

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**

Date Initialed Received  
 Official Use Only

JAN 25 2016

City of Clayton

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Angrisani Richard Arthur

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
 City of Clayton  
 Division, Board, Department, District, if applicable 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 Clayton
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other \_\_\_\_\_

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

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

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

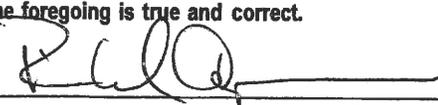
**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
 (Business or Agency Address Recommended - Public Document)  
 6000 heritage Trail Clayton CA 94517  
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
 ( 925 ) 363-7433 ricka@permcoengineering.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 01/22/2016  
 (month, day, year)

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

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

Name  
Richard Angrisani

▶ 1. BUSINESS ENTITY OR TRUST

**Angrisani, Inc.**

Name  
1470 Civic Ct., Ste. 320, Concord, CA 94520

Address (Business Address Acceptable)

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

**GENERAL DESCRIPTION OF THIS BUSINESS**  
Civil Engineering

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

\$0 - \$1,999                                      / / 15                      / / 15  
 \$2,000 - \$10,000                                      ACQUIRED                      DISPOSED  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     Corporate Shares  
Other

YOUR BUSINESS POSITION COO

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

\$0 - \$499                       \$10,001 - \$100,000  
 \$500 - \$1,000                       OVER \$100,000  
 \$1,001 - \$10,000

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

None    or     Names listed below

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Check one box:  
 INVESTMENT                       REAL PROPERTY

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

\_\_\_\_\_

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

\_\_\_\_\_

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000                                      / / 15                      / / 15  
 \$10,001 - \$100,000                                      ACQUIRED                      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_     Other \_\_\_\_\_  
Yrs. remaining

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

▶ 1. BUSINESS ENTITY OR TRUST

Name \_\_\_\_\_

Address (Business Address Acceptable) \_\_\_\_\_

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

**GENERAL DESCRIPTION OF THIS BUSINESS**

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

\$0 - \$1,999                                      / / 15                      / / 15  
 \$2,000 - \$10,000                                      ACQUIRED                      DISPOSED  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     \_\_\_\_\_  
Other

YOUR BUSINESS POSITION \_\_\_\_\_

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

\$0 - \$499                       \$10,001 - \$100,000  
 \$500 - \$1,000                       OVER \$100,000  
 \$1,001 - \$10,000

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

None    or     Names listed below

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Check one box:  
 INVESTMENT                       REAL PROPERTY

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

\_\_\_\_\_

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

\_\_\_\_\_

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000                                      / / 15                      / / 15  
 \$10,001 - \$100,000                                      ACQUIRED                      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_     Other \_\_\_\_\_  
Yrs. remaining

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

Comments: \_\_\_\_\_

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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
 Richard Angrisani

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME  
 Angrisani, Inc. dba Permco Engineering & Managem

ADDRESS (Business Address Acceptable)  
 1470 Civic Ct., Ste. 320, Concord, CA 94520

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Civil Engineering

YOUR BUSINESS POSITION  
 COO

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

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

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

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or       Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 (Describe)

Other \_\_\_\_\_  
 (Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

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

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

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

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or       Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 (Describe)

Other \_\_\_\_\_  
 (Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

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

NAME OF LENDER\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

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

INTEREST RATE \_\_\_\_\_%       None

TERM (Months/Years) \_\_\_\_\_

SECURITY FOR LOAN  
 None       Personal residence

Real Property \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City \_\_\_\_\_

Guarantor \_\_\_\_\_

Other \_\_\_\_\_  
 (Describe)

Comments: \_\_\_\_\_

**STATEMENT OF ECONOMIC INTERESTS**

Received  
 Date Initial Filing Received  
 Official Use Only  
**JAN 22 2016**

**COVER PAGE**

**City of Clayton**

Please type or print in ink.

NAME OF FILER (LAST) Boscacci (FIRST) Jessica (MIDDLE) O'Ann

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms) City of Clayton Administrative Assistant  
 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 Clayton
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other \_\_\_\_\_

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

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

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

**Schedules attached**

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

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

**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
 (Business or Agency Address Recommended - Public Document)  
6000 Heritage Trail Clayton CA 94517

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
(925) 673-7310 jboscacci@ci.clayton.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 1/22/16  
 (month, day, year)

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

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**

Date Received **Received**  
 Official Use Only

**JAN 21 2016**

**City of Clayton**

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Brown Janet A.

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
 City of Clayton  
 Division, Board, Department, District, if applicable Your Position  
 Oakhurst Geological Hazard Abatement District (GHAD) Secretary

► 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 Clayton
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other \_\_\_\_\_

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

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- Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
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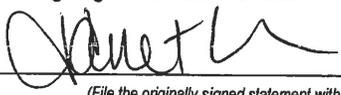
MAILING ADDRESS STREET CITY STATE ZIP CODE  
 (Business or Agency Address Recommended - Public Document)  
 6000 Heritage Trail Clayton CA 94517

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
 ( 925 ) 673-7304 jbrown@ci.clayton.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 01/21/2016  
 (month, day, year)

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

**COVER PAGE**

JAN 21 2016

City of Clayton  
 (MIDDLE)

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Brown Janet A.

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
 City of Clayton  
 Division, Board, Department, District, if applicable  
 Your Position  
 City Clerk/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 Clayton  Other \_\_\_\_\_

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

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- Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
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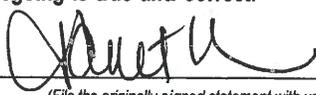
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MAILING ADDRESS STREET CITY STATE ZIP CODE  
 (Business or Agency Address Recommended - Public Document)  
 6000 Heritage Trail Clayton CA 94517  
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
 ( 925 ) 673-7304 jbrown@ci.clayton.ca.us

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 01/21/2016  
 (month, day, year)

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

MAR 23 2016

COVER PAGE

City of Clayton

Please type or print in ink.

NAME OF FILER (LAST) Bruzzone (FIRST) David (MIDDLE) Wayne

1. Office, Agency, or Court

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

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 Clayton
Judge or Court Commissioner (Statewide Jurisdiction)
County of
Other

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

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

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

Schedules attached

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

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
6000 Heritage Trail Clayton CA 94517
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(925) 818-12706 thegirlsmachine@aol.com

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

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

Date Signed 3/23/2016 Signature David Bruzzone
(month, day, year) (File the originally signed statement with your filing official.)

**STATEMENT OF ECONOMIC INTERESTS  
 COVER PAGE**

4/7/16 FPPC ok  
 Received  
 Date Issued: \_\_\_\_\_  
 Official Use Only  
**JAN 25 2016**  
**City of Clayton**

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Catalano Tuija Irmeli

**1. Office, Agency, or Court**

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

► 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 Clayton
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other \_\_\_\_\_

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

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- Candidate:** Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- Leaving Office:** Date Left \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (Check one)  
 The period covered is January 1, 2015, through the date of leaving office.  
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- Schedule E - Income - Gifts - Travel Payments** – schedule attached

-or-

**None - No reportable interests on any schedule**

**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
 (Business or Agency Address Recommended - Public Document)  
 c/o Reuben, Junius & Rose, One Bush#600 San Francisco CA 94104  
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
 ( 925 ) 404-4255 tcatalano@reubenlaw.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 01/21/2016  
 (month, day, year)

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

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

Date Initial Received 4/7/16  
APR 1 2016  
FPPC  
OK

City of Clayton

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
DIAZ CHRISTOPHER

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Clayton, City of

Division, Board, Department, District, if applicable

Your Position

City Attorney

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

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

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

- State
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- City of Clayton
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-or-  
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4. Schedule Summary (must complete) ► Total number of pages including this cover page: 2

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-or-

None - No reportable interests on any schedule

5. Verification

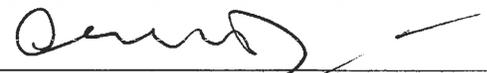
MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
2001 N. Main Street, Suite 390 Walnut Creek CA 94596

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
( 925 ) 977-3300 christopher.diaz@bbklaw.com

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

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

Date Signed 3/24/16  
(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  
CHRISTOPHER DIAZ

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Best Best & Krieger LLP

ADDRESS (Business Address Acceptable)  
2001 N. Main St., #390, Walnut Creek, CA 94596

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Law Firm

YOUR BUSINESS POSITION  
Of Counsel

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

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

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

Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

Loan repayment

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

\_\_\_\_\_  
(Describe)

Other \_\_\_\_\_  
(Describe)

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

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

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

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

Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

Loan repayment

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

\_\_\_\_\_  
(Describe)

Other \_\_\_\_\_  
(Describe)

**▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

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

NAME OF LENDER\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

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

INTEREST RATE \_\_\_\_\_ %       None

TERM (Months/Years) \_\_\_\_\_

SECURITY FOR LOAN  
 None       Personal residence

Real Property \_\_\_\_\_  
Street address

\_\_\_\_\_  
City

Guarantor \_\_\_\_\_

Other \_\_\_\_\_  
(Describe)

Comments: \_\_\_\_\_

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**

Received 4/7/16  
 Date Initial Filing Received  
 MAR 18 2016  
 Original Filing Date  
 City of Clayton

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Diaz James C

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
 Clayton City Council

Division, Board, Department, District, if applicable  
 N/A

Your Position  
 Council Member / Vice Mayor

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

Agency: N/A Position: N/A

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

- State
- Multi-County \_\_\_\_\_
- City of Clayton
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other \_\_\_\_\_

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

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

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

**Schedules attached**

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

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

**5. Verification**

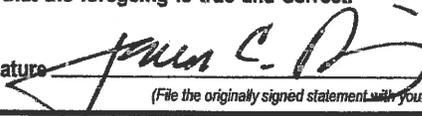
MAILING ADDRESS STREET CITY STATE ZIP CODE  
 (Business or Agency Address Recommended - Public Document)  
 P.O. Box 399 Clayton CA 94517

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
 ( 925 ) 672-0535 jimdiaz2002@pacbell.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 03/18/2016  
 (month, day, year)

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

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

Date Initialed Received  
Official Use Only

MAR 18 2016

City of Clayton

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Diaz James C

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
Clayton City Council  
Division, Board, Department, District, if applicable  
N/A  
Your Position  
Council Member / Vice Mayor

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

Agency: N/A Position: N/A

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

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

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

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

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- Schedule A-1 - Investments - schedule attached
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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
P.O. Box 399 Clayton CA 94517

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
( 925 ) 672-0535 jimdiaz2002@pacbell.net

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

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

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

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

4/7/16 FPPC  
Date Received  
Official Use Only  
FEB 10 2016  
City of Clayton

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Geller Howard Joel

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
City of Clayton  
Division, Board, Department, District, if applicable  
City Council  
Your Position  
Mayor/City Councilman

► 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 Clayton
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other \_\_\_\_\_

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

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

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

-or-  
 None - No reportable interests on any schedule

5. Verification

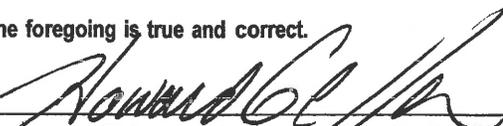
MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
252 Mountaire Parkway Clayton CA 94517

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
( 925 ) 672-4499 hgeller617@aol.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 2/3/16  
(month, day, year)

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



**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**

Received  
 Date Initial Filing Received  
 Official Use Only  
**JAN 21 2016**  
**City of Clayton**

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Gentry Melinda Marie

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
 City of Clayton  
 Division, Board, Department, District, if applicable  
 Community Development Department  
 Your Position  
 Community Development Director

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

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

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

- State
- Multi-County \_\_\_\_\_
- City of Clayton
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other \_\_\_\_\_

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

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

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- Schedule A-2 - Investments - schedule attached
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- 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**

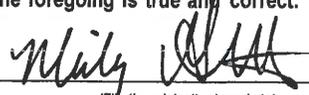
**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
 (Business or Agency Address Recommended - Public Document)  
 6000 Heritage Trail Clayton CA 94517  
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
 ( 925 ) 673-7343 mgentry@ci.clayton.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 01/21/2016  
 (month, day, year)

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

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

7/7/16 FPPC  
Date Initial Filing Received  
Received

MAR 21 2016

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) City of Clayton  
Haydon Jr. Keith L.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
Clayton City Council  
Division, Board, Department, District, if applicable  
City of Clayton  
Your Position  
Council Member

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 Clayton
Judge or Court Commissioner (Statewide Jurisdiction)
County of
Other

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

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

4. Schedule Summary (must complete) Total number of pages including this cover page: 3
Schedules attached
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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
1542 O'Hara Ct. Clayton CA 94517
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
( 925 ) 672-8262 klhaydon@pacbell.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 03/20/2016
(month, day, year)

Signature Keith Haydon Jr.
(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.

Name
Keith L. Haydon Jr.

NAME OF BUSINESS ENTITY
AT&T Services, Inc.
GENERAL DESCRIPTION OF THIS BUSINESS
Telecommunications
FAIR MARKET VALUE
\$2,000 - \$10,000
NATURE OF INVESTMENT
Stock

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
NATURE OF INVESTMENT

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
NATURE OF INVESTMENT

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
NATURE OF INVESTMENT

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
NATURE OF INVESTMENT

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
NATURE OF INVESTMENT

Comments:

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

Name  
 Keith L. Haydon Jr.

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME  
**AVON Products**

ADDRESS (Business Address Acceptable)  
**9 West 57th St, NY, NY 10019**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Sales of cosmetics and clothing**

YOUR BUSINESS POSITION  
**Distributor**

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

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

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

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or      Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 (Describe)

Other \_\_\_\_\_  
 (Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

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

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

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

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or      Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 (Describe)

Other \_\_\_\_\_  
 (Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

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

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

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

INTEREST RATE     TERM (Months/Years)

\_\_\_\_\_ %      None     \_\_\_\_\_

SECURITY FOR LOAN  
 None      Personal residence

Real Property \_\_\_\_\_  
 \_\_\_\_\_  
 Street address  
 \_\_\_\_\_  
 City

Guarantor \_\_\_\_\_

Other \_\_\_\_\_  
 (Describe)

Comments: \_\_\_\_\_

MAR 21 2016

City of Clayton

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
HICKEY CHRISTINA

1. Office, Agency, or Court

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

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

Agency: Position:

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

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

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

- Annual: The period covered is January 1, 2015, through December 31, 2015.
Assuming Office: Date assumed
Candidate: Election year and office sought, if different than Part 1:
Leaving Office: Date Left
The period covered is January 1, 2015, 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
2001 N. Main St., Ste 390 Walnut Creek CA 94596
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
( 925 ) 977-3300 christina.hickey@bbklaw.com

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

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

Date Signed 3-18-16
(month, day, year)

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

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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
 CHRISTINA HICKEY

**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
**BEST BEST & KRIEGER LLP**

ADDRESS (Business Address Acceptable)  
**2001 N. MAIN STREET, STE 390, WALNUT CREEK, CA 94596**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Law Firm**

YOUR BUSINESS POSITION  
**Of Counsel**

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

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

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

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or       Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 (Describe)

Other \_\_\_\_\_  
 (Describe)

**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

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

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

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

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or       Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 (Describe)

Other \_\_\_\_\_  
 (Describe)

**2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

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

NAME OF LENDER\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

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

INTEREST RATE \_\_\_\_\_%       None

TERM (Months/Years) \_\_\_\_\_

SECURITY FOR LOAN  
 None       Personal residence

Real Property \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City \_\_\_\_\_

Guarantor \_\_\_\_\_

Other \_\_\_\_\_  
 (Describe)

Comments: \_\_\_\_\_

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Initialed Received  
Official Use Only

JAN 25 2016

City of Clayton

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Hoffmeister Laura Marie

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
City of Clayton, CA  
Division, Board, Department, District, if applicable Your Position

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

Agency: See Attached Expanded Statement Position: Various See Attached Expanded Statement

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

- State
Multi-County Contra Costa, San Joaquin, San Mateo
City of Clayton, CA
Judge or Court Commissioner (Statewide Jurisdiction)
County of
Other JPA - Municipal Pooling Authority

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

- Annual: The period covered is January 1, 2015, through December 31, 2015.
Assuming Office: Date assumed
Candidate: Election year and office sought, if different than Part 1:
Leaving Office: Date Left
The period covered is January 1, 2015, 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
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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
6000 Heritage Trail Clayton CA 94517
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
( 925 ) 673-7300 LHoffmeister@ci.clayton.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 01/25/2016 (month, day, year)

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

City

CALIFORNIA FORM 700  
STATEMENT OF ECONOMIC INTERESTS  
JANUARY 25, 2016

**EXPANDED STATEMENT**

NAME: LAURA HOFFMEISTER  
ADDRESS: 6000 HERITAGE TRAIL, CLAYTON, CA 94517

**Multiple Agency Filing**

Name: CLAYTON SUCCESSOR AGENCY  
Jurisdiction: City of Clayton  
Position: Assistant to the City Manager

Name: CLAYTON SUCCESSOR HOUSING AGENCY  
Jurisdiction: City of Clayton  
Position: Assistant to the City Manager

Name: OVERSIGHT BOARD TO THE CITY OF CLAYTON SUCCESSOR AGENCY  
Jurisdiction: City of Clayton  
Position: Board Clerk

Name: CLAYTON GEOLOGICAL HAZARD ABATEMENT DISTRICT  
Jurisdiction: City of Clayton  
Position: Assistant to the City Manager

Name: CLAYTON FINANCING AUTHORITY  
Jurisdiction: City of Clayton  
Position: Assistant to the City Manager

Name: MUNICIPAL POOLING AUTHORITY OF NORTHERN CALIFORNIA - JPA  
Jurisdiction: Contra Costa, San Joaquin and San Mateo Counties  
Position: Board Member, Alternate

  
Laura Hoffmeister

1/25/16  
Date



STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Received Date Initial Filing Received JAN 25 2016

City of Clayton

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) Hoffmeister Laura Marie

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Clayton, CA

Division, Board, Department, District, if applicable

Your Position

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

Agency: See Attached Expanded Statement

Position: Various See Attached Expanded Statement

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

State

Multi-County Contra Costa, San Joaquin, San Mateo

City of Clayton, CA

Judge or Court Commissioner (Statewide Jurisdiction)

County of

Other JPA - Municipal Pooling Authority

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

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

-or-

The period covered is through December 31, 2015.

Leaving Office: Date Left (Check one)

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

-or-

The period covered is through the date of leaving office.

Assuming Office: Date assumed

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

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

6000 Heritage Trail

Clayton

CA

94517

DAYTIME TELEPHONE NUMBER

( 925 ) 673-7300

E-MAIL ADDRESS

LHoffmeister@ci.clayton.ca.us

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Date Signed 01/25/2016 (month, day, year)

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

SA

CALIFORNIA FORM 700  
STATEMENT OF ECONOMIC INTERESTS  
JANUARY 25, 2016

**EXPANDED STATEMENT**

NAME: LAURA HOFFMEISTER  
ADDRESS: 6000 HERITAGE TRAIL, CLAYTON, CA 94517

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Jurisdiction: City of Clayton  
Position: Assistant to the City Manager

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Jurisdiction: City of Clayton  
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Position: Assistant to the City Manager

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Jurisdiction: City of Clayton  
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Name: MUNICIPAL POOLING AUTHORITY OF NORTHERN CALIFORNIA - JPA  
Jurisdiction: Contra Costa, San Joaquin and San Mateo Counties  
Position: Board Member, Alternate

  
Laura Hoffmeister

1/25/16  
Date

# 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

Laura Hoffmeister

▶ NAME OF BUSINESS ENTITY  
Terydyne

GENERAL DESCRIPTION OF THIS BUSINESS  
Computer Electronics

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

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)

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

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

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF THIS BUSINESS  
\_\_\_\_\_

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

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)

Partnership       Income Received of \$0 - \$499  
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IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/15      \_\_\_\_/\_\_\_\_/15  
ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Oracle

GENERAL DESCRIPTION OF THIS BUSINESS  
Computer Software

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  
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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  
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(Describe)

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

▶ NAME OF BUSINESS ENTITY  
Coca Cola

GENERAL DESCRIPTION OF THIS BUSINESS  
Beverage Company

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  
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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  
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ACQUIRED                      DISPOSED

Comments: IRA investments

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**

Received  
 Date Initial Filing Received  
**JAN 25 2016**

**City of Clayton**

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Hoffmeister Laura Marie

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
 City of Clayton, CA  
 Division, Board, Department, District, if applicable Your Position

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

Agency: See Attached Expanded Statement Position: Various See Attached Expanded Statement

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

- State
- Multi-County Contra Costa, San Joaquin, San Mateo
- City of Clayton, CA
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other JPA - Municipal Pooling Authority

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

- Annual: The period covered is January 1, 2015, through December 31, 2015.  
 -or-  
 The period covered is \_\_\_\_\_ through December 31, 2015.
- Assuming Office: Date assumed \_\_\_\_\_
- Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- Leaving Office: Date Left \_\_\_\_\_ (Check one)  
 ○ The period covered is January 1, 2015, through the date of leaving office.  
 -or-  
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**4. Schedule Summary (must complete) ► Total number of pages including this cover page: 3**

**Schedules attached**

- Schedule A-1 - Investments - schedule attached
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-or-

None - No reportable interests on any schedule

**5. Verification**

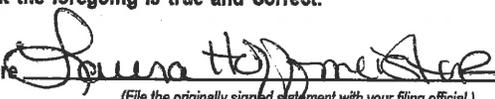
MAILING ADDRESS STREET CITY STATE ZIP CODE  
 (Business or Agency Address Recommended - Public Document)  
 6000 Heritage Trail Clayton CA 94517

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
 ( 925 ) 673-7300 LHoffmeister@ci.clayton.ca.us

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 (month, day, year)

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

54

CALIFORNIA FORM 700  
STATEMENT OF ECONOMIC INTERESTS  
JANUARY 25, 2016

**EXPANDED STATEMENT**

NAME: LAURA HOFFMEISTER  
ADDRESS: 6000 HERITAGE TRAIL, CLAYTON, CA 94517

**Multiple Agency Filing**

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Position: Assistant to the City Manager

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Jurisdiction: City of Clayton  
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Jurisdiction: City of Clayton  
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Position: Assistant to the City Manager

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Jurisdiction: City of Clayton  
Position: Assistant to the City Manager

Name: MUNICIPAL POOLING AUTHORITY OF NORTHERN CALIFORNIA - JPA  
Jurisdiction: Contra Costa, San Joaquin and San Mateo Counties  
Position: Board Member, Alternate

  
Laura Hoffmeister

1/25/16  
Date

**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

Laura Hoffmeister

▶ NAME OF BUSINESS ENTITY  
Terydyne

GENERAL DESCRIPTION OF THIS BUSINESS  
Computer Electronics

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

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

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

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
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 \_\_\_\_\_ / \_\_\_\_\_ / 15      \_\_\_\_\_ / \_\_\_\_\_ / 15  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
Oracle

GENERAL DESCRIPTION OF THIS BUSINESS  
Computer Software

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  
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▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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

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

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

▶ NAME OF BUSINESS ENTITY  
Coca Cola

GENERAL DESCRIPTION OF THIS BUSINESS  
Beverage Company

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  
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 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  
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 \_\_\_\_\_ / \_\_\_\_\_ / 15      \_\_\_\_\_ / \_\_\_\_\_ / 15  
 ACQUIRED                                  DISPOSED

Comments: IRA investments

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Received Official Use Only

JAN 25 2016

City of Clayton

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) Hoffmeister Laura Marie

1. Office, Agency, or Court

Agency Name (Do not use acronyms) City of Clayton, CA Division, Board, Department, District, if applicable Your Position

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

Agency: See Attached Expanded Statement Position: Various See Attached Expanded Statement

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

- State Multi-County Contra Costa, San Joaquin, San Mateo City of Clayton, CA Judge or Court Commissioner (Statewide Jurisdiction) County of Other JPA - Municipal Pooling Authority

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

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

4. Schedule Summary (must complete) Total number of pages including this cover page: 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 None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE 6000 Heritage Trail Clayton CA 94517 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS ( 925 ) 673-7300 LHoffmeister@ci.clayton.ca.us

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OB

CALIFORNIA FORM 700  
STATEMENT OF ECONOMIC INTERESTS  
JANUARY 25, 2016

**EXPANDED STATEMENT**

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ADDRESS: 6000 HERITAGE TRAIL, CLAYTON, CA 94517

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Jurisdiction: Contra Costa, San Joaquin and San Mateo Counties  
Position: Board Member, Alternate

  
Laura Hoffmeister

1/25/16  
Date

**SCHEDULE A-1  
Investments**

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

<b>CALIFORNIA FORM 700</b> <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <u>Laura Hoffmeister</u>

▶ NAME OF BUSINESS ENTITY  
Terydyne

GENERAL DESCRIPTION OF THIS BUSINESS  
Computer Electronics

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

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

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

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF THIS BUSINESS  
\_\_\_\_\_

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
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 \_\_\_\_\_ / \_\_\_\_\_ / 15      \_\_\_\_\_ / \_\_\_\_\_ / 15  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
Oracle

GENERAL DESCRIPTION OF THIS BUSINESS  
Computer Software

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)  
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▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF THIS BUSINESS  
\_\_\_\_\_

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
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 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
Coca Cola

GENERAL DESCRIPTION OF THIS BUSINESS  
Beverage Company

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

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 Stock       Other \_\_\_\_\_ (Describe)  
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▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF THIS BUSINESS  
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FAIR MARKET VALUE  
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Comments: IRA investments

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**

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 Date Initial Filing Received  
 Official Use Only  
**JAN 25 2016**  
**City of Clayton**

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Hoffmeister Laura Marie

**1. Office, Agency, or Court**

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

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

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MAILING ADDRESS STREET CITY STATE ZIP CODE  
 (Business or Agency Address Recommended - Public Document)  
 6000 Heritage Trail Clayton CA 94517

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
 ( 925 ) 673-7300 LHoffmeister@ci.clayton.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 01/25/2016  
 (month, day, year)

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

CFA

CALIFORNIA FORM 700  
STATEMENT OF ECONOMIC INTERESTS  
JANUARY 25, 2016

**EXPANDED STATEMENT**

NAME: **LAURA HOFFMEISTER**  
ADDRESS: **6000 HERITAGE TRAIL, CLAYTON, CA 94517**

**Multiple Agency Filing**

Name: **CLAYTON SUCCESSOR AGENCY**  
Jurisdiction: City of Clayton  
Position: Assistant to the City Manager

Name: **CLAYTON SUCCESSOR HOUSING AGENCY**  
Jurisdiction: City of Clayton  
Position: Assistant to the City Manager

Name: **OVERSIGHT BOARD TO THE CITY OF CLAYTON SUCCESSOR AGENCY**  
Jurisdiction: City of Clayton  
Position: Board Clerk

Name: **CLAYTON GEOLOGICAL HAZARD ABATEMENT DISTRICT**  
Jurisdiction: City of Clayton  
Position: Assistant to the City Manager

Name: **CLAYTON FINANCING AUTHORITY**  
Jurisdiction: City of Clayton  
Position: Assistant to the City Manager

Name: **MUNICIPAL POOLING AUTHORITY OF NORTHERN CALIFORNIA - JPA**  
Jurisdiction: Contra Costa, San Joaquin and San Mateo Counties  
Position: Board Member, Alternate

  
Laura Hoffmeister

1/25/16  
Date



STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Received: Received Official Use Only

JAN 25 2016

City of Clayton

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) Hoffmeister Laura Marie

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Clayton, CA

Division, Board, Department, District, if applicable

Your Position

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

Agency: See Attached Expanded Statement

Position: Various See Attached Expanded Statement

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

State

Multi-County Contra Costa, San Joaquin, San Mateo

City of Clayton, CA

Judge or Court Commissioner (Statewide Jurisdiction)

County of

Other JPA - Municipal Pooling Authority

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

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

-or-

The period covered is through December 31, 2015.

Leaving Office: Date Left (Check one)

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

-or-

The period covered is through the date of leaving office.

Assuming Office: Date assumed

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

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

6000 Heritage Trail

Clayton

CA

94517

DAYTIME TELEPHONE NUMBER

( 925 ) 673-7300

E-MAIL ADDRESS

LHoffmeister@ci.clayton.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 01/25/2016

(month, day, year)

Signature

Laura Hoffmeister

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

GAAD

CALIFORNIA FORM 700  
STATEMENT OF ECONOMIC INTERESTS  
JANUARY 25, 2016

**EXPANDED STATEMENT**

NAME: LAURA HOFFMEISTER  
ADDRESS: 6000 HERITAGE TRAIL, CLAYTON, CA 94517

**Multiple Agency Filing**

Name: CLAYTON SUCCESSOR AGENCY  
Jurisdiction: City of Clayton  
Position: Assistant to the City Manager

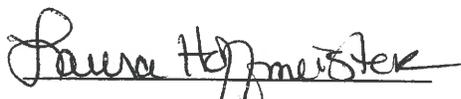
Name: CLAYTON SUCCESSOR HOUSING AGENCY  
Jurisdiction: City of Clayton  
Position: Assistant to the City Manager

Name: OVERSIGHT BOARD TO THE CITY OF CLAYTON SUCCESSOR AGENCY  
Jurisdiction: City of Clayton  
Position: Board Clerk

Name: CLAYTON GEOLOGICAL HAZARD ABATEMENT DISTRICT  
Jurisdiction: City of Clayton  
Position: Assistant to the City Manager

Name: CLAYTON FINANCING AUTHORITY  
Jurisdiction: City of Clayton  
Position: Assistant to the City Manager

Name: MUNICIPAL POOLING AUTHORITY OF NORTHERN CALIFORNIA - JPA  
Jurisdiction: Contra Costa, San Joaquin and San Mateo Counties  
Position: Board Member, Alternate

  
Laura Hoffmeister

1/25/16  
Date

**SCHEDULE A-1  
Investments**

**Stocks, Bonds, and Other Interests**  
(Ownership Interest is Less Than 10%)

*Do not attach brokerage or financial statements.*

<b>CALIFORNIA FORM 700</b> <small>FAIR POLITICAL PRACTICES COMMISSION</small>
<b>Name</b> <u>Laura Hoffmeister</u>

▶ **NAME OF BUSINESS ENTITY**  
Terydyne

**GENERAL DESCRIPTION OF THIS BUSINESS**  
Computer Electronics

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

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

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

▶ **NAME OF BUSINESS ENTITY**  
\_\_\_\_\_

**GENERAL DESCRIPTION OF THIS BUSINESS**  
\_\_\_\_\_

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

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

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

▶ **NAME OF BUSINESS ENTITY**  
Oracle

**GENERAL DESCRIPTION OF THIS BUSINESS**  
Computer Software

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

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

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

▶ **NAME OF BUSINESS ENTITY**  
\_\_\_\_\_

**GENERAL DESCRIPTION OF THIS BUSINESS**  
\_\_\_\_\_

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

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

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

▶ **NAME OF BUSINESS ENTITY**  
Coca Cola

**GENERAL DESCRIPTION OF THIS BUSINESS**  
Beverage Company

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

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

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

▶ **NAME OF BUSINESS ENTITY**  
\_\_\_\_\_

**GENERAL DESCRIPTION OF THIS BUSINESS**  
\_\_\_\_\_

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

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

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

**Comments:** IRA investments

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

1/17/16 FPPCA  
Date Received Received  
Official Use Only

JAN 22 2016

City of Clayton

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
HUFFORD MERLE CALVIN

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

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

► 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 CLAYTON  Other

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

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

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

Schedules attached

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

-or-  None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
239 ROUNDHILL PLACE CLAYTON CA 94517  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
( 925 ) 672-0440 MHUF@COMCAST.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 01/22/2016  
(month, day, year)

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



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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
**MERLE C HUFFORD**

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME  
**TRAVEL TO GO**

ADDRESS (Business Address Acceptable)  
**5439 CLAYTON RD, STE F, CLAYTON, CA 94517**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**TRAVEL AGENCY**

YOUR BUSINESS POSITION

---

GROSS INCOME RECEIVED

\$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

Salary       Spouse's or registered domestic partner's income  
 (For self-employed use Schedule A-2.)

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

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

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

\_\_\_\_\_  
 (Describe)

Other \_\_\_\_\_  
 (Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

---

GROSS INCOME RECEIVED

\$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

Salary       Spouse's or registered domestic partner's income  
 (For self-employed use Schedule A-2.)

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

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

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

\_\_\_\_\_  
 (Describe)

Other \_\_\_\_\_  
 (Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

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

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

\$500 - \$1,000  
 \$1,001 - \$10,000  
 \$10,001 - \$100,000  
 OVER \$100,000

INTEREST RATE      TERM (Months/Years)

\_\_\_\_\_ %       None      \_\_\_\_\_

SECURITY FOR LOAN

None       Personal residence

Real Property \_\_\_\_\_  
 Street address

\_\_\_\_\_ City

Guarantor \_\_\_\_\_

Other \_\_\_\_\_  
 (Describe)

Comments: \_\_\_\_\_

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) Janney Mark

1. Office, Agency, or Court

Agency Name (Do not use acronyms) City of Clayton
Division, Board, Department, District, if applicable Maintenance
Your Position Maintenance Supervisor

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 Clayton, Judge or Court Commissioner, County of, Other

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

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

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

Schedules attached

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

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
6000 Heritage Trail Clayton CA 94517

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
( 925 ) 673-7300 mjanney@ci.clayton.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 03/29/2016 (month, day, year)

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

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

Date In Received  
Official Use Only  
7/7/16 FPPC  
JAN 25 2016  
City of Clayton

Please type or print in ink.

NAME OF FILER (LAST) JOHNSON (FIRST) SANDRA (MIDDLE) S

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
CLAYTON PLANNING COMMISSION  
Division, Board, Department, District, if applicable  
Your Position  
COMMISSIONER

► 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 CLAYTON  Other \_\_\_\_\_

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

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

4. Schedules 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)  
6000 HERITAGE TR CLAYTON CA 94517  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
( 925 ) 673-7350 sandy.johnson@claytonpd.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 01/25/2016  
(month, day, year)

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

**STATEMENT OF ECONOMIC INTERESTS  
 COVER PAGE**

Date Initial Received  
 Official Use Only  
**MAR 30 2016**  
 City of Clayton

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Johnston John Anthony

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
 City of Clayton  
 Division, Board, Department, District, if applicable  
 Maintenance  
 Your Position  
 Maintenance Supervisor

► 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 Clayton
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other \_\_\_\_\_

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

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

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

**Schedules attached**

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

-or-

**None - No reportable interests on any schedule**

**5. Verification**

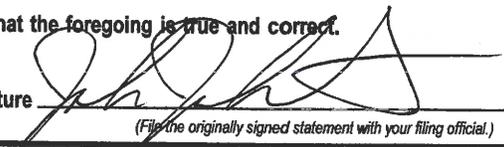
MAILING ADDRESS STREET CITY STATE ZIP CODE  
 (Business or Agency Address Recommended - Public Document)  
 6000 Heritage Trail Clayton Ca 94517

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
 ( 925 ) 673-7326 jjohnston@ci.clayton.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 03/30/2016  
 (month, day, year)

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

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

Date Initial Filing Received  
Original Received

JAN 25 2016

City of Clayton  
(MIDDLE)

Please type or print in ink.

NAME OF FILER (LAST) MCEACHIN (FIRST) RICHARD (MIDDLE) WHITNEY

1. Office, Agency, or Court

Agency Name (Do not use acronyms) CITY OF CLAYTON  
Division, Board, Department, District, if applicable POLICE 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 CLAYTON  Other \_\_\_\_\_

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

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

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

Schedules attached

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

-or-

None - No reportable interests on any schedule

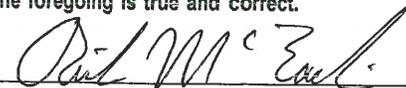
5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
6000 HERITAGE TRAIL CLAYTON CA 94517  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
( 925 ) 673-7350 RICHARD.MCEACHIN@CLAYTONPD.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 01/24/2016  
(month, day, year)

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

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

4/7/16 FPPCok  
Date Initial Filing Received  
Received  
APR 06 2016  
City of Clayton

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Manning Gregory John

1. Office, Agency, or Court

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

► 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 \_\_\_\_\_  Other \_\_\_\_\_

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

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

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

Schedules attached

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

-or-  
 None - No reportable interests on any schedule

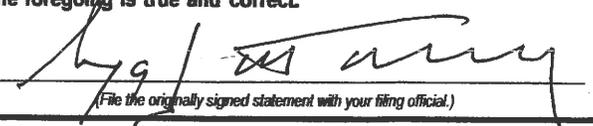
5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
6000 Heritge Trail Clayton CA 94517  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
( 925 ) 360-8616 claytonmayor2008@comcast.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 03/13/2016  
(month, day, year)

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

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

Received  
Date Initial Filing Received  
MAR 30 2016  
City of Clayton

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Mithoff Karen

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
Clayton Redevelopment Successor Agency Oversight Board  
Division, Board, Department, District, if applicable Your Position  
Boardmember  
▶ 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 Clayton  Other \_\_\_\_\_

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

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

4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: 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)  
2151 Salvio Street, Suite R Concord CA 94520  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
( 925 ) 521-7100

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

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

Date Signed 03/28/2016  
(month, day, year)

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

# SCHEDULE D Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)  
**The Bowlby Group**

ADDRESS (Business Address Acceptable)  
**3000 F Danville Blvd., #409, Alamo, CA 94507**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Consultant**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 03 / 15	\$ 160.00	Ticket to Event
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)  
**East Bay Leadership Council**

ADDRESS (Business Address Acceptable)  
**500 Ygnacio Valley Rd #430, Walnut Creek CA 94596**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Business Advocacy and Policy Group**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 22 / 15	\$ 200.00	Ticket to Event
10 / 22 / 15	\$ 25.00	Ticket to Event
11 / 12 / 15	\$ 30.00	Ticket to Event

▶ NAME OF SOURCE (Not an Acronym)  
**Republic Services**

ADDRESS (Business Address Acceptable)  
**3260 Blume Drive, Ste. 113, Richmond, CA 94806**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Waste Management**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 02 / 15	\$ 195.00	Ticket to Event
03 / 14 / 15	\$ 125.00	Ticket to Event
05 / 17 / 15	\$ 62.50	Ticket to Event

▶ NAME OF SOURCE (Not an Acronym)  
**Kennedy King Memorial Scholarship Fund**

ADDRESS (Business Address Acceptable)  
**P.O. Box 2643, Martinez, CA 94553**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Memorial College Scholarship Fund**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 15 / 15	\$ 460.00	Ticket to Event
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)  
**Shell Martinez Refinery**

ADDRESS (Business Address Acceptable)  
**P.O. Box 711**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Oil & Gas Refinery**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 28 / 15	\$ 75.00	Ticket to Event
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)  
**Nielsen Merksamer**

ADDRESS (Business Address Acceptable)  
**1415 L Street, Ste. 1200, Sacramento, CA 95814**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Law Firm**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 15 / 15	\$ 12.00	Ticket to Event
	\$	
	\$	

Comments: \_\_\_\_\_

# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b>
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <b>Karen Mitchoff</b>

▶ NAME OF SOURCE *(Not an Acronym)*  
**Linda Best**

---

ADDRESS *(Business Address Acceptable)*  
**146 Via Copla, Alamo, CA 94507**

---

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Friend**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 08 / 15	\$ 35.00	Ticket to Event
/  /	\$ _____	_____
/  /	\$ _____	_____

▶ 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)*  
**Phillips 66**

---

ADDRESS *(Business Address Acceptable)*  
**1290 San Pablo Ave, Rodeo, CA 94572**

---

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Oil Refinery**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 15 / 15	\$ 35.00	Ticket to Event
/  /	\$ _____	_____
/  /	\$ _____	_____

▶ 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

Received  
Date Initial Filing Received  
Official Use Only  
JAN 29 2016

COVER PAGE

City of Clayton

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Mizuno Thomas

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
City of Clayton  
Division, Board, Department, District, if applicable  
Finance Department  
Your Position  
Finance 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 Clayton  Other \_\_\_\_\_

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

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

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

Schedules attached

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

-or-

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE

(Business or Agency Address Recommended - Public Document)  
6000 Heritage Trail Clayton CA 94517

DAYTIME TELEPHONE NUMBER

( 925 ) 673-7309

E-MAIL ADDRESS

kmizuno@ci.clayton.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 01/29/2016  
(month, day, year)

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

**STATEMENT OF ECONOMIC INTERESTS  
 COVER PAGE**

4/7/16 FPPC CLK  
**Received**  
 Date Initial Filing Received  
Official Use Only  
**MAR 01 2016**  
**City of Clayton**

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 NAPPER GARY ARTHUR

**1. Office, Agency, or Court**

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

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

Agency: (See Expanded Statement - attached) Position: Various (Ref: Expanded Statement)

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

- State
- Multi-County Contra Costa, San Joaquin, San Mateo
- City of Clayton, California
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other \_\_\_\_\_

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

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

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

**Schedules attached**

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

-or-

**None - No reportable interests on any schedule**

**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
 (Business or Agency Address Recommended - Public Document)  
 6000 Heritage Trail Clayton CA 94517

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
 ( 925 ) 673-7300 gnapper@ci.clayton.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 03/01/2016  
(month, day, year)

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

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

<b>CALIFORNIA FORM 700</b> <small>FAIR POLITICAL PRACTICES COMMISSION</small> Name <b>Gary A. Napper</b>
---

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME  
Tuesday Morning, Inc.

ADDRESS (Business Address Acceptable)  
1330 S. California Blvd., Walnut Creek, CA 94596

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Retail Merchandise Sales

YOUR BUSINESS POSITION  
Assistant Store Manager

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

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary       Spouse's or registered domestic partner's income  
(For self-employed use Schedule A-2.)  
 Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)  
 Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)  
 Loan repayment  
 Commission or       Rental Income, list each source of \$10,000 or more  
\_\_\_\_\_  
(Describe)  
 Other \_\_\_\_\_  
(Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME  
\_\_\_\_\_

ADDRESS (Business Address Acceptable)  
\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

YOUR BUSINESS POSITION  
\_\_\_\_\_

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

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary       Spouse's or registered domestic partner's income  
(For self-employed use Schedule A-2.)  
 Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)  
 Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)  
 Loan repayment  
 Commission or       Rental Income, list each source of \$10,000 or more  
\_\_\_\_\_  
(Describe)  
 Other \_\_\_\_\_  
(Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

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

NAME OF LENDER\*  
\_\_\_\_\_

ADDRESS (Business Address Acceptable)  
\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER  
\_\_\_\_\_

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

INTEREST RATE      TERM (Months/Years)  
\_\_\_\_\_ %       None      \_\_\_\_\_

SECURITY FOR LOAN  
 None       Personal residence  
 Real Property \_\_\_\_\_  
Street address  
\_\_\_\_\_ City  
 Guarantor \_\_\_\_\_  
 Other \_\_\_\_\_  
(Describe)

Comments: \_\_\_\_\_

## EXPANDED STATEMENT

NAME: NAPPER, GARY A.

ADDRESS: 6000 HERITAGE TRAIL  
CLAYTON, CA 94517-1250

### MULTIPLE AGENCIES FILING

1. **CLAYTON SUCCESSOR AGENCY AND SUCCESSOR HOUSING AGENCY**

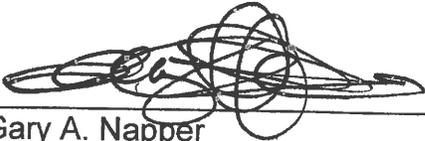
POSITION: CITY MANAGER  
JURISDICTION: CITY OF CLAYTON, CA

2. **CLAYTON FINANCING AUTHORITY [CFA]**

POSITION: EXECUTIVE DIRECTOR  
JURISDICTION: CITY OF CLAYTON, CA

3. **MUNICIPAL POOLING AUTHORITY OF NORTHERN CALIFORNIA**

POSITION: MEMBER, BOARD OF DIRECTORS  
JURISDICTION: CONTRA COSTA, SAN JOAQUIN,  
SANTA CLARA, and SAN MATEO COUNTIES.

  
\_\_\_\_\_  
Gary A. Napper

MARCH 01, 2016  
Date

#####

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Nicholas Jonah R.

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
 Contra Costa Community College District  
 Division, Board, Department, District, if applicable  
 Your Position  
 Associate Vice Chancellor/CFO

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

Agency: City of Clayton, RDA Oversight Board Position: Board Member

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

- State
- Multi-County \_\_\_\_\_
- City of \_\_\_\_\_
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of Contra Costa
- Other \_\_\_\_\_

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

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

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

**Schedules attached**

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

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

**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
 (Business or Agency Address Recommended - Public Document)  
 500 Court Street Martinez CA 94553  
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
 ( 925 ) 229-6944 jnicholas@4cd.edu

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

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

Date Signed 2/1/16  
 (month, day, year)

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

# SCHEDULE D Income – Gifts

Name  
**Jonah R. Nicholas**

▶ NAME OF SOURCE *(Not an Acronym)*  
gkkworks

ADDRESS *(Business Address Acceptable)*  
2355 Main St, Ste 220 Irvine, CA 92614

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
ACBO Conference

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 27 / 15</u>	<u>\$ 55.03</u>	<u>Dinner</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE *(Not an Acronym)*  
Morgan Stanley

ADDRESS *(Business Address Acceptable)*  
1999 Avenue of the Stars, Ste 2400, LA, CA 90067

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
ACBO Conference

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 27 / 15</u>	<u>\$ 55.03</u>	<u>Dinner</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE *(Not an Acronym)*  
Stradling Yocca Carlson & Rauth

ADDRESS *(Business Address Acceptable)*  
44 Montgomery St., Ste 4200, SF, CA 94104

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
ACBO Conference

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 27 / 15</u>	<u>\$ 55.03</u>	<u>Dinner</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ 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)
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ 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)
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ 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)
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

Comments: \_\_\_\_\_

**STATEMENT OF ECONOMIC INTERESTS  
 COVER PAGE**

1/7/16 FPPC OK  
**Received**  
 Date Initial Filing Received  
**MAR 18 2016**  
**City of Clayton**

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Pierce Julie K

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
 City of Clayton  
 Division, Board, Department, District, if applicable  
 Your Position  
 Council Member

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

Agency: See attached Position:

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

State  Judge or Court Commissioner (Statewide Jurisdiction)  
 Multi-County see attached  County of see attached  
 City of Clayton, CA  Other

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

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

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

**Schedules attached**

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

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

**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
 (Business or Agency Address Recommended - Public Document)  
 1028 Tiffin Drive Clayton CA 94517  
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
 ( 925 ) 518-4446 julie\_pierce@comcast.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 03/17/2016  
 (month, day, year)

Signature *Julie K Pierce*  
 (File the originally signed statement with your filing official.)

Julie Pierce  
1028 Tiffin Drive  
Clayton, CA 94517  
925-518-4446  
julie\_pierce@comcast.net

March 17, 2016

Statement of Economic Interests – Form 700 – January 1, 2015 through December 31, 2015

Expanded Statement:

Agency	Division	Position	Jurisdiction
City of Clayton		Council Member	City of Clayton
Contra Costa Transportation Authority		Commissioner	Contra Costa County
Association of Bay Area Governments		Board Member	Multi-county: Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, Sonoma
Metropolitan Transportation Commission		Commissioner	Multi-county: Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, Sonoma

Signature Date: March 17, 2016

Signature 

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

Date Initial Filed  
Office  
Received  
MAR 21 2016

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) E  
Richardson Daniel E  
City of Clayton

1. Office, Agency, or Court

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

► 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 Clayton
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other \_\_\_\_\_

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

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

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 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)  
 6000 Heritage Trail Clayton CA 94517

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
 ( 925 ) 672-3712 bckpckdan@comcast.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 3/21/2016  
(month, day, year)

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

**STATEMENT OF ECONOMIC INTERESTS  
 COVER PAGE**

**Received**  
 Date Initial Filing Received  
 FEB 25 2016

**City of Clayton**

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 ROXAS OFELIA BARBOZA

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
 Successor Agency, City of Clayton  
 Division, Board, Department, District, if applicable Board of Directors  
 Your Position Board Member

► 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 Clayton
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other \_\_\_\_\_

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

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

**4. Schedule Summary (must complete) ► Total number of pages including this cover page: 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)  
 6000 Heritage Trail Clayton CA 94517  
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
 ( 925 ) 673-7304 oroxas@cccoe.k12.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 01/25/2016  
 (month, day, year)

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

**COVER PAGE**

**JAN 22 2016**

**City of Clayton**

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Shaw Jason Robert

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
 Clayton Police Department  
 Division, Board, Department, District, if applicable  
 Your Position  
 Police 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 Clayton
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other \_\_\_\_\_

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

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

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

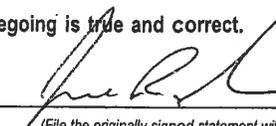
**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
 (Business or Agency Address Recommended - Public Document)  
 6000 Heritage Trail Clayton Ca 94517  
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
 ( 925 ) 673-7350 jason.shaw@claytonpd.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 01/21/2016  
(month, day, year)

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

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

Date Initialed Received  
Official Use Only  
MAR 3 2016  
City of Clayton

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
SIKELA, JR. MILAN JOSEPH

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
CITY OF CLAYTON  
Division, Board, Department, District, if applicable  
COMMUNITY DEVELOPMENT DEPARTMENT  
Your Position  
ASSISTANT PLANNER

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

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

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

- State
- Multi-County \_\_\_\_\_
- City of CLAYTON
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other \_\_\_\_\_

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

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

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

Schedules attached

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

-or-  
 None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
6000 HERITAGE TRAIL CLAYTON CA 94517  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
(925) 673-7300 MSIKELA@CI.CLAYTON.CA.US

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

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

Date Signed MARCH 3, 2016  
(month, day, year)  
Signature [Signature]  
(File the originally signed statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

Date Initial Received 4/7/16  
MAR 18 2016 FPPC  
City of Clayton  
ca

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
SUBRAMANIAN MALATHY

1. Office, Agency, or Court

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

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

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

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

- State  Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County \_\_\_\_\_  County of \_\_\_\_\_
- City of Clayton  Other \_\_\_\_\_

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

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

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 5

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)  
2001 N. Main St., Ste 390 Walnut Creek CA 94596  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
( 925 ) 977-3300

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 3/15/16  
(month, day, year)

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

**SCHEDULE A-1  
Investments**

**Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

*Do not attach brokerage or financial statements.*

Name

**MALATHY SUBRAMANIAN**

▶ NAME OF BUSINESS ENTITY  
Allergan PLC

GENERAL DESCRIPTION OF THIS BUSINESS  
Pharmaceutical company

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:  
03 / 17 / 15      09 / 28 / 15  
 ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Best Best & Krieger LLP

GENERAL DESCRIPTION OF THIS BUSINESS  
Law firm

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

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

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

▶ NAME OF BUSINESS ENTITY  
Annaly Capital Management, Inc.

GENERAL DESCRIPTION OF THIS BUSINESS  
Owns real estate investments

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:  
07 / 15 / 15      \_\_\_\_\_ / \_\_\_\_\_ / 15  
 ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Centene Corporation

GENERAL DESCRIPTION OF THIS BUSINESS  
Health plans

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:  
03 / 17 / 15      08 / 21 / 15  
 ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Apple Inc.

GENERAL DESCRIPTION OF THIS BUSINESS  
Consumer electronics company

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

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

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

▶ NAME OF BUSINESS ENTITY  
Mallinckrodt Pharmaceuticals

GENERAL DESCRIPTION OF THIS BUSINESS  
Biopharmaceutical company

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:  
03 / 17 / 15      11 / 12 / 15  
 ACQUIRED      DISPOSED

Comments: \_\_\_\_\_

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

Name

MALATHY SUBRAMANIAN

NAME OF BUSINESS ENTITY  
McKesson Corporation

GENERAL DESCRIPTION OF THIS BUSINESS  
Healthcare services company

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:  
07 / 15 / 15      09 / 28 / 15  
 ACQUIRED      DISPOSED

NAME OF BUSINESS ENTITY  
Valeant Pharmaceuticals

GENERAL DESCRIPTION OF THIS BUSINESS  
Pharmaceutical company

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:  
10 / 29 / 15      11 / 12 / 15  
 ACQUIRED      DISPOSED

NAME OF BUSINESS ENTITY  
New Residential Investment Corporation

GENERAL DESCRIPTION OF THIS BUSINESS  
Real estate investment trust

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:  
11 / 09 / 15      \_\_\_\_\_ / \_\_\_\_ / 15  
 ACQUIRED      DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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

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

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

NAME OF BUSINESS ENTITY  
Pimco 25+ Year Zero Coupon

GENERAL DESCRIPTION OF THIS BUSINESS  
ETF - U.S. Treasury Sector

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:  
07 / 23 / 15      11 / 06 / 15  
 ACQUIRED      DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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

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

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

Comments:



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

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
MALATHY SUBRAMANIAN

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Best Best & Krieger LLP

ADDRESS (Business Address Acceptable)  
2001 N. Main St., #390, Walnut Creek, CA 94596

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Law firm

YOUR BUSINESS POSITION  
Partner - Equity

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

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

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

Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

Loan repayment

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

\_\_\_\_\_  
(Describe)

Other \_\_\_\_\_  
(Describe)

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
ChangeLab Solutions

ADDRESS (Business Address Acceptable)  
2201 Broadway, #502, Oakland, CA 94612

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Non-Profit 501(c)(3)

YOUR BUSINESS POSITION  
Senior Staff Attorney

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

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

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

Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

Loan repayment

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

\_\_\_\_\_  
(Describe)

Other \_\_\_\_\_  
(Describe)

**▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

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

NAME OF LENDER\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

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

INTEREST RATE      TERM (Months/Years)  
\_\_\_\_\_ %       None      \_\_\_\_\_

SECURITY FOR LOAN  
 None       Personal residence

Real Property \_\_\_\_\_  
Street address \_\_\_\_\_  
City \_\_\_\_\_

Guarantor \_\_\_\_\_

Other \_\_\_\_\_  
(Describe)

Comments: \_\_\_\_\_

MAR 29 2016

City of Clayton

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
TANAKA GENE

1. Office, Agency, or Court

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

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

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

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

- State  Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County \_\_\_\_\_  County of \_\_\_\_\_
- City of Clayton  Other \_\_\_\_\_

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

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

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 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)  
2001 N. Main St., Ste 390 Walnut Creek CA 94596  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
( 925 ) 977-3300 gene.tanaka@bbklaw.com

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

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

Date Signed 3/25/16  
(month, day, year)

Signature Gene Tanaka  
(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.

Name

GENE TANAKA

▶ NAME OF BUSINESS ENTITY  
**BEST BEST & KRIEGER LLP**

GENERAL DESCRIPTION OF THIS BUSINESS

**LAW FIRM**

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

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

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

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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

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

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

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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

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

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

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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

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

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

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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

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

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

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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

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

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

Comments: \_\_\_\_\_



COVER PAGE

MAR 29 2016

Please type or print in ink.

City of Clayton  
(MIDDLE)

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
TANAKA GENE

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Clayton, City of

Division, Board, Department, District, if applicable

Your Position

City Attorney

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

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County \_\_\_\_\_

County of \_\_\_\_\_

City of Clayton

Other \_\_\_\_\_

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

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

Leaving Office: Date Left 03 / 25 / 2016  
(Check one)

-or-

The period covered is \_\_\_\_ / \_\_\_\_ / \_\_\_\_ through December 31, 2015.

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

-or-

Assuming Office: Date assumed \_\_\_\_ / \_\_\_\_ / \_\_\_\_

The period covered is 01 / 01 / 2016 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: 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)

2001 N. Main St., Ste 390

Walnut Creek

CA

94596

DAYTIME TELEPHONE NUMBER

E-MAIL ADDRESS

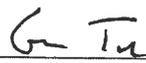
( 925 ) 977-3300

gene.tanaka@bbklaw.com

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

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

Date Signed 3/25/16  
(month, day, year)

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





STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

Date Received  
Official Use Only

MAR 18 2016

City of Clayton

Please type or print in ink.

NAME OF FILER (LAST) Tiedemann (FIRST) Karen (MIDDLE) M.

1. Office, Agency, or Court

Agency Name (Do not use acronyms) Successor Agency of the Clayton Redevelopment Agency  
Division, Board, Department, District, if applicable Your Position Special Counsel

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 Clayton Other

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

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

4. Schedule Summary (must complete) Total number of pages including this cover page: 3
Schedules attached
Schedule A-1 - Investments - schedule attached
Schedule A-2 - Investments - schedule attached
Schedule B - Real Property - schedule attached
Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule D - Income - Gifts - schedule attached
Schedule E - Income - Gifts - Travel Payments - schedule attached
None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
1300 Clay Street, 11th Oakland CA 94612
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
( 510 ) 836-6336 ktiedmann@goldfarbblipman.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 schedule 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 (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)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name Karen M. Tiedemann
---

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
 Goldfarb & Lipman LLP

ADDRESS (Business Address Acceptable)  
 1300 Clay Street, 11th Floor, Oakland, CA 94612

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Law Firm

YOUR BUSINESS POSITION  
 Partner

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

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

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

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or       Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 (Describe)

Other \_\_\_\_\_  
 (Describe)

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

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

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

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

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or       Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 (Describe)

Other \_\_\_\_\_  
 (Describe)

**▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

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

NAME OF LENDER\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

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

INTEREST RATE \_\_\_\_\_%       None

TERM (Months/Years) \_\_\_\_\_

SECURITY FOR LOAN  
 None       Personal residence

Real Property \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City \_\_\_\_\_

Guarantor \_\_\_\_\_

Other \_\_\_\_\_  
 (Describe)

Comments: \_\_\_\_\_

**FEB 02 2016**

**COVER PAGE**

**City of Clayton**

Please type or print in ink.

NAME OF FILER (LAST) WENZEL (FIRST) CHRIS (MIDDLE) JOHN

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
City of Clayton  
 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 \_\_\_\_\_  Other \_\_\_\_\_

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

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

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

**Schedules attached**

Schedule A-1 - Investments - schedule attached  Schedule C - Income, Loans, & Business Positions - schedule attached  
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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**

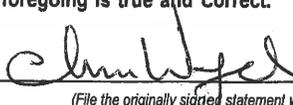
MAILING ADDRESS STREET CITY STATE ZIP CODE  
 (Business or Agency Address Recommended - Public Document)  
6000 Heritage Trail Clayton ca 94517

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
( 925 ) 673-7360 chris.wenzel@claytonpd.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 02/02/2016  
 (month, day, year)

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