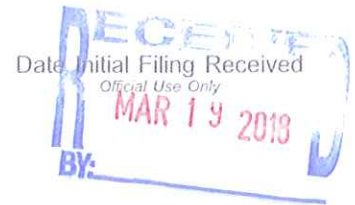


STATEMENT OF ECONOMIC INTERESTS
COVER PAGE



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 Your Position
 City Manager/Human Resources Program Coordinator

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

Agency: City of Oakley Position: HR Technician

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, 2017, through December 31, 2017. **Leaving Office:** Date Left ____/____/_____
 (Check one)
 The period covered is January 1, 2017, through the date of leaving office.
- or-
 The period covered is ____/____/_____, through December 31, 2017. **-or-**
 The period covered is ____/____/_____, through the date of leaving office.
- Assuming Office:** Date assumed ____/____/_____
 Candidate: Date of Election _____ 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) 625-7011 banos@ci.oakley.ca.us

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

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

Date Signed 03/19/2018
 (month, day, year)

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

COVER PAGE

Please type or print in ink.

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

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 Accountant

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

Agency: Position:

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

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

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

- Annual: The period covered is January 1, 2017, through December 31, 2017. (checked)
Assuming Office: Date assumed
Candidate: Date of Election
Leaving Office: Date Left
The period covered is January 1, 2017, 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, A-2, B, C, D, E
None - No reportable interests on any schedule (checked)

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
3231 Main St 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 3/1/2018 Signature [Handwritten Signature]

MAR 30 2018

CITY OF OAKLEY (MIDDLE)
ALLEN

Please type or print in ink.

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

1. Office, Agency, or Court

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

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

Agency: _____ 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, 2017, through December 31, 2017.
-or- The period covered is ____/____/____, through December 31, 2017.
 Assuming Office: Date assumed 2 / 25 / 2017
 Leaving Office: Date Left ____/____/____ (Check one)
 The period covered is January 1, 2017, through the date of leaving office.
-or-
 The period covered is ____/____/____, through the date of leaving office.
 Candidate: Date of Election _____ 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

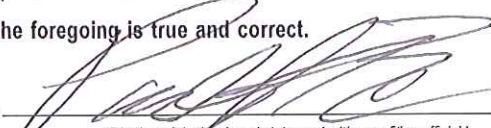
5. Verification

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) 625-8829 beard@ci.oakley.ca.us

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

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

Date Signed 3/30/18
(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)
 Bermudez Heylin

1. Office, Agency, or Court

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

► If filing for multiple positions, list below or on an 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, 2017, through December 31, 2017.
- or-
- The period covered is ____/____/____, through December 31, 2017.
- Assuming Office:** Date assumed ____/____/____
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left ____/____/____ (Check one)
- The period covered is January 1, 2017, 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) 625-7018 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 03/15/2018
 (month, day, year)

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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Initial Filing Received
MAR 07 2018
Office Use Only

CITY OF OAKLEY

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms) City of Oakley Recreation Manager
Division, Board, Department, District, if applicable Recreation 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 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, 2017, through December 31, 2017. Leaving Office: Date Left ____/____/____ (Check one)
- or- The period covered is ____/____/____, through December 31, 2017. The period covered is January 1, 2017, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____ -or- The period covered is ____/____/____, through the date of leaving office.
- Candidate: Date of Election _____ 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
3231 Main St Oakley CA 94561
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(925) 625-7000 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 3/1/18
(month, day, year)

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

MAR 05 2018

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

CITY OF OAKLEY

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Cartwright Logan James

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Oakley

Division, Board, Department, District, if applicable

Oakley Police Department

Your Position

Sergeant

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

Agency: _____ Position: _____

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

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

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

- Annual: The period covered is January 1, 2017, through December 31, 2017. Leaving Office: Date Left ____/____/____ (Check one)
- or- The period covered is ____/____/____, through December 31, 2017. The period covered is January 1, 2017, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____. -or- The period covered is ____/____/____, through the date of leaving office.
- Candidate: Date of Election _____ and office sought, if different than Part 1: _____

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

Schedules attached

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

-or-
 None - No reportable interests on any schedule

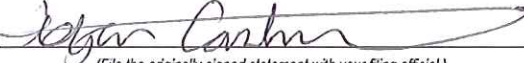
5. Verification

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

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

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

Date Signed 03/05/2018
(month, day, year)

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

STATEMENT OF ECONOMIC INTERESTS

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Date Initial Filing Received
Official Use Only
MAR 08 2018

CITY OF OAKLEY

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
Building/Code Enforcement Building Inspector 1/Code Enforcement Officer

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

Agency: _____ Position: _____

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

- 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, 2017, through December 31, 2017.
-or-
The period covered is ____/____/____, through December 31, 2017.
- Assuming Office:** Date assumed ____/____/____
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left ____/____/____
(Check one)
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 - or-
 - The period covered is ____/____/____, through the date of leaving office.

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- Schedule B - Real Property** – schedule attached **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or-

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
3231 Main St Oakley CA 94561
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(925) 625-7000 coan@ci.oakley.ca.us

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

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

Date Signed 03/07/2018
(month, day, year)

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

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Oakley Recreation + Event Coordinator
Division, Board, Department, District, if applicable Your Position

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

Agency: _____ Position: _____

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

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

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

- Annual: The period covered is January 1, 2017, through December 31, 2017.
- or-
- The period covered is ____/____/____, through December 31, 2017.
- Assuming Office: Date assumed ____/____/____
- Candidate: Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office: Date Left ____/____/____ (Check one)
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- 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
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- 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) 625-7044

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

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

Date Signed 3-5-18
(month, day, year)
Signature Cindy Coelho
(File the original signed statement with your filing official.)

RECEIVED

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Initial Filing Received
Official Use Only
MAR 27 2018

CITY OF OAKLEY

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Oakley

Division, Board, Department, District, if applicable

Public Works & Engineering

Your Position

Senior Engineer

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

Agency: City of Oakley

Position: Storm Water Program Manager

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

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

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

- Annual: The period covered is January 1, 2017, through December 31, 2017. Leaving Office: Date Left ____/____/____ (Check one)
- or- The period covered is ____/____/____, through December 31, 2017. The period covered is January 1, 2017, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____ -or- The period covered is ____/____/____, through the date of leaving office.
- Candidate: Date of Election _____ 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) 625-7155 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 3/27/2018
(month, day, year)

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

COVER PAGE

RECEIVED
 RECEIVED
 MAR 05 2018
 CITY OF OAKLEY
 CITY OF OAKLEY

Please type or print in ink.

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

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 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, 2017, through December 31, 2017.
 -or-
 The period covered is ____/____/____, through December 31, 2017.
 Assuming Office: Date assumed ____/____/____
 Candidate: Date of Election _____ and office sought, if different than Part 1: _____
 Leaving Office: Date Left ____/____/____ (Check one)
 The period covered is January 1, 2017, 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) 625-7006 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 03/05/18
 (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 R

1. Office, Agency, or Court

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

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, 2017, through December 31, 2017. Leaving Office: Date Left
-or- The period covered is through December 31, 2017.
Assuming Office: Date assumed
Candidate: Date of Election 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

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) 625-7015 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 03/01/2018 Signature Jesse Dela Cruz
(month, day, year) (File the originally signed statement with your filing official)

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
March 15, 2018
Official Use Only

COVER PAGE

CITY OF OAKLEY

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Duran Nicholas James

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 Public Works Inspector 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 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, 2017, through December 31, 2017. Leaving Office: Date Left ____/____/____ (Check one)
- or- The period covered is ____/____/____, through December 31, 2017. The period covered is January 1, 2017, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____ -or- The period covered is ____/____/____, through the date of leaving office.
- Candidate: Date of Election _____ and office sought, if different than Part 1: _____

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- Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
3231 Main Street Oakley CA 94561
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(925) 625-7000 duran@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 3/1/2018
(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 06 2013
CITY OF OAKLEY

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Edgell Troy A

1. Office, Agency, or Court

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

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

Agency: _____ Position: _____

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

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

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

Annual: The period covered is January 1, 2017, through December 31, 2017.
 -or- The period covered is ____/____/____, through December 31, 2017.
 Assuming Office: Date assumed ____/____/____
 Candidate: Date of Election _____ and office sought, if different than Part 1: _____
 Leaving Office: Date Left ____/____/____ (Check one)
 The period covered is January 1, 2017, 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
<i>(Business or Agency Address Recommended - Public Document)</i>				
3231 Main St		Oakley	CA	94561
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS		
(925) 625-7009		edgell@ci.oakley.ca.us		

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

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

Date Signed 6 March 2018 Signature [Signature]
 (month, day, year) (File the originally signed statement with your filing official.)

**SCHEDULE A-1
Investments**

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)
Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Troy Edgell
--

▶ NAME OF BUSINESS ENTITY
Apple

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:
12 / 15 / 17 _____ / ____ / 17
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Pfizer

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:
12 / 15 / 17 _____ / ____ / 17
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Lowes

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:
12 / 15 / 17 _____ / ____ / 17
 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:
 _____ / ____ / 17 _____ / ____ / 17
 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:
 _____ / ____ / 17 _____ / ____ / 17
 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:
 _____ / ____ / 17 _____ / ____ / 17
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Troy Edgell

▶ NAME OF SOURCE *(Not an Acronym)*
 Al Luchessi

ADDRESS *(Business Address Acceptable)*
 Unknown

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Vintor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 04 / 17	\$ 250.00	2 Cases Wine
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

RECEIVED
 Date Initial Filing Received
 Official Use Only
 MAR 15 2018
 BY: _____

Please type or print in ink.

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

1. Office, Agency, or Court

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

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

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

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

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

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

Annual: The period covered is January 1, 2017, through December 31, 2017.
 -or-
 The period covered is _____, through December 31, 2017.
 Assuming Office: Date assumed _____
 Candidate: Date of Election _____ and office sought, if different than Part 1: _____
 Leaving Office: Date Left ____/____/_____
 (Check one)
 The period covered is January 1, 2017, 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 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)
 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 March 9, 2018
 (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)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

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 Office

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999 / / 17 / / 17
 \$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

Cota Cole & Huber 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:
 \$2,000 - \$10,000 / / 17 / / 17
 \$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 _____ Yrs. remaining Other _____

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

1. BUSINESS ENTITY OR TRUST

Name
 Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999 / / 17 / / 17
 \$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 / / 17 / / 17
 \$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 _____ Yrs. remaining Other _____

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
 William R. Galstan

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 Cota Cole & Huber LLP

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Law Firm

YOUR BUSINESS POSITION
 Consulting Attorney

GROSS INCOME RECEIVED No Income - Business Position Only
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

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

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

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

Loan repayment

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

 (Describe)

Other Hourly fees

 (Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED No Income - Business Position Only
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

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

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

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

Loan repayment

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

 (Describe)

Other _____
 (Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

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

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

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

INTEREST RATE _____% None

TERM (Months/Years) _____

SECURITY FOR LOAN
 None Personal residence

Real Property _____

 Street address

 City

Guarantor _____

Other _____
 (Describe)

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Initial Filing Received
 Official Use Only
 MAR 2 2018

RECEIVED
CITY OF OAKLEY

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
 City of Oakley
 Division, Board, Department, District, if applicable
 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
 Oversight Board of Successor Agency to the Oakley
 Agency: Redevelopment Agency Position: Special Counsel

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

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

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

Annual: The period covered is January 1, 2017, through December 31, 2017.
 -or-
 The period covered is ____/____/____, through December 31, 2017.
 Assuming Office: Date assumed ____/____/____
 Candidate: Date of Election _____ and office sought, if different than Part 1: _____
 Leaving Office: Date Left ____/____/____ (Check one)
 The period covered is January 1, 2017, 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 March 9, 2018
 (month, day, year)

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

STATEMENT OF ECONOMIC INTERESTS

RECEIVED
Date Initial Filing Received
Official Use Only

MAR 04 2018

COVER PAGE

CITY OF OAKLEY
Alan

Please type or print in ink.

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

1. Office, Agency, or Court

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

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

Agency: _____ Position: _____

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

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

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

Annual: The period covered is January 1, 2017, through December 31, 2017.
-or-
The period covered is ____/____/____, through December 31, 2017.
 Assuming Office: Date assumed ____/____/____
 Candidate: Date of Election _____ and office sought, if different than Part 1: _____
 Leaving Office: Date Left ____/____/____ (Check one)
 The period covered is January 1, 2017, 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

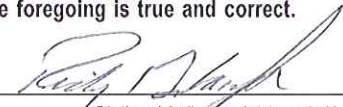
5. Verification

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 grubaugh@ci.oakley.ca.us

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

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

Date Signed 03/03/2018
(month, day, year)

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS 5 2018

COVER PAGE

CITY OF OAKLEY

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Hurney Dean 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, 2017, through December 31, 2017.
- or-
- The period covered is _____, through December 31, 2017.
- Assuming Office: Date assumed _____
- Leaving Office: Date Left _____ (Check one)
- The period covered is January 1, 2017, through the date of leaving office.
- or-
- The period covered is _____, through the date of leaving office.
- Candidate: Date of Election _____ 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 EMAIL ADDRESS
(925) 625-1700 hurney@ci.oakley.ca.us

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

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

Date Signed 3/5/18
(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
Disabled Access property inspection

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999
 \$2,000 - \$10,000
 \$10,001 - \$100,000 */ / 17* */ / 17*
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 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

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

Check one box:
 INVESTMENT REAL PROPERTY

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

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

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000 */ / 17* */ / 17*
ACQUIRED DISPOSED

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

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

1. BUSINESS ENTITY OR TRUST

Name _____
Address (Business Address Acceptable) _____

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

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999
 \$2,000 - \$10,000
 \$10,001 - \$100,000 */ / 17* */ / 17*
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 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
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000 */ / 17* */ / 17*
ACQUIRED DISPOSED

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

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

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Initial Filing Received
MAR 01 2018

CITY OF OAKLEY

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Oakley
Division, Board, Department, District, if applicable Your Position
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, 2016, through December 31, 2016. Leaving Office: Date Left ____/____/____ (Check one)
- or- The period covered is ____/____/____, through December 31, 2016. The period covered is ____/____/____, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____. The period covered is ____/____/____, through the date of leaving office.
- Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must 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

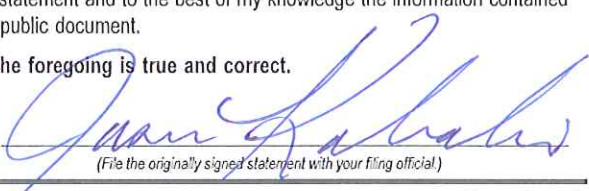
5. Verification

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) 625-7040 kabalin@ci.oakley.ca.us

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

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

Date Signed 03/01/2018
(month, day, year)

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

COVER PAGE APR 09 2018

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Kennedy Francis CITY OF OAKLEY Joseph

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

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

Annual: The period covered is January 1, 2017, through December 31, 2017.
 -or-
 The period covered is ____/____/____, through December 31, 2017.

Assuming Office: Date assumed ____/____/____

Leaving Office: Date Left ____/____/____ (Check one)
 The period covered is January 1, 2017, through the date of leaving office.
 -or-
 The period covered is ____/____/____, through the date of leaving office.

Candidate: Date of Election _____ 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 <small>(Business or Agency Address Recommended - Public Document)</small>	STREET	CITY	STATE	ZIP CODE
	3231 Main Street	Oakley	CA	94651
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS			
(925) 625-7000	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 4/5/18 Signature _____
(month, day, year) (File the original, signed statement with your filing official.)

MAR 01 2018

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

CITY OF OAKLEY

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Oakley

Division, Board, Department, District, if applicable

Building Dpt.

Your Position

Building Official

▶ 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, 2017, through December 31, 2017. Leaving Office: Date Left ____/____/____ (Check one)
- or- The period covered is ____/____/____, through December 31, 2017. The period covered is January 1, 2017, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____. -or- The period covered is ____/____/____, through the date of leaving office.
- Candidate: Date of Election _____ 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 St

Oakley

CA

94561

DAYTIME TELEPHONE NUMBER

(925) 250 7688

E-MAIL ADDRESS

Kidwell@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 3-1-18 (month, day, year)

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

MAR 29 2018

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

CITY OF OAKLEY

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Kohlmaier Mark

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Oakley

Division, Board, Department, District, if applicable

Oakley Police Department

Your Position

Segeant

► 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, 2017, through December 31, 2017. Leaving Office: Date Left ____/____/____ (Check one)
- or- The period covered is ____/____/____, through December 31, 2017. The period covered is January 1, 2017, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____. -or- The period covered is ____/____/____, through the date of leaving office.
- Candidate: Date of Election _____ and office sought, if different than Part 1: _____

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

Schedules attached

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

-or-

None - No reportable interests on any schedule

5. Verification

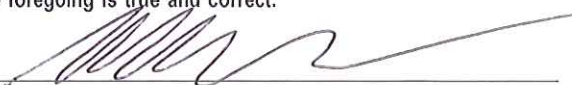
MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
3231 Main Street Oakley Ca 94561

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(925) 625-8855 kohlmaier@ci.oakley.ca.us

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

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

Date Signed 3/28/2018
(month, day, year)

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

RECEIVED

Date Initial Filing Received

Official Use Only

MAR 05 2018

CITY OF OAKLEY

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)
Marquez-Suarez Nancy A

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Oakley
Division, Board, Department, District, if applicable
City Managers Office/Human Resources
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, 2017, through December 31, 2017.
-or-
The period covered is ____/____/____, through December 31, 2017.
 Assuming Office: Date assumed ____/____/____
 Leaving Office: Date Left ____/____/____ (Check one)
 The period covered is January 1, 2017, through the date of leaving office.
-or-
 The period covered is ____/____/____, through the date of leaving office.
 Candidate: Date of Election _____ and office sought, if different than Part 1: _____

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

Schedules attached

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

-or-

None - No reportable interests on any schedule

5. Verification

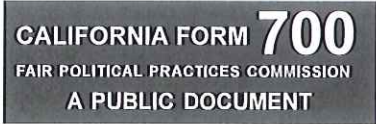
MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
3231 Main St Oakley CA 94561
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(925) 625-7000 marquez@ci.oakley.ca.us

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 3/5/18
(month, day, year)

Signature Nancy Marquez-Suarez
(File the originally signed statement with your filing official)



STATEMENT OF ECONOMIC INTERESTS

COVER PAGE CITY OF OAKLEY

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: Oakley Oversight Board Position: Board Member

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, 2017, through December 31, 2017.
-or-
The period covered is through December 31, 2017.
Assuming Office: Date assumed
Candidate: Date of Election and office sought, if different than Part 1:
Leaving Office: Date Left
The period covered is January 1, 2017, 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
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 02/26/2018
(month, day, year)

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

RECEIVED

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Official Use Only

APR 02 2018

COVER PAGE

CITY OF OAKLEY

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 Your Position

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

Agency: Position: Contract IT

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, 2017, through December 31, 2017. 1/1, 12/31 2017
-or- The period covered is through December 31, 2017.
 Assuming Office: Date assumed
 Candidate: Date of Election and office sought, if different than Part 1:
 Leaving Office: Date Left (Check one)
 The period covered is January 1, 2017, 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 (Business or Agency Address Recommended - Public Document) STREET CITY STATE ZIP CODE
3231 Main Street OAKLEY CA 94561
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(510) 577-8555 rich@ontai.net

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

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

Date Signed 3/1/2018 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
Richard Miller

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
ONTAI

ADDRESS (Business Address Acceptable)
79 Motu Dr.

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Orinda Ca

YOUR BUSINESS POSITION
CEO

GROSS INCOME RECEIVED No Income - Business Position Only
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

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

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

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

Loan repayment

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

 (Describe)

Other _____
 (Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED No Income - Business Position Only
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

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

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

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

Loan repayment

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

 (Describe)

Other _____
 (Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

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

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

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

INTEREST RATE _____ % None

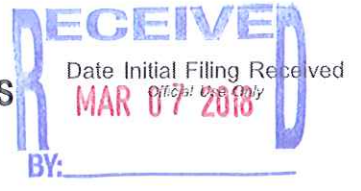
TERM (Months/Years) _____

SECURITY FOR LOAN
 None Personal residence
 Real Property _____
 Street address _____
 City _____

Guarantor _____

Other _____
 (Describe)

Comments: _____



STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

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

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 (Statewide Jurisdiction)
- County of _____
- Other _____

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

- Annual: The period covered is January 1, 2017, through December 31, 2017.
- or-
- The period covered is _____, through December 31, 2017.
- Assuming Office: Date assumed _____
- Leaving Office: Date Left _____ (Check one)
- The period covered is January 1, 2017, through the date of leaving office.
- or-
- The period covered is _____, through the date of leaving office.
- Candidate: Date of Election _____ 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 A-2 - Investments - schedule attached
- Schedule B - Real Property - schedule attached
- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - schedule attached
- Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-
 None - No reportable interests on any schedule

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

DAYTIME TELEPHONE NUMBER (925) 625-7038 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 3-7-18 Signature David Newman
(month, day, year) (File the originally signed statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Initial Filing Received
Official Use Only

MAR 07 2018

CITY OF OAKLEY

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Perata Steve Matthew

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Oakley

Division, Board, Department, District, if applicable

Oakley Police Department

Your Position

Sergeant

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

Agency: _____ Position: _____

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County _____

County of _____

City of City of Oakley

Other _____

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

Annual: The period covered is January 1, 2017, through December 31, 2017.

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

-or-

The period covered is ____/____/____, through December 31, 2017.

The period covered is January 1, 2017, through the date of leaving office.

-or-

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

Assuming Office: Date assumed ____/____/____

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

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

Schedules attached

Schedule A-1 - Investments - schedule attached

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

Schedule A-2 - Investments - schedule attached

Schedule D - Income - Gifts - schedule attached

Schedule B - Real Property - schedule attached

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

-or-

None - No reportable interests on any schedule

5. Verification

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

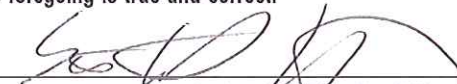
3231 Main Street Oakley CA 94561

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(925) 625-8855 perata@ci.oakley.ca.us

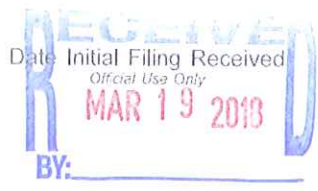
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed 03/07/2018
(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)
 Perez Elizabeth M.

1. Office, Agency, or Court

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

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
 The Successor Agency to the Oakley Redevelopment Agency
 Agency: Oakley Oversight Board Position: General 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 _____

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

- Annual: The period covered is January 1, 2017, through December 31, 2017.
 -or-
 The period covered is 06 / 01 / 2017, through December 31, 2017.
- Assuming Office: Date assumed _____
- Candidate: Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office: Date Left _____ / _____ / _____
 (Check one)
 The period covered is January 1, 2017, 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)
 2261 Lava Ridge Court Roseville CA 95661
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
 (916) 780-9009 eperez@cotalawfirm.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 March 9, 2018
 (month, day, year)

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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Initial Filing Received
 Official Use Only

MAR 07 2018

CITY OF OAKLEY

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Roberts Robert William

1. Office, Agency, or Court

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

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

Agency: _____ Position: _____

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

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

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

- Annual:** The period covered is January 1, 2017, through December 31, 2017.
- or-
- The period covered is ____/____/____, through December 31, 2017.
- Assuming Office:** Date assumed ____/____/____
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left ____/____/____ (Check one)
- The period covered is January 1, 2017, through the date of leaving office.
- or-
- The period covered is ____/____/____, through the date of leaving office.

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

Schedules attached

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

-OR-

None - No reportable interests on any schedule

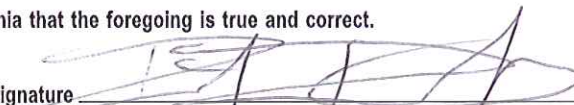
5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)
 3231 Main St Oakley CA 94561
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
 (925) 625-8833 roberts@ci.oakley.ca.us

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

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

Date Signed 03/07/2018
 (month, day, year)

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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Initial Filing Received
Official Use Only

CITY OF OAKLEY

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 city engineer

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

Agency: Position:

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

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

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

- Annual: The period covered is January 1, 2017, through December 31, 2017.
Leaving Office: Date Left
Assuming Office: Date assumed
Candidate: Date of Election

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 3231 main st oakley CA 94561

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 3-1-18 Signature

**STATEMENT OF ECONOMIC INTERESTS
 COVER PAGE**

Date Initial Filing Received
 Official Use Only
MAR 28 2018
 BY: _____

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Saengchalern	Billilee	Hofer

1. Office, Agency, or Court

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

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

Agency: _____ Position: _____

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

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

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

- | | |
|---|--|
| <input checked="" type="checkbox"/> Annual: The period covered is January 1, 2017, through December 31, 2017. | <input type="checkbox"/> Leaving Office: Date Left ____/____/____
<i>(Check one)</i> |
| -or-
The period covered is ____/____/____, through December 31, 2017. | <input type="checkbox"/> The period covered is January 1, 2017, through the date of leaving office. |
| <input type="checkbox"/> Assuming Office: Date assumed ____/____/____ | -or-
<input type="checkbox"/> The period covered is ____/____/____, through the date of leaving office. |
| <input type="checkbox"/> Candidate: Date of Election _____ and office sought, if different than Part 1: _____ | |

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

Schedules attached

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

-or-

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS <i>(Business or Agency Address Recommended - Public Document)</i>	STREET	CITY	STATE	ZIP CODE
3231 Main Street	Oakley	CA	94561	
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS			
(925) 625-7154	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 3/28/18
(month, day, year)

Signature *Billilee H. Saengchalern*
(File the originally signed statement with your filing official.)

MAR 29 2018

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of oakley Building Inspector II
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, 2017, through December 31, 2017.
- or-
- The period covered is _____, through December 31, 2017.
- Assuming Office: Date assumed _____
- Candidate: Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office: Date Left _____ (Check one)
- The period covered is January 1, 2017, 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
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- Schedule B - Real Property - schedule attached
- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - schedule attached
- Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-
 None - No reportable interests on any schedule

5. Verification

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

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(925) 625-7000 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 3-29-18
(month, day, year)

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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Initial Filing Received
Official Use Only

MAR 07 2018

RECEIVED
CITY OF OAKLEY

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Solomon Jeffrey Lee

1. Office, Agency, or Court

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

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

Agency: _____ Position: _____

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

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

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

- Annual: The period covered is January 1, 2017, through December 31, 2017. Leaving Office: Date Left ____/____/____ (Check one)
- or- The period covered is ____/____/____, through December 31, 2017. The period covered is January 1, 2017, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____. -or- The period covered is ____/____/____, through the date of leaving office.
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- Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

5. Verification

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

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

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

Date Signed 03/07/2018
(month, day, year)

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

STATEMENT OF ECONOMIC INTERESTS

DATE Initial Filing Received
MAR 01 2018 Official Use Only

COVER PAGE

CITY OF OAKLEY

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Oakley

Division, Board, Department, District, if applicable

Planning Division

Your Position

Principal 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, 2017, through December 31, 2017. Leaving Office: Date Left ____/____/____ (Check one)
- or- The period covered is ____/____/____, through December 31, 2017. The period covered is January 1, 2017, through the date of leaving office.
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- Candidate: Date of Election _____ and office sought, if different than Part 1: _____

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Schedules attached

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

-or-

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
3231 Main Street Oakley CA 94561
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(925) 625-7000 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 03/01/2018
(month, day, year)

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

MAR 01 2018

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

CITY OF OAKLEY

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Thorsen Christopher William

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Oakley

Division, Board, Department, District, if applicable

Police Department

Your Position

Chief of Police

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

Agency: _____ Position: _____

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

- State 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, 2017, through December 31, 2017. Leaving Office: Date Left ____/____/____ (Check one)
- or- The period covered is ____/____/____, through December 31, 2017. The period covered is ____/____/____, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____. The period covered is ____/____/____, through the date of leaving office.
- Candidate: Date of Election _____ 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 94598
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(925) 625-8820 thorsen@ci.oakley.ca.us

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

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

Date Signed 3-1-18
(month, day, year)

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

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

CITY OF OAKLEY

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Bede-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
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, 2017, through December 31, 2017.
Leaving Office: Date Left
Assuming Office: Date assumed
Candidate: Date of Election

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

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
3231 Main Street Oakley CA 94561
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(925) 625-7000 vreonis@ci.oakley.ca.us

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

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

Date Signed 03/04/18 (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)

Name
 Eva E. "Libby" Beede-Vreonis

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 USS POSCO

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Steel Manufacturing

YOUR BUSINESS POSITION
 Operator (spouse)

GROSS INCOME RECEIVED No Income - Business Position Only
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

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

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

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

Loan repayment

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

 (Describe)

Other _____
 (Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED No Income - Business Position Only
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

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

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

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

Loan repayment

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

 (Describe)

Other _____
 (Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

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

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

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

INTEREST RATE _____% None

TERM (Months/Years) _____

SECURITY FOR LOAN
 None Personal residence

Real Property _____
 Street address _____
 City _____

Guarantor _____

Other _____
 (Describe)

Comments: _____