
MAR 23 2016
BY: _____

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
McMurray Joshua Aaron

1. Office, Agency, or Court

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

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

Agency: _____ Position: _____

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

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

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

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

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

Schedules attached

- Schedule A-1 - Investments - schedule attached
- Schedule A-2 - Investments - schedule attached
- Schedule B - Real Property - schedule attached
- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - schedule attached
- Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
3231 Main 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.

Date Signed 3/23/16
(month, day, year)

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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

RECEIVED
 Date Initial Filing Received
 MAR 29 2016
 BY: _____

Please type or print in ink.

NAME OF FILER (LAST) **Miller** (FIRST) **Richard** (MIDDLE) **Michael**

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Oakley

Division, Board, Department, District, if applicable

IT

Your Position

Contract IT

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

Agency: _____ Position: _____

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

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

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

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

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

Schedules attached:

- Schedule A-1: Investments - schedule attached Schedule C-1: 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.

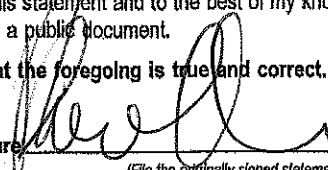
5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)
79 Muth Drive Orinda CA 94563
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
 (510) 517-8555 rich@onai.net

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

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

Date Signed **3/29/2016**
 (month, day, year)

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

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
 (Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name _____

▶ 1. BUSINESS ENTITY OR TRUST

Name _____

Address (Business Address Acceptable) _____

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$0 - \$1,999 _____ / ____ / 15 _____ / ____ / 15

\$2,000 - \$10,000 _____ / ____ / 15 _____ / ____ / 15

\$10,001 - \$100,000 _____ / ____ / 15 _____ / ____ / 15

\$100,001 - \$1,000,000 _____ / ____ / 15 _____ / ____ / 15

Over \$1,000,000 _____ / ____ / 15 _____ / ____ / 15

ACQUIRED DISPOSED

NATURE OF INVESTMENT

Partnership Sole Proprietorship LLC Other _____

YOUR BUSINESS POSITION CEO

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000

\$500 - \$1,000 OVER \$100,000

\$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)

None or Names listed below

Salary - 135,000.00

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if investment, or Assessor's Parcel Number or Street Address of Real Property _____

Description of Business Activity or City or Other Precise Location of Real Property _____

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 _____ / ____ / 15 _____ / ____ / 15

\$10,001 - \$100,000 _____ / ____ / 15 _____ / ____ / 15

\$100,001 - \$1,000,000 _____ / ____ / 15 _____ / ____ / 15

Over \$1,000,000 _____ / ____ / 15 _____ / ____ / 15

ACQUIRED DISPOSED

NATURE OF INTEREST

Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____

Yrs. remaining

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

▶ 1. BUSINESS ENTITY OR TRUST

Name _____

Address (Business Address Acceptable) _____

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$0 - \$1,999 _____ / ____ / 15 _____ / ____ / 15

\$2,000 - \$10,000 _____ / ____ / 15 _____ / ____ / 15

\$10,001 - \$100,000 _____ / ____ / 15 _____ / ____ / 15

\$100,001 - \$1,000,000 _____ / ____ / 15 _____ / ____ / 15

Over \$1,000,000 _____ / ____ / 15 _____ / ____ / 15

ACQUIRED DISPOSED

NATURE OF INVESTMENT

Partnership Sole Proprietorship _____ Other _____

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000

\$500 - \$1,000 OVER \$100,000

\$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)

None or Names listed below

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if investment, or Assessor's Parcel Number or Street Address of Real Property _____

Description of Business Activity or City or Other Precise Location of Real Property _____

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 _____ / ____ / 15 _____ / ____ / 15

\$10,001 - \$100,000 _____ / ____ / 15 _____ / ____ / 15

\$100,001 - \$1,000,000 _____ / ____ / 15 _____ / ____ / 15

Over \$1,000,000 _____ / ____ / 15 _____ / ____ / 15

ACQUIRED DISPOSED

NATURE OF INTEREST

Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____

Yrs. remaining

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

Comments: _____

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name _____

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Antai Solutions LLC

ADDRESS (Business Address Acceptable)
79 Muth Drive

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Managed IT Services

YOUR BUSINESS POSITION
CEO

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

Other _____
 (Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

YOUR BUSINESS POSITION _____

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

Other _____
 (Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions; or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE _____% None

TERM (Months/Years) _____

SECURITY FOR LOAN
 None Personal residence

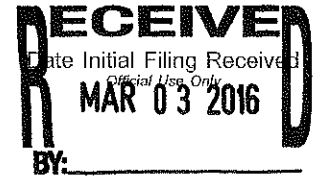
Real Property _____
 Street address _____
 City _____

Guarantor _____

Other _____
 (Describe)

Comments: _____

**STATEMENT OF ECONOMIC INTERESTS
 COVER PAGE**



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 MORROW LEONARD A.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Oakley

Division, Board, Department, District, if applicable

Public Works Department

Your Position

Parks and Landscape Division Manager

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

Agency: _____

Position: _____

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County _____

County of _____

City of Oakley

Other _____

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

Annual: The period covered is January 1, 2015, through December 31, 2015.

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

-or-

The period covered is ____/____/____, through December 31, 2015.

The period covered is January 1, 2015, through the date of leaving office.

-or-

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

Assuming Office: Date assumed ____/____/____

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

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

Schedules attached

Schedule A-1 - Investments - schedule attached

Schedule C - Income, Loans, & Business Positions - schedule attached

Schedule A-2 - Investments - schedule attached

Schedule D - Income - Gifts - schedule attached

Schedule B - Real Property - schedule attached

Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

5. Verification

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

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
 (925) 625-7039

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

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

Date Signed 03/03/2016
 (month, day, year)

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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

RECEIVED
 Date Initial Filing Received
 MAR 28 2016
 BY: _____

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Navarro Eric Daniel

1. Office, Agency, or Court

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

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

Agency: _____ Position: _____

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

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

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

Annual: The period covered is January 1, 2015, through December 31, 2015.
 -or-
 The period covered is ____/____/____, through December 31, 2015.
 Assuming Office: Date assumed 03 / 28 / 2016
 Candidate: Election year _____ and office sought, if different than Part 1: _____
 Leaving Office: Date Left ____/____/____
 (Check one)
 The period covered is January 1, 2015, through the date of leaving office.
 -or-
 The period covered is ____/____/____, through the date of leaving office.

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

Schedules attached

Schedule A-1 - Investments – schedule attached **Schedule C - Income, Loans, & Business Positions** – schedule attached
 Schedule A-2 - Investments – schedule attached **Schedule D - Income – Gifts** – schedule attached
 Schedule B - Real Property – schedule attached **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or-
 None - No reportable interests on any schedule

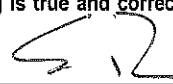
5. Verification

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

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

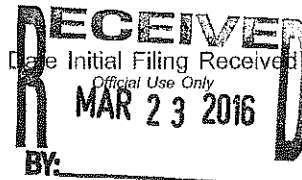
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/24/2016
 (month, day, year)

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

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE



Please type or print in ink.

NAME OF FILER (LAST) Newman (FIRST) David (MIDDLE) Rea

1. Office, Agency, or Court

Agency Name (Do not use acronyms) City of Oakley Ca. Street maintenance foreman
Division, Board, Department, District, if applicable Public Works Your Position

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

Agency: Position:

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

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

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

- Annual: The period covered is January 1, 2015, through December 31, 2015. -or- The period covered is through December 31, 2015. Assuming Office: Date assumed 7/31/2015. Leaving Office: Date Left. The period covered is January 1, 2015, through the date of leaving office. -or- The period covered is through the date of leaving office. Candidate: Election year and office sought, if different than Part 1:

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

Schedules attached

- Schedule A-1 - Investments - schedule attached, Schedule A-2 - Investments - schedule attached, Schedule B - Real Property - schedule attached, Schedule C - Income, Loans, & Business Positions - schedule attached, Schedule D - Income - Gifts - schedule attached, Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE 3231 Main St. Oakley Ca. 94561
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (925) 625-7038 newman@ci.oakley.ca.us

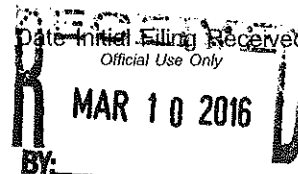
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed 3-23-16 Signature David Newman (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) Newman (FIRST) David (MIDDLE) Rea

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Oakley

Division, Board, Department, District, if applicable

Public Works

Your Position

Street Maintenance Foreman

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

Agency: Position:

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

- State, Multi-County, City of Oakley, Judge or Court Commissioner, County of, Other

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

- Annual: The period covered is January 1, 2015, through December 31, 2015. Leaving Office: Date Left. Assuming Office: Date assumed. Candidate: Election year and office sought.

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

Schedules attached

- Schedule A-1 - Investments - schedule attached. Schedule A-2 - Investments - schedule attached. Schedule B - Real Property - schedule attached. Schedule C - Income, Loans, & Business Positions - schedule attached. Schedule D - Income - Gifts - schedule attached. Schedule E - Income - Gifts - Travel Payments - schedule attached. None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS: 3231 Main St. OAKLEY Ca. 94561. DAYTIME TELEPHONE NUMBER: (925) 625-7038. E-MAIL ADDRESS: Newman@ci.Oakley.ca.us

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

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

Date Signed 3-10-16 (month, day, year)

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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

RECEIVED
 Date Initial Filing Recd: **MAR 15 2016**
 Official Use Only
 BY: _____

Please type or print in ink.

NAME OF FILER (LAST) PAETZ (FIRST) THEODORE (MIDDLE) JEROME

1. Office, Agency, or Court

Agency Name (Do not use acronyms) CITY OF OAKLEY Your Position PUBLIC WORKS INSPECTOR II
 Division, Board, Department, District, if applicable

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

Agency: _____ Position: _____

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

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

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

- Annual: The period covered is January 1, 2015, through December 31, 2015.
- or-
- The period covered is _____ through December 31, 2015.
- Assuming Office: Date assumed 10 / 11 / 13
- Leaving Office: Date Left _____ (Check one)
 - The period covered is January 1, 2015, through the date of leaving office.
 - or-
 - The period covered is _____ through the date of leaving office.
- Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) → Total number of pages including this cover page: 12

Schedules attached:

- Schedule A - Investments - schedule attached
- Schedule B - Real Property - schedule attached
- Schedule C - Income, Loans & Business Positions - schedule attached
- Schedule D - Income, Gifts - schedule attached
- Schedule E - Income, Gifts, Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule.

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
3231 MAIN ST. OAKLEY CA. 94561
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(925) 625-7000

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

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

Date Signed MARCH 4th 2016 Signature [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
THEODORE J. PAETZ

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
City of Oakley

ADDRESS (Business Address Acceptable)
3231 MAIN ST.

BUSINESS ACTIVITY, IF ANY, OF SOURCE
OAKLEY CA.

YOUR BUSINESS POSITION
Public Works Inspector II

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

Other _____
 (Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

Other _____
 (Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions; or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE TERM (Months/Years)
 _____% None _____

SECURITY FOR LOAN
 None Personal residence

Real Property _____

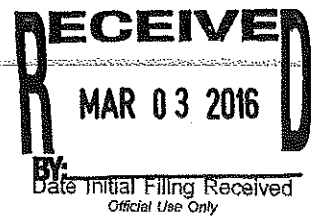
 Street address

 City

Guarantor _____

Other _____
 (Describe)

Comments: _____



CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in Ink.

NAME OF FILER (LAST) Rohani (FIRST) Kevin (MIDDLE)

1. Office, Agency, or Court

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

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

Agency: _____ Position: _____

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

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

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

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

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

Schedules attached

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

-or-

None - No reportable interests on any schedule

5. Verification 3231 main st. oakley CA 94561
MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

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

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

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

Date Signed 3-3-16 Signature
(month, day, year) (File the originally signed statement with your filing official.)

RECEIVED
MAR 21 2016

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

BY: _____
Date Initial Filing Received
Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
SAENGCHALVERN BILL HOFFER

1. Office, Agency, or Court

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 an attachment. (Do not use acronyms)

Agency: _____ Position: _____

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

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

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

Annual: The period covered is January 1, 2015, through December 31, 2015.
-or-
The period covered is _____ through December 31, 2015.
 Assuming Office: Date assumed 02/23/2016
 Candidate: Election year _____ and office sought, if different than Part 1: _____

Leaving Office: Date Left _____ (Check one)
 The period covered is January 1, 2015, through the date of leaving office.
-or-
 The period covered is _____ through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____
Schedules attached:
 Schedule A-1 Investments - schedule attached
 Schedule A-2 Investments - schedule attached
 Schedule B Real Property - schedule attached
 Schedule C Income, Loans, & Business Positions - schedule attached
 Schedule D Income, Gifts - schedule attached
 Schedule E Income, Gifts, Travel/Expenses - 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)
3031 MAIN STREET OAKLEY CA 94501
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(925) 625-7154 _____

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

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

Date Signed 03/17/2016 Signature [Signature]
(month, day, year) (File the originally signed statement with your filing official.)

RECEIVED
MAR 21 2016
Date of Initial Filing Received
Official Use Only

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
SAENGCHALERN BILLIEE HOFER

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
CITY OF OAKLEY
Division, Board, Department, District, if applicable
PUBLIC WORKS AND ENGINEERING
Your Position
ASSISTANT ENGINEER

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

Agency: _____ Position: _____

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

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

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

Annual: The period covered is January 1, 2015, through December 31, 2015.
-or-
The period covered is _____, through December 31, 2015.
 Assuming Office: Date assumed _____
 Candidate: Election year _____ and office sought, if different than Part 1: _____
 Leaving Office: Date Left 02/22/2016
(Check one)
 The period covered is January 1, 2015, through the date of leaving office.
-or-
 The period covered is _____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____
Schedules attached:
 Schedule A-1 Investments - schedule attached Schedule C Income, Loans, & Business Positions - schedule attached
 Schedule A-2 Investments - schedule attached Schedule D Income, Gifts - schedule attached
 Schedule B Real Property - schedule attached Schedule E Income, Gifts, Travel Payments - schedule attached
-or-
 None - No reportable interests on any schedule

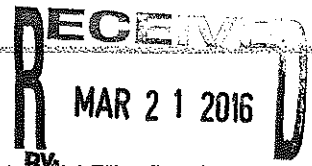
5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
3231 MAIN STREET OAKLEY CA 94561
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(925) 625-7154 SAENGCHALERN@CI.OAKLEY.CA.US

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

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

Date Signed 03/17/2016 (month, day, year)
Signature [Signature] (File the originally signed statement with your filing official.)



CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date of Filing Received
Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) SAENGCHALERN (FIRST) BILLIEE (MIDDLE) HOFER

1. Office, Agency, or Court

Agency Name (Do not use acronyms) CITY OF OAKLEY
Division, Board, Department, District, if applicable PUBLIC WORKS AND ENGINEERING Your Position ASSISTANT ENGINEER

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

Agency: _____ Position: _____

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

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

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

- Annual: The period covered is January 1, 2015, through December 31, 2015. Leaving Office: Date Left _____ (Check one)
- or- The period covered is _____, through December 31, 2015. The period covered is January 1, 2015, through the date of leaving office.
- Assuming Office: Date assumed 01/01/2016 The period covered is _____, through the date of leaving office.
- Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page _____
Schedules attached:
 Schedule A-1: Investments - Schedule attached Schedule C: Income, Loans, & Business Positions - Schedule attached
 Schedule A-2: Investments - Schedule attached Schedule D: Income, Gifts - Schedule attached
 Schedule B: Real Property - Schedule attached Schedule E: Income, Gifts, Travel Payments - Schedule attached
-or-
 None - No reportable interests on any schedule

5. Verification

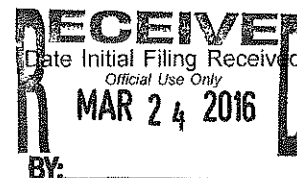
MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
3231 MAIN STREET OAKLEY CA 94561
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(925) 625-7154

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

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

Date Signed 03/17/2016 Signature [Handwritten Signature]
(month, day, year) (File the originally signed statement with your filing official)

**STATEMENT OF ECONOMIC INTERESTS
 COVER PAGE**



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Sanders Scott Raymond

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
 City of Oakley
 Division, Board, Department, District, if applicable Your Position
 Building Department Building Inspector / Code Enforcement Officer 2

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

Agency: _____ Position: _____

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

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

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

- Annual:** The period covered is January 1, 2015, through December 31, 2015.
 -or- The period covered is 01 / 01 / 2015, through December 31, 2015.
- Assuming Office:** Date assumed _____
- Candidate:** Election year _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left _____ (Check one)
 ○ The period covered is January 1, 2015, through the date of leaving office.
 -or-
 ○ The period covered is _____, through the date of leaving office.

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

Schedules attached

- Schedule A-1 - Investments - schedule attached
- Schedule A-2 - Investments - schedule attached
- Schedule B - Real Property - schedule attached
- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - schedule attached
- Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

- None** - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)
 3231 Main Street Oakley CA 94561
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
 (925) 625-7031 sanders@ci.oakley.ca.us

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

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

Date Signed 03/24/2016
 (month, day, year)

Signature Scott Sanders
 (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
 Scott Raymond Sanders

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 City of Oakley

ADDRESS (Business Address Acceptable)
 3231 Main Street

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Oakley CA, 94561

YOUR BUSINESS POSITION
 Building Inspector / Code Enforcement Officer 2

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

Other _____
 (Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

Other _____
 (Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)		

BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
	<input type="checkbox"/> Real Property _____	Street address

HIGHEST BALANCE DURING REPORTING PERIOD		City
<input type="checkbox"/> \$500 - \$1,000		
<input type="checkbox"/> \$1,001 - \$10,000		
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Other _____	(Describe)

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

RECEIVED
 Date Initial Filing Received
 on MAR 11 2016
 BY: _____

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Strelo Kenneth W

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Oakley

Division, Board, Department, District, if applicable

Planning Division

Your Position

Senior Planner

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

Agency: _____ Position: _____

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

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

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

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

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

Schedules attached

- Schedule A-1 - Investments – schedule attached Schedule C - Income, Loans, & Business Positions – schedule attached
 Schedule A-2 - Investments – schedule attached Schedule D - Income – Gifts – schedule attached
 Schedule B - Real Property – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached

-or-

- None - No reportable interests on any schedule**

5. Verification

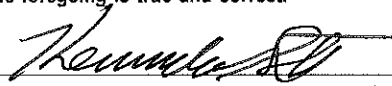
MAILING ADDRESS STREET CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)
 3231 Main Street Oakley CA 94561

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
 (925) 625-7036 strelo@ci.oakley.ca.us

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

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

Date Signed 03/11/2016
 (month, day, year)

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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

RECEIVED
 Date Initial Filing Received
 Official Use Only
MAR 03 2016
 BY: _____

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
THORSEN CHRISTOPHER WILLIAM

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
CITY OF OAKLEY CHIEF OF POLICE
 Division, Board, Department, District, if applicable Your Position

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

Agency: _____ Position: _____

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

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

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

- Annual: The period covered is January 1, 2015, through December 31, 2015.
- or-
- The period covered is 7/29/15, through December 31, 2015.
- Assuming Office: Date assumed _____
- Leaving Office: Date Left _____ (Check one)
- The period covered is January 1, 2015, through the date of leaving office.
- or-
- The period covered is _____, through the date of leaving office.
- Candidate: Election year _____ and office sought, if different than Part 1: _____

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

Schedules attached

- Schedule A-1: Investments - schedule attached
- Schedule A-2: Investments - schedule attached
- Schedule B: Real Property - schedule attached
- Schedule C: Income, Loans, & Business Positions - schedule attached
- Schedule D: Income, Gifts - schedule attached
- Schedule E: Income, Gifts, Travel, Expenses - 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)
3201 MAIN ST OAKLEY CA. 94561

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(925) 625-8853 THORSEN@CFOAKLEY.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 3-3-16 Signature [Signature]
 (month, day, year) (File the originally signed statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

RECEIVED
 Date Initial Filing Received
 Official Use Only
MAR 28 2016
 BY: _____

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Thrummer Jr. Orville Keith

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Oakley
 Division, Board, Department, District, if applicable
Community Development Your Position
Building Inspector II
 ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
 Agency: _____ Position: _____

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

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

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

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

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

Schedules attached

Schedule A-1: Investments - schedule attached Schedule C: Income, Loans, & Business Positions - schedule attached
 Schedule A-2: Investments - schedule attached Schedule D: Income - Gifts - schedule attached
 Schedule B: Real Property - schedule attached Schedule E: Income - Gifts - Travel Payments - schedule attached

or

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document) STREET CITY STATE ZIP CODE
3231 Main St Oakley CA 94561
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(925) 584-7511 thrummer@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 3/28/16 Signature Orville Thrummer Jr.
(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 _____

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
City of Oakley

ADDRESS (Business Address Acceptable)
3231 Main St Oakley, CA 94561

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Community Development

YOUR BUSINESS POSITION
Building Inspector II

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

Other _____
 (Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

Other _____
 (Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions; or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE _____% None

TERM (Months/Years) _____

SECURITY FOR LOAN
 None Personal residence

Real Property _____
 Street address _____
 City _____

Guarantor _____

Other _____
 (Describe)

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

RECEIVED
 Date Initial Filing Received
MAR 02 2016
 BY: _____

Please type or print in ink.

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

1. Office, Agency, or Court

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

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

Agency: Successor Agency; Oakley Oversight Board Position: Secretary

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

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

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

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

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

Schedules attached

- Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached
 Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached
 Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

- None** - No reportable interests on any schedule

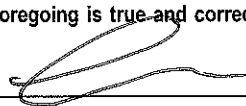
5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)
 3231 Main Street Oakley CA 94561
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
 (925) 625-7013 vreonis@ci.oakley.ca.us

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

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

Date Signed 03/02/2016
 (month, day, year)

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

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION
 Name
 Eva E. "Libby" Beede-Vreonis

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 U.S.S. POSCO

ADDRESS (Business Address Acceptable)
 900 Loveridge Road, Pittsburg, CA 94565

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Steel Industry

YOUR BUSINESS POSITION
 Operator

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

Other _____
 (Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

Other _____
 (Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE _____% None

TERM (Months/Years) _____

SECURITY FOR LOAN
 None Personal residence

Real Property _____
 Street address _____
 City _____

Guarantor _____

Other _____
 (Describe)

Comments: _____