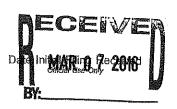
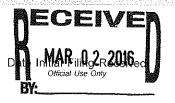


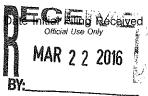
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City of Oakley			
Division, Board, Department, District, if applicable	• •	Your Position	
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MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document) . 3231 Main Street	Oakley	CA	94561
DAYTIME TELEPHONE NUMBER	Carrey	E-MAIL ADDRESS	
( 925 ) 625-7011	٠	banos@ci.oakley.ca.us	
I have used all reasonable diligence in preparing this herein and in any attached schedules is true and co	statement. I have review mplete. I acknowledge	wed this statement and to the best of my know this is a public document.	vledge the information contained
I certify under penalty of perjury under the laws	of the State of Californ	ila that the føregoing is true and correct.	$\bigcirc$ $\land$
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City of Oakley		•
Division, Board, Department, District, if applicable	٠.,	Your Position
City Manager's Office	- ··	Program Coordinator
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DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS
(925) 625-7011		gaby@youmeweoakley.org
I have used all reasonable diligence in preparing this str herein and in any attached schedules is true and comp	atement, I have revie dete. I acknowledge	ewed this statement and to the best of my knowledge the information containe this is a public document.
I certify under penalty of perjury under the laws of	the State of Califor	mila that the foregoing is true and correct.
Date Signed 3/7/2016	•	Signature Signature
(month, day, year)		(File the originally signed statement with your filing official.)

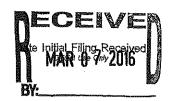


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,	3231 Main Street	Oakley	CA	94561
Ī	DAYTIME TELEPHONE NUMBER	E	E-MAIL ADDRESS	
(	925 ) 625-7014		bayona@ci.oakley.ca.us	
	have used all reasonable diligence in preparing this state erein and in any attached schedules is true and compl			nowledge the information contained
I	certify under penalty of perjury under the laws of t	he State of California	a that the foregoing is true and correc	t
r	Oate Signed 03/02/2016	<b>6</b> :	notice Albert	
L	(month, day, year)		nature (File the originally signed states	ment with your filing official.)



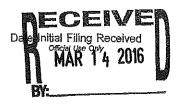
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(FIRST)	(MIDDLE)
Heylin	T.
·	
	Your Position
	SENIOR ACCOUNTING TECHNICIAN
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	Position:
	☐ Judge or Court Commissioner (Statewide Jurisdiction)
	County of
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Total number o	f pages including this cover page:
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	Schedule D - Income - Gifts schedule attached
	Schedule E - Income - Gifts - Travel Payments - schedule attached
edul <del>o</del>	
CITY	STATE ZIP CODE
Oakley	CA 94561
	-MAIL ADDRESS
1	permudez@ci.oakley.ca.us
ment. I have reviewe	ed this statement and to the best of my knowledge the information contained is is a public document.
_	that the foregoing is true and correct.
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# STATEMENT OF ECONOMIC INTERESTS COVER PAGE

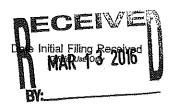


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NAME OF FILER (LAST) BILLECT (FIRST) JE	AFREY JOSEPH
1. Office, Agency, or Court	
Agency Name (Do not use acronyms)  CITY OF OAKLEY	
Division Board, Department, District, if applicable	Your Position ASST. TO THE CHIEK
► If filing for multiple positions, 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
Acity of OAKLEY	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:
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DAYTIME TELEPHONE NUMBER	billecia ci. cakley. cq. US
(925) 625 - 8855	
I have used all reasonable diligence in preparing this statement. I have review herein and in any attached schedules is true and complete. I acknowledge	wed this statement and to the best of my knowledge the information contained this is a public document.
I certify under penalty of perjury under the laws of the State of Califor	nia that the foregoing is true and correct.
3/1/16	Selloro
Date Signed (month, day, year)	Signature (File the originally signed statement with your filing official.)
	ERRC Form 700 (2015/2016



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NAME OF FILER (LAST)  Rilleci  Te	Trey Joseph
1. Office, Agency, or Court	
Agency Name (Do not use acronyms)  Division, Board, Department, District, if applicable	Your Position Lieutenant
▶ If filling for multiple positions, list below or on an attachment. (Do not us	se acronyms)
Agency:	Position:
2. Jurisdiction of Office (Check at least one box)	
☐ State ☐ Multi-County	☐ Judge or Court Commissioner (Statewide Jurisdiction) ☐ County of
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Date Signed 3/14/16 (month, day, year)	Signature (File the originally signed statement with your filing official.)



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NAME OF FILER (LAST) (FIRST)	FFREY JOSEPH (MIDDLE)
1. Office, Agency, or Court	
Agency Name (Do not use acronyms)  OF OAKLEY  Division Board, Department, District, if applicable	Your Position ASST & TO THE CHIEF
▶ If filing for multiple positions, list below or on an attachment. (Do not us	se acronyms)
Agency:	Position:
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I certify under penalty of perjury under the laws of the State of Califo	ornia that the foregoing is true and correct.
Date Signed 3/13/16 (month, day, year)	Signature   File the originally signed statement with your filing official.)

# STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Riceived Official Use Only

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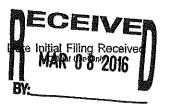
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	CITTO	31110011
1. Office, Agency, or Court		
Agency Name (Do not use acronyms) CITY OF DAKIEY		
Division, Board, Department, District, if applicable		Your Position
Kecreation		Recreation Manager
▶ If filing for multiple positions, list below or on an	attachment. (Do not use a	acronyms)
Agency:		Position:
2. Jurisdiction of Office (Check at least one	box)	
State		☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
Acity of Oakley		Other
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Schedule A-1 - Investments - schedule atta	oched 🗔	Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments - schedule atta	iched	Schedule D - Income – Gifts – schedule attached
Schedule B • Real Property - schedule atta	iched	Schedule E • Income - Gifts - Travel Payments - schedule attached
-or-		
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MAILING ADDRESS STREET	CITY	STATE ZIP CODE
(Business of Agency Address Recommended - Public Document)	et baki	ey CA 94561
DAYTIME TELEPHONE NUMBER		byuno@ci.oakley.ca.us
I have used all reasonable diligence in preparing this herein and in any attached schedules is true and co	s statement. 1 have review	ed this statement and to the best of my knowledge the information contained
I certify under penalty of perjury under the laws		
	10	Rindrey Pice
Date Signed March 21, 201	<u>₩</u> Sig	nature



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Coan		Zachary			Andrew	
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Agency Name (Do not use acr	ronyms)					
City of Oakley	•					
Division, Board, Department, Di	strict, if applicable		Your Position			
Code Enforcement			Code Enfo	orcement Techr	nician	
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Schedule A-2 - Investri	nents – schedule attached		Schedule D - Incor	ne – Gifts – schedu	le attached	
Schedule B - Real Pro	perty – schedule attached		Schedule E - Incor	ne – Gifts – Travel i	Payments – schedule :	attached
-01-				And the state of t		
✓ None - No reportable	interests on any sched	ile				
5. Verification						
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3231 Main Street	•	Oakley		CA	94561	
DAYTIME TELEPHONE NUMBER			E-MAIL ADDRESS			
( 925 ) 625-7034			coan@ci.oakle	y.ca.us		
I have used all reasonable diligonable herein and in any attached sch					knowledge the informa	tion contained
I certify under penalty of per	ury under the laws of the S	tate of Californ	ia that the foregoin	g is true and corre	ct.	
00/00/0040			1	()		
Date Signed03/03/2016		Si	gnature			
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Division, Board, Department, District, if applicable	Your Position
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December 31, 2015.	(Check one)
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(Business or Agency Address Recommended - Public Document)	CA 9456)
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19251625-2044	
I have used all reasonable diligence in preparing this statement. I have review herein and in any attached schedules is true and complete. I acknowledge	wed this statement and to the best of my knowledge the information contained this is a public document.
I certify under penalty of perjury under the laws of the State of Californ	nia that the foregoing is true and correct.
Mari & Dall	()
Date Signed 1 1 WCK 0, 0010 S	Ignature

#### **SCHEDULE A-1** Investments

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

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION		
Name Cindy Coetho		

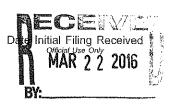
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Stock Other (Describe)	Stock Other (Describe)
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IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	/
ACQUIRED DISPOSED	
► NAME OF BUSINESS ENTITY.	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 <b>- \$10,000</b> \$10,001 <b>- \$100,000</b>
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IF APPLICABLE, LIST DATE:	<u>.</u>
. Company comme	11

Comments: .

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

CALIFORNIA FORM 70	)
Name	

BUSINESS ACTIVITY, IF ANY, OF SOURCE  YOUR BUSINESS POSITION  YOUR BUSINESS POSITION  AUSbonds Income  GROSS INCOME RECEIVED  POR BUSINESS ACTIVITY  YOUR BUSINESS INCOME RECEIVED	Zeal Estate Investments Address Acceptable)  DOX 219073  TY, IF ANY, OF SOURCE  POSITION  CLY MO 64121  POSITION  ECCEIVED  MAT,001 - \$10,000
BUSINESS ACTIVITY, IF ANY, OF SOURCE  YOUR BUSINESS POSITION  YOUR BUSINESS POSITION  AUSTRAL STREET OF THE STREET	PAddress Acceptable)  OX 219073  TY, IF ANY, OF SOURCE  POSITION  CECEIVED  OUR \$100,000  OUR \$100,000
YOUR BUSINESS POSITION  YOUR BUSINESS I  YOUR BUSINESS I  GROSS INCOME RECEIVED  GROSS INCOME RE	POSITION POS
YOUR BUSINESS POSITION  YOUR BUSINESS I  YOUR BUSINESS I  GROSS INCOME RECEIVED  GROSS INCOME RECEIVED	S C1 ty MO (04)21 - POSITION  TO CKN S 1000  ECCEIVED  OUR \$10,000  OVER \$100,000
YOUR BUSINESS POSITION  YOUR BUSINESS I  YOUR BUSINESS I  GROSS INCOME RECEIVED  YOUR BUSINESS I  GROSS INCOME RECEIVED	POSITION
GROSS INCOME RECEIVED GROSS INCOME R	ECEIVED  W#1,001 - \$10,000  OVER \$100,000
GROSS INCOME RECEIVED GROSS INCOME R	ECEIVED 1,001 - \$10,000 000 OVER \$100,000
GROSS INCOME RECEIVED GROSS INCOME R	000 OVER \$100,000
• • • • • • • • • • • • • • • • • • • •	000 OVER \$100,000
\$500 - \$1,000 \$1,001 - \$10,000 \$500 - \$1,000	
☐ \$10,001 - \$100,000 ☐ OVER \$100,000 ☐ \$10,001 - \$100,	FOR WHICH INCOME WAS RECEIVED
Opholo Littino it vert visites in a care a c	
(For self-employed use Schedule A-2.)	Spouse's or registered domestic partner's income For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)  Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	ss than 10% ownership. For 10% or greater use
Sale of Sale of	(Real property, car, boat, etc.)
(Real property, car, boat, etc.)	
Commission or Rental Income, list each source of \$10,000 or more	
(Describe)	(Describe)
Other Other	(Describe)
(Describe)  2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD	(Девсира)
You are not required to report loans from commercial lending institutions, retail installment or credit card transaction, made in the lender's regular commenders of the public without regard to your official status. Personal load regular course of business must be disclosed as follows:	ourse of business on terms available to ns and loans received not in a lender's
NAME OF LENDER* INTEREST RATE	TERM (Months/Years)
%	None
ADDRESS (Business Address Acceptable)	Oast
SECURITY FOR L	Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER	,
Real Property	Street address
HIGHEST BALANCE DURING REPORTING PERIOD	
\$500 - \$1,000	. City
31,001 - \$10,000 Guarantor	
\$10,001 - \$100,000	
OVER \$100,000 Other	
	(Describe)
Comments:	



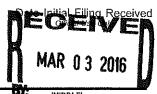
Please type or print in ink.		166° 4. Rangy generalistics the second control of the second contr
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Coggins	Keih	Alan
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
City of Oakley		
Division, Board, Department, District, if applicable		Your Position
Public Works & Engineering		Senior Engineer
▶ If filing for multiple positions, list below or on an at	tachment. (Do not us	- /
Agency: City of Oakley		Position: Storm Water Program Manager
2. Jurisdiction of Office (Check at least one b	ox)	, , , , , , , , , , , , , , , , , , , ,
☐ State		☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
City of		Other
3. Type of Statement (Check at least one box)		
	46	Lauring Officer Data Left
Annual: The period covered is January 1, 2015, December 31, 2015.	tirougii	Leaving Office: Date Left/(Check one)
The period covered is//	, through	The period covered is January 1, 2015, through the date of leaving officeor-
Assuming Office: Date assumed/	<u> </u>	The period covered is/, through the date of leaving office.
Candidate: Election year	and office sought, if	different than Part 1:
4. Schedule Summary (must complete)	► Total number	of pages including this cover page: 2
Schedules attached		or pages mouning me costs, pages,
Schedule A-1 - Investments - schedule attach	ed v	Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments - schedule attach	ied [	Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property - schedule attach	ed [	Schedule E - Income - Gifts - Travel Payments - schedule attached
-Or-		
☐ <b>None</b> - No reportable inferests on any s	chedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE
3231 Main Street	Oakley	CA 94561
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS
( 925 ) 625-7155		coggins@ci.oakley.ca.us
I have used all reasonable diligence in preparing this sine herein and in any attached schedules is true and com		wed this statement and to the best of my knowledge the information contained this is a public document.
I certify under penalty of perjury under the laws of	the State of Californ	nia that the foregoing is true and correct.
Date Signed	9	ignature Keite alen Coff
(month, day, year)		(File the originally signed statement with your filing official.)

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Keith Alan Coggins

(For self-employed use Schedule A-2.)    Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)   Sale of	NAME OF SOURCE OF INCOME	► 1. INCOME RECEIVED
BUSINESS ACTIVITY, IF ANY, OF SOURCE  YOUR BUSINESS POSITION  GROSS INCOME RECEIVED  \$500 - \$1,000	NAMINE OF BOOKOE OF INCOME	NAME OF SOURCE OF INCOME
BUSINESS ACTIVITY, IF ANY, OF SOURCE  YOUR BUSINESS POSITION  GROSS INCOME RECEIVED  \$500 - \$1,000	City of Oakley	
YOUR BUSINESS POSITION   GROSS INCOME RECEIVED   \$500 - \$1,000   \$1,001 - \$10,000   \$10,001 - \$10,000   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 mo (Describe)   Other   (Describe)   Other   (Describe)   Orn, made in the lender's regular course of business on terms available to your official status. Personal loans and loans received not in a lender's osed as follows:	ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
YOUR BUSINESS POSITION   GROSS INCOME RECEIVED   \$500 - \$1,000   \$1,001 - \$10,000   \$10,001 - \$10,000   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 mo (Describe)   Other   (Describe)   Other   (Describe)   Orn, made in the lender's regular course of business on terms available to your official status. Personal loans and loans received not in a lender's osed as follows:	3231 Main Street, Oakley, CA 94561	
GROSS INCOME RECEIVED  \$500 - \$1,000	BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
GROSS INCOME RECEIVED  \$500 - \$1,000	City Government	
\$ 10,000 ar more  \$ 10,000 ar	YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
\$ 10,000 ar more  \$ 10,000 ar	Senior Engineer	
Sincome    Sincome   Sinco	GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
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   (Describe)   Other   (Describe)   Other   (Describe)   Commercial lending institutions, or any indebtedness created as part or on, made in the lender's regular course of business on terms available to your official status. Personal loans and loans received not in a lender's losed as follows:	\$500 - \$1,000 \qquad \$1,001 - \$10,000	\$500 - \$1,000 \qquad \qqquad \qqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqq
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 (Describe)   Other (Describe)   Other (Describe)   Tommission or any indebtedness created as part or on, made in the lender's regular course of business on terms available to your official status. Personal loans and loans received not in a lender's losed as follows:	\$10,001 - \$100,000	S10,001 - \$100,000 OVER \$100,000
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)   Sale of	CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Schedule A-2.)  Sale of	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	
\$10,000 or more  Loan repayment  Commission or Rental Income, list each source of \$10,000 or mo  (Describe)  Commercial lending institutions, or any indebtedness created as part or on, made in the lender's regular course of business on terms available to your official status. Personal loans and loans received not in a lender's losed as follows:	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	
Loan repayment  Commission or Rental Income, list each source of \$10,000 or mo  (Describe)  Commercial lending institutions, or any indebtedness created as part or on, made in the lender's regular course of business on terms available to your official status. Personal loans and loans received not in a lender's osed as follows:	Sale of	Sale of
Other (Describe)  The Commercial lending institutions, or any indebtedness created as part or on, made in the lender's regular course of business on terms available to your official status. Personal loans and loans received not in a lender's losed as follows:	(Real property, car, boat, etc.)	31 <u>—</u>
Other (Describe)  a commercial lending institutions, or any indebtedness created as part or on, made in the lender's regular course of business on terms available to your official status. Personal loans and loans received not in a lender's osed as follows:	Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)  E REPORTING PERIOD  In commercial lending institutions, or any indebtedness created as part or on, made in the lender's regular course of business on terms available to your official status. Personal loans and loans received not in a lender's losed as follows:		
(Describe)  E REPORTING PERIOD  In commercial lending institutions, or any indebtedness created as part or on, made in the lender's regular course of business on terms available to your official status. Personal loans and loans received not in a lender's losed as follows:	(Describe)	(Describe)
n commercial lending institutions, or any indebtedness created as part or on, made in the lender's regular course of business on terms available to your official status. Personal loans and loans received not in a lender's losed as follows:	Other	Other
on, made in the lender's regular course of business on terms available to your official status. Personal loans and loans received not in a lender's osed as follows:	Other(Describe)	Other(Describe)
INTEREST RATE TERM (Months/Vears)	Other (Describe)  2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P	Other (Describe)
HATCHEOT HATCH TEAM (MORES TOOLS)	Other (Describe)  2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P  * You are not required to report loans from commercial retail installment or credit card transaction, made in the	lending institutions, or any indebtedness created as part of the lender's regular course of business on terms available to status. Personal loans and loans received not in a lender's
% None	Other (Describe)  2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P  You are not required to report loans from commercial retail installment or credit card transaction, made in the members of the public without regard to your official section.	lending institutions, or any indebtedness created as part of the lender's regular course of business on terms available to status. Personal loans and loans received not in a lender's
	Other (Describe)  2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P  * You are not required to report loans from commercial retail installment or credit card transaction, made in the members of the public without regard to your official serious regular course of business must be disclosed as followable of LENDER*	lending institutions, or any indebtedness created as part of ne lender's regular course of business on terms available to status. Personal loans and loans received not in a lender's l
OFFICIAL TOP LOAM	Other (Describe)  2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P  You are not required to report loans from commercial retail installment or credit card transaction, made in the members of the public without regard to your official regular course of business must be disclosed as follows:	Other
SECURITY FOR LOAN	Other (Describe)  2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P  * You are not required to report loans from commercial retail installment or credit card transaction, made in the members of the public without regard to your official serious regular course of business must be disclosed as followable of LENDER*	Other
SECURITY FOR LOAN  None Personal residence	Other (Describe)  2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P  * You are not required to report loans from commercial retail installment or credit card transaction, made in the members of the public without regard to your official serious regular course of business must be disclosed as followable of LENDER*	Other
None Personal residence	Other	Other
☐ None ☐ Personal residence	Other	Other
None Personal residence  Real Property Street address		Other
None Personal residence  Real Property  Street address  City	* You are not required to report loans from commercial retail installment or credit card transaction, made in the members of the public without regard to your official stregular course of business must be disclosed as follow NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD	Other
None Personal residence  Real Property Street address	Other	Other
None Personal residence  Real Property  Street address  City  Guarantor	Other	Other
	Other (Describe)  2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P  You are not required to report loans from commercial retail installment or credit card transaction, made in the members of the public without regard to your official regular course of business must be disclosed as follows:	lending institutions, or any indebtedness ne lender's regular course of business or status. Personal loans and loans receive ws:
· · · · · · · · · · · · · · · · · · ·	Other (Describe)  2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P	
	Other (Describe)  2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P  You are not required to report loans from commercial retail installment or credit card transaction, made in the members of the public without regard to your official serious regular course of business must be disclosed as followed on the public of LENDER*	Other
SECURITY FOR LOAN	Other (Describe)  2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P  * You are not required to report loans from commercial retail installment or credit card transaction, made in the members of the public without regard to your official serious regular course of business must be disclosed as followable OF LENDER*	Other
	Other	Other
☐ None ☐ Personal residence		Other
None Personal residence	2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P  You are not required to report loans from commercial retail installment or credit card transaction, made in the members of the public without regard to your official sergular course of business must be disclosed as followable of Lender*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER	Other
None Personal residence	* You are not required to report loans from commercial retail installment or credit card transaction, made in the members of the public without regard to your official stregular course of business must be disclosed as follow NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD	Other
None Personal residence  Real Property Street address	* You are not required to report loans from commercial retail installment or credit card transaction, made in the members of the public without regard to your official stregular course of business must be disclosed as follow NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD	Other
None Personal residence  Real Property Street address	Other	Other
None Personal residence  Real Property  Street address  City	2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P  You are not required to report loans from commercial retail installment or credit card transaction, made in the members of the public without regard to your official sergular course of business must be disclosed as followable of Lender*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000	Other
None Personal residence  Real Property  Street address  City	2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P  * You are not required to report loans from commercial retail installment or credit card transaction, made in the members of the public without regard to your official stregular course of business must be disclosed as followable of LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$1,001 - \$10,000	Other
None Personal residence  Real Property  Street address  City	Other	Other

### STATEMENT OF ECONOMIC INTERESTS COVER PAGE



Please type or print in ink. NAME OF FILER (LAST) (FIRST) Dalman Dwayne 1. Office, Agency, or Court Agency Name (Do not use acronyms) City of Oakley Division, Board, Department, District, if applicable Your Position Economic Development Manager **Economic Development** ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) 2. Jurisdiction of Office (Check at least one box) State Judge or Court Commissioner (Statewide Jurisdiction) Multi-County \_ County of \_\_ City of Oakley Other \_ 3. Type of Statement (Check at least one box) Leaving Office: Date Left \_\_\_\_\_/\_\_\_ Annual: The period covered is January 1, 2015, through December 31, 2015. (Check one) -or-O The period covered is January 1, 2015, through the date of The period covered is \_\_ leaving office. December 31, 2015. O The period covered is \_ Assuming Office: Date assumed \_\_\_ the date of leaving office. Candidate: Election year \_ \_\_\_\_ and office sought, if different than Part 1: \_ 4. Schedule Summary (must complete) ► Total number of pages including this cover page: \_ Schedules attached Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -or-None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STATE ZIP CODE STREET CITY (Business or Agency Address Recommended - Public Document) 94561 Oakley CA 3231 Main Street DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (925) 625-7006 dalman@ci.oakley.ca.us I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed 3 3 16 Signature (File the originally signed statement with your filing official.)

Please type or print in ink.

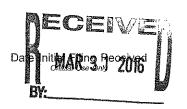
### STATEMENT OF ECONOMIC INTERESTS COVER PAGE



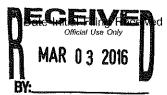
NAME OF FILER (FIRST) (MIDDLE) Dela Cruz Jesse Rey 1. Office, Agency, or Court Agency Name (Do not use acronyms) City of Oakley Division, Board, Department, District, if applicable Your Position Parks and Landscape Maintenance Foreman Public Works Department, Parks Division ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) 2. Jurisdiction of Office (Check at least one box) ☐ State Judge or Court Commissioner (Statewide Jurisdiction) County of .... ■ Multi-County ✓ City of Oakley Other \_ 3. Type of Statement (Check at least one box) Leaving Office: Date Left \_\_\_\_/\_\_\_ December 31, 2015. O The period covered is January 1, 2015, through the date of The period covered is \_\_\_\_ leaving office. December 31, 2015. The period covered is \_\_\_\_ Assuming Office: Date assumed \_\_\_\_\_/\_\_\_/\_ the date of leaving office. \_\_\_\_\_ and office sought, if different than Part 1: \_ Candidate: Election year ... 4. Schedule Summary (must complete) ► Total number of pages including this cover page: 1 Schedules attached Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -or-✓ None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 3231 Main Street CA 94561 Oakley DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (925)625-7015 delacruz@ci.oakley.ca.us I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed \_\_\_\_03/07/2016 Signature (File the originally signed statement with your filing official.) (month, day, year)



### STATEMENT OF ECONOMIC INTERESTS COVER PAGE



Please type or print in ink. NAME OF FILER (LAST) (MIDDLE) (FIRST) Dela Cruz Jesse Rey 1. Office, Agency, or Court Agency Name (Do not use acronyms) City of Oakley Division, Board, Department, District, if applicable Your Position Public Works Department, Parks and Landscape Division Parks and Landscape Maintenance Foreman ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) 2. Jurisdiction of Office (Check at least one box) Judge or Court Commissioner (Statewide Jurisdiction) State Multi-County . County of \_ ✓ City of Oakley Other \_\_\_ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2015, through Leaving Office: Date Left \_\_\_\_/\_\_\_ December 31, 2015. (Check one) O The period covered is January 1, 2015, through the date of The period covered is \_\_\_\_\_ leaving office. December 31, 2015. O The period covered is \_\_\_\_\_\_ through ✓ Assuming Office: Date assumed \_ the date of leaving office. and office sought, if different than Part 1: \_ Candidate: Election year \_ 4. Schedule Summary (must complete) ► Total number of pages including this cover page: \_ Schedules attached Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -or-None - No reportable interests on any schedule 5. Verification MAILING ADDRESS CITY ZIP CODE STREET STATE (Business or Agency Address Recommended - Public Document) CA 94561 3231 Main St. Oakley DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (925) 625-7015 delacruz@ci.oakley.ca.us I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Signature, (month, day, year) (File the originally signed statement with your filing official)



Please type or print in ink.		BY:
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
EDGELL	TROY	ALLAN
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
CITY OF OAKLEY		
Division, Board, Department, District, if ap	plicable	Your Position
CODE ENFORCEMENT		CODE ENFORCEMENT MANAGER
► If filling for multiple positions, list below	or on an attachment. (Do not use	acronyms)
Agency:		Position:
2. Jurisdiction of Office (Check at	least one box)	
☐ State		☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
City of OAKLEY		Other
L. J Oly Ol		
3. Type of Statement (Check at lea	st one box)	
Annual: The period covered is January December 31, 2015.	uary 1, 2015, through	Leaving Office: Date Left/
The period covered is December 31, 2015.	, through	<ul> <li>The period covered is January 1, 2015, through the date of leaving office.</li> <li>-or-</li> </ul>
Assuming Office: Date assumed _		The period covered is/, through the date of leaving office.
Candidate: Election year	and office sought, if	different than Part 1;
4. Schedule Summary (must co	mplete) > Total number	of pages including this cover page: 2
Schedules attached		
Schedule A-1 - Investments - sc	hedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments - sc		Schedule D - Income Gifts schedule attached
Schedule B - Real Property - sc	hedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-Or-		
☐ <b>None -</b> No reportable interest	s on any schedule	
5. Verification		
MAILING ADDRESS STREET	CITY	STATE ZIP CODE
(Business or Agency Address Recommended - Publicación 3231 MAIN STREET	C DOCUMENT) OAKLEY	CA 94561
DAYTIME TELEPHONE NUMBER	0711121	E-MAIL ADDRESS
( 925 ) 625-7009		$\mathcal{J}$
I have used all reasonable diligence in pre herein and in any attached schedules is i		wed this statement and to the best of my knowledge the information contained this is a public document.
•	,	ia that the foregoing is true and correct.
Date Signed 03/03/2016	લ	gnature Holles
(month, day, year)		(File the originally signed statement with your filing official.)

### SCHEDULE A-1 Investments

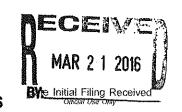
#### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Edgell, Tray A

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
CISCO	ORLY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$10,001 - \$100,000   \$10,001 - \$100,000	\$2,000 - \$10,000  \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT  Stock Other	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe)
Partnership   Income Received of \$0 - \$499   Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
01 , 01 , 15 , , 15	<u>, , 15</u> <u>, , 15</u>
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
FNBG	FORD
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	MANUAL TO THE PARTY OF THE PART
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
Partnership () Income Received of \$0 - \$499	Partnership () Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
<u> </u>	/
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	➤ NAME OF BUSINESS ENTITY
MPGX	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
<b>✓</b> \$2,000 - \$10,000	\$2,000 - \$10,000
[ \$100,001 - \$1,000,000	
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other(Describe)	Stock Other(Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
ncome Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 15 , , 15	, , 45
//_15//15_ ACQUIRED DISPOSED	//_15//15
	, and the state of
Comments:	
VVHHIIV1100	



Please type or print	in ink.				
NAME OF FILER (LAST)		(FIRST)			(MIDDLE)
Galstan		William		1	₹.
1. Office, Agenc	y, or Court				
Agency Name (D	o not use acronyms)				
City of Oakley	1				
Division, Board, Do	epartment, District, if applicable		Your Position		***************************************
City Attorney			Special Counsel		
9581 agency to Agency: <u>"Ove</u>	iple positions, list below or on an attac Oakley Redevelopmen 1991 + Buord of Succession The Jahlwey Redeve	at Agency Sac Agency	Position: Speci	al Co	rnsel
2. Jurisdiction	of Office (Check at least one box	)			
State	4		☐ Judge or Court Comn	nissioner (S	atewide Jurisdiction)
Multi-County			County of	•	,
☑ City of Oakle			Other Oakley Ove	ersiaht Ba	pard
V City OI			[Y] Other		
3. Type of State	ement (Check at least one box)				
Dec	period covered is January 1, 2015, the ember 31, 2015.	ough	Leaving Office: Dat (Check one)	e Left	J
	period covered is/	, through	<ul> <li>The period covered leaving office.</li> </ul>	ed is Janua	y 1, 2015, through the date o
Assuming Off	lice: Date assumed//		The period covere the date of leavin		/, through
☐ Candidate: E	lection year a	nd office sought, if d	fferent than Part 1:		
4. Schedule Sui Schedules a		Total number o	f pages including this	cover pa	ge: <u>3</u>
Schedule /	A-1 - Investments - schedule attached	<b>17</b> 1	Schedule C - Income. Loans.	& Busines	s Positions - schedule attache
a de la la la companya de la company	A-2 - Investments - schedule attached	5 4 5 6 4 6 5 1 1 4 5 1 1 4 5 1 1 4 1 4 1 4 1 4 1 4	Schedule D - Income – Giffs		이번 수입하다 하다 만든 여자를 하고 있다고 나타다.
Schedule I	3 - Real Property - schedule attached		Schedule E - Income – Gifts	– Travel Pa	yments - schedule attached
-or-					
☐ <b>None -</b> No	reportable interests on any sch	edule			
5. Verification					
MAILING ADDRESS	STREET	CITY		TATE	ZIP CODE
(Business or Agency Ad 2261 Lava Ri	dress Recommended - Public Document)	Roseville	C	٨	95661
DAYTIME TELEPHONE			-MAIL ADDRESS	<del>`</del>	3001
( 916 ) 780-		1	wgalstanlaw@yahoo.c	om	
I have used all reas	conable diligence in preparing this state attached schedules is true and complete	ment. I have review	ed this statement and to the be		owledge the information contain
I certify under per	nalty of perjury under the laws of th	e State of California	that the foregoing is true a	nd correct	,
Date Signed 03/1	8/2016	Sin	nature MUlaun 1	R. Get	Ho
nate differen	(month, day, year)	. Oig:		ly signed statem	ent with your filing official.)

#### SCHEDULE A-2

### Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
William R. Galstan

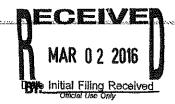
▶ 1, BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
Law Office of William R. Galstan	
Name	Name
2440 Candolero Way, Antioch, CA 94509	
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one ☐ Trust, go to 2 ☑ Business Entity, complete the box, then go to 2	Check one  Trust, go to 2  Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS  Law Firm	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$0 - \$1,999   \$2,000 - \$10,000   / 15	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$0 - \$1,999  \$2,000 - \$10,000  \$10,001 - \$100,000  ACQUIRED DISPOSED  \$100,001 - \$1,000,000  Over \$1,000,000
NATURE OF INVESTMENT ☐ Partnership ☑ Oither	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION Owner	YOUR BUSINESS POSITION
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000	S0 - \$499
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attack a separate sheet if necessary.)  None or Names listed below	► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)  None or Names listed below
Cota Cole LLP	
	101411111111111111111111111111111111111
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST Check one box:	▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST
INVESTMENT REAL PROPERTY	Check one box:    INVESTMENT   REAL PROPERTY
Normal Normal	
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Commente	FPPC Form 700 (2015/2016) Sch. A-2

#### SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM	700
FAIR POLITICAL PRACTICES CO	
Name	
William R. Galstan	

1. INCOME RECEIVED .	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Cota Cole LLP	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
2261 Lava Ridge Court, Roseville, CA 95661	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Firm	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Consulting Attorney	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
S600 - \$1,000 S1,001 - \$10,000	<b>\$500 - \$1,000 \$1,001 - \$10,000</b>
<b>☑</b> \$10,001 - \$100,000 □ OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other Hourly fees (Describe)	Other(Describe)
2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERI	1
* You are not required to report loans from commercial ler retail installment or credit card transaction, made in the	nding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to tus. Personal loans and loans received not in a lender's
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	% None
ADDITEGO (DUSHIESS AUTIESS AUTOPIANIE)	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
DOMESS ACTIVITY, II ANY, OF ELYOCAL	
	Real PropertyStreet address
HIGHEST BALANCE DURING REPORTING PERIOD	
\$500 - \$1,000	City
S1,001 - \$10,000	Guarantor
\$10,001 - \$100,000	hove!
OVER \$100,000	Other (Describe)
Comments:	



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	Permit Cent	er Manager
attachment, (Do not use		. ,
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<del></del> ,	Position:	
e box)		
•	Judge or Court Commissioner (Statew	ide Jurisdiction)
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ox)	,	
15, through	Leaving Office: Date Left/_ (Check one)	
/, through	leaving office.	2015, through the date of
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and office sought, if d	Ifferent than Part 1:	
		2
la > lotalanumbela	n socioles il institutino si il sacrove se il en-	
	Selection of the select	
veseja siejo (a)		
CITY	STATE	ZIP CODE
Oakle	CA	9456
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		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
		edge the information contained
s of the State of Californi	a that the foregoing is true and correct.	/
	John IX	
Sig	Hature	ilth your filing official.)
	attachment. (Do not use a box)  be box)  15, through  and office sought, if di  Total number  acheo	The period covered is January 1, leaving office.  and office sought, if different than Part 1:  Schedule 1. Schedu

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

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM FAIR POLITICAL PRACTICES C	700
Name Dean Hurn	iey

► 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
Dean Humey Access Inspection	
Dean Humey Access Inspection Name 1612 S. Francisco Ct. Antroch CA 9450	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one  Trust, go to 2	Check one  Trust, go to 2  Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$0 - \$1,999	FAIR MARKET VALUE
YOUR BUSINESS POSITION CWNEX	YOUR BUSINESS POSITION
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
\$0 - \$499	\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000
None or Names listed below  City of Cakley, CA	> 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	➤ 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	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:  \$2,000 - \$10,000	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000
Leasehold	. D leasehold D Other
Yrs. remaining  Check box if additional schedules reporting investments or real property are attached	Yrs. remaining  Check box if additional schedules reporting investments or real property are attached

Comments:



### STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received

NAME OF FILER (LAST)	(FIRST)	WIDDLE)	
LABALIN	JASON)		
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)	· .		
City of Vakley			
Division, Board, Department, District, if applic		Position	
Public Works	+ Engineering	Associate Engi	ne
▶ If filing for multiple positions, list below or	on an attachment. (Do not use acronyms)	* *	
A	Dool	ion:	•
Agency:	rusi		
2. Jurisdiction of Office (Check at lea	ist one box)		
State	Jud	ge or Court Commissioner (Statewide Jurisdiction)	
Multi-County		inty of	
Feity of Oakley		er	
Grany or Care 100		JI	
3. Type of Statement (Check at least of	one box)		
Annual: The period covered is January	1, 2015, through <b>Le</b>	aving Office: Date Left/	
December 31, 2015.	•	neck one)	
The period covered is	, through	The period covered is January 1, 2015, through the leaving office.	date of
December 31, 2015.			
	-or	•	
Assuming Office: Date assumed 12		The period covered is	through
Assuming Office: Date assumed 12	<del>, 5 , 20/4</del> 0	The period covered is, the date of leaving office.	through
	<del>,5,20/4</del> 0	The period covered is, the date of leaving office.	through
Assuming Office: Date assumed 12	and office sought, if different than	The period covered is	through
Assuming Office: Date assumed 22	and office sought, if different than	The period covered is	through
Assuming Office: Date assumed 12  Candidate: Election year  Schedule Summary (must comp	and office sought, if different than	The period covered is	
Assuming Office: Date assumed 12  Candidate: Election year  4. Schedule Summarys (must composite of the dules attached)  Schedules attached	and office sought, if different that  olete) Total humber of pages.	The period covered is	
Assuming Office: Date assumed 12  Candidate: Election year  Schedule Summary (must compact the schedules attached assumed 2)  Schedules attached assuments as the compact the schedules attached assuments as the compact the schedules at a sum of the compact the schedules at a sum of the compact	and office sought, if different that  olete): > lotal-number-of-pages.  ulcyal(achee): 3X Schedule.  ulcyal(achee): 1x Schedule.	The period covered is	allache
Assuming Office: Date assumed 12  Candidate: Election year  4. Schedule Summarys (must composite of the dutes attached)  Schedules attached	and office sought, if different that  olete): > lotal-number-of-pages.  ulcyal(achee): 3X Schedule.  ulcyal(achee): 1x Schedule.	The period covered is	allache
Assuming Office: Date assumed 12  Candidate: Election year  4. Schedule Summarys (must complete comple	and office sought, if different than office sought, if different t	The period covered is	allache
Candidate: Election year  Candidate: Election year  Candidate: Election year  Schedule Summary (must complete street)  Schedules attached	and office sought, if different than office sought, if different t	The period covered is	allache
Candidate: Election year  Candidate: Election year  Candidate: Election year  Schedule Summary (must com)  Schedules attached  Schedules attached  Schedules Astached	and office sought, if different that  olete)  Total humber of pages  Ue altyched  Schedule  Olete)  Schedule  Olete)  Schedule  Olete)  Schedule  Olete)  City	The period covered is	allache
Candidate: Election year  4. Schedule Summary (must composite strached)  Schedules attached  Schedules Astached  Schedules Ast	and office sought, if different that  olete)  Total number of pages  ue altoched  Schedules  ue altoched  PEschedules  oh any schiedules  coment)	The period covered is	allache
Candidate: Election year  Candidate: Election year  Candidate: Election year  Schedule Summary (must com)  Schedules attached  Schedules attached  Schedules Astached	and office sought, if different that  olete)  Total humber of pages  Ue altyched  Schedule  Olete)  Schedule  Olete)  Schedule  Olete)  Schedule  Olete)  City	The period covered is	allache
Candidate: Election year  4: Schedule Summarys (must compose schedules attached schedules	and office sought, if different than office sought, if different t	The period covered is	allache
Assuming Office: Date assumed 12  Candidate: Election year  4. Schedule Summary (must compose attached)  Schedules attached  Schedules Attached  Schedules Attached  Schedule Attached  Schedule Attached  Schedule Bisseal Process ched  Schedule Bisseal Process chedule bisselesses  5. Verification  MAILING ADDRESS (Business or Agency Address Recommended - Public Do 3231 Main St.)  DAYTIME TELEPHONE NUMBER  (925) 625 - 7040	and office sought, if different that  oliete) International Schedules  ulcallabled International Schedules  ulcallabled International Schedules  ulcallabled International International Schedules  on any seniedule International	The period covered is	
Assuming Office: Date assumed 12  Candidate: Election year  4. Schedule Summary (must compose the dules attached services attached service	and office sought, if different than office sought, if different t	The period covered is	allarhe
Candidate: Election year  Candidate: Election year  Candidate: Election year  Schedule Summary Imust comp  Schedule Sattached  Schedule Astronous Iments Schedule Astronous Iments Schedule Astronous Iments Schedule Bis Real-Property Schedule Bis Recommended - Public Do  3231 Main St DAYTIME TELEPHONE NUMBER  (925) 625 - 7040  I have used all reasonable diligence in preparaherein and in any attached schedules is true	and office sought, if different than office sought, if different t	The period covered is	allarhe

#### **SCHEDULE A-1** Investments

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

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name	_

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Wowso Inc	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
E-Book Space	·
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 <b>\$1</b> 0,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATIDE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
Partnership   Income Received of \$0 - \$499   Income Received of \$500 or More (Report on Schedule C)	Partnership () Income Received of \$0 - \$499 () Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ / 15 / / 15	/
	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000 .	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe)	(Describe)
Partnership O income Received of \$0 - \$499	Partnership () Income Received of \$0 - \$499
() Income Received of \$500 or More (Report on Schedule C)	O income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	/ / 15 / 15
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
AND ALL DESCRIPTION OF SUITS STATE OF SUITS SUIT	ON THE LANGOCIPE AND PROPERTY OF
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
Partnership   Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
•	

Comments: .

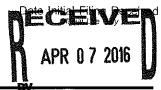
### SCHEDULE C Income, Loans, & Business Positions (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

t, INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
City of Oakley	Signified Engineering
ADDRESS (Business Address Acceptable)	ADDRESS (Basiness Address Acceptable)
3231 Main St, Oakley Cr 9456	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE Stc. 100
Engineerlage	Engineering
YOUR BUSINESS POSITION V	YOUR BUSINESS POSITION
Associate Engineer	Project Engheer
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership, For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
•	•
(Describe)	(¿Jescribe)
Other	Other
Other (Describe)  2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING F	Other(Describe)
Other (Describe)  2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING F  * You are not required to report loans from commercia retail installment or credit card transaction, made in t	Other
Other (Describe)  2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING F  * You are not required to report loans from commercia retail installment or credit card transaction, made in t members of the public without regard to your official	Other
Other	Other
Other	Other
Other (Describe)  2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING F  * You are not required to report loans from commercia retail installment or credit card transaction, made in the members of the public without regard to your official regular course of business must be disclosed as followable of LENDER*	Other
Other (Describe)  2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING F  * You are not required to report loans from commercia retail installment or credit card transaction, made in the members of the public without regard to your official regular course of business must be disclosed as followable of LENDER*	Other
Other	Other
Other	Other
Other (Describe)  2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING F  * You are not required to report loans from commercial retail installment or credit card transaction, made in the members of the public without regard to your official regular course of business must be disclosed as followed as followed by Lender*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER	Other
Other	Other
Conscribe)  2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING F  * You are not required to report loans from commercial retail installment or credit card transaction, made in the members of the public without regard to your official regular course of business must be disclosed as followed as followed by the public without regard to your official regular course of business must be disclosed as followed by the public without regard to your official regular course of business must be disclosed as followed by the public without regard to your official regular course of business must be disclosed as followed by the public without regard to your official regular course of business must be disclosed as followed by the public without regard to your official regular course of business must be disclosed as followed by the public without regard to your official regular course of business must be disclosed as followed by the public without regard to your official regular course of business must be disclosed as followed by the public without regard to your official regular course of business must be disclosed as followed by the public without regard to your official regular course of business acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000	Other
Other	Other

(month, day, year)

### STATEMENT OF ECONOMIC INTERESTS COVER PAGE

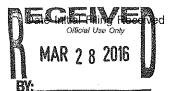


Please type or print in ink. NAME OF FILER (LAST) Kennedy Francis 1. Office, Agency, or Court Agency Name (Do not use acronyms) City of Oakley Your Position Division, Board, Department, District, if applicable Engineering City Surveyor ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) 2. Jurisdiction of Office (Check at least one box) Judge or Court Commissioner (Statewide Jurisdiction) ☐ State County of \_ ☐ Multi-County City of Oakley Other \_ 3. Type of Statement (Check at least one box) Leaving Office: Date Left \_\_\_\_/\_\_\_ ✓ Annual: The period covered is January 1, 2015, through December 31, 2015. (Check one) O The period covered is January 1, 2015, through the date of The period covered is \_ leaving office. December 31, 2015. O The period covered is \_\_\_\_ Assuming Office: Date assumed \_\_\_\_ the date of leaving office. and office sought, if different than Part 1: \_ Candidate: Election year \_ 4. Schedule Summary (must complete) ► Total number of pages including this cover page: -Schedules attached Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -or-✓ None - No reportable interests on any schedule 5. Verification MAILING ADDRESS CITY STATE ZIP CODE STREET (Business or Agency Address Recommended - Public Document) CA 94561 3231 Main Street Oakley E-MAIL ADDRESS DAYTIME TELEPHONE NUMBER (925) 625-7155 fjk@fjkennedy.com I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and confrect. Date Signed \_\_\_04/01/2016 Signature

FPPC Form 700 (2015/2016)

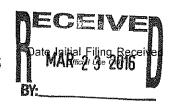
(algaliy signed statement with your filing official.)

# STATEMENT OF ECONOMIC INTERESTS COVER PAGE



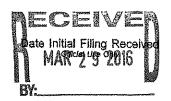
Please type or print in ink.			Ya Tuyaanyii waxaa w
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Marguez-Suarez	Mancy		Angelica
1. Office, Agency, or Court	· /		0
Agency Name (Do not use acronyms)			
City of Oakley			
Division, Board, Department, District, if applicable		Your Position	
Administration - City Mana	ger's Office	. Assistant to t	the City Manager/HRMana
► If filing for multiple positions, list below or on an attach	J		, ,
	·		
Agency:		Position:	
2. Jurisdiction of Office (Check at least one box)			
State		☐ Judge or Court Commissioner (S	Statewide Jurisdiction)
<u> </u>		County of	
Multi-County		•	
☐ City of ☐ CINCY		Other	
3. Type of Statement (Check at least one box)			
Annual: The period covered is January 1, 2015, thro	ouah	Leaving Office: Date Left	
December 31, 2015.	g	(Check one)	
-or- The period covered is//	, through		ary 1, 2015, through the date of
December 31, 2015.		leaving office. -or-	
Assuming Office: Date assumed/		The period covered is the date of leaving office.	_/, through
Candidate: Florier was	ed affice cought if diff	erent than Part 1:	
Candidate: Election year ar	ia office sought, if all	elelik Glaij Fait 1.	
4. Schedule Summary (must complete) ▶	Total number of	pages including this cover p	age:
Schedules attached	CONTRACTOR DE LA CONTRA		
Schedule A-1 - Investments – schedule attached	ΠS	chedule C - Income, Loans, & Busine	ss Positions – schedule attached
Schedule A-2 - Investments - schedule attached	least 1	chedule D - Income - Gifts - schedul	
Schedule B - Real Property - schedule attached		chedule E - Income - Gifts Travel I	Payments – schedule attached
-or-	Allocation and Street and Street	The state of the s	THE PERSON NAMED OF T
None - No reportable interests on any sch	edule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
3231 Main St	Oakler	CA	94561
DAYTIME TELEPHONE NUMBER		MAIL ADDRESS	
<u>(925 ) 550-951 1</u>		Marguez@,ci.odd	
I have used all reasonable diligence in preparing this state herein and in any attached schedules is true and complet			knowledge the information contained
I certify under penalty of perjury under the laws of the	e State of California	that the foregoing is true and corre	ct.
3178/11.		Maney Marmy	en) - Suarau
Date Signed (month, day, year)	. Sign	ature ////////////////////////////////////	ement with your filing official)
1			V

FPPC Form 700 (2015/2016)



Please type or print in ink.		
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
McMurray	Joshua	Aaron
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
City of Oakley		
Division, Board, Department, District, if applicable		Your Position
Planning Division		Planning Manager
▶ If filing for multiple positions, list below or on an attach	ment. (Do not us	e acronyms)
Agency:		Position:
2. Jurisdiction of Office (Check at least one box)		
State		Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
✓ City of Oakley		Other
[2] Oily Oi		
3. Type of Statement (Check at least one box)		
Annual: The period covered is January 1, 2015, thro December 31, 2015.	ugh	Leaving Office: Date Left//(Check one)
The period covered is// December 31, 2015.	, through	<ul> <li>The period covered is January 1, 2015, through the date of leaving office.</li> <li>-or-</li> </ul>
Assuming Office: Date assumed/		The period covered is/, through the date of leaving office.
Candidate: Election year an	d office sought, if	different than Part 1:
4. Schedule Summary (must complete) ► Schedules attached	Total number	of pages including this cover page: 1
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 schell	edule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE
3231 Main Street	Oakley	CA 94561
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS
( 925 ) 625-7004		mcmurray@ci.oakley.ca.us
I have used all reasonable diligence in preparing this stater herein and in any attached schedules is true and complete		ewed this statement and to the best of my knowledge the information contained this is a public document.
I certify under penalty of perjury under the laws of the	State of Califor	nia that the foregoing is true and correct.
Date Signed 3/23/16	S	Signature
(month, day, year)		(File the originally signed statement with your filing official.)

# STATEMENT OF ECONOMIC INTERESTS COVER PAGE



Please type or print in lnk.

NAME OF FILER (LAST) MILLER	(FIRST) . Richard		(MIDDLE) Michael
1. Office, Agency, or Court	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
Agency Name (Do not use acronyms)			
City of Oakley			
Division, Board, Department, District, if applicab	· .	Your Position Contract [	Γ
<u></u>			
► If filing for multiple positions, list below or or	an attachment. (Do not use	acronyms)	• •
Agency:		Position:	All and the second seco
2. Jurisdiction of Office (Check at least	one box)		
State		☐ Judge or Court Commissio	ner (Statewide Jurisdiction)
Multi-County		County of	
☑ City of Oakley, California		Other	
2 Tune of Statement (Check at least an	- t	•	
3. Type of Statement (Check at least one	-	. Parisher Officer Dolo Lo	ft
Annual: The period covered is January 1, December 31, 2015.	, 2015, through	(Check one)	
The period covered is/ December 31, 2015.	, through	O The period covered is leaving office.	January 1, 2015, through the date of
Assuming Office: Date assumed		O The period covered is the date of leaving off	, through
Candidate: Election year	and office sought, if d	ifferent than Part 1:	
4. Schedule Summary (must complete Schedules attachied)  [1] Schedule A-1 - Investments - schedule A-2 - Investments - schedule - schedule A-2 - Investments - schedule - schedu	valladhad (1.5) a altachad (1.5)	Schedule G. //roome - rosms &// Schedule G. //roome - Giffs - Sc	sosmess / osmonsi schoolileratieched Bredule arrached
<b>Norie</b> Novepolkible interests on	any schedule		
5. Verification		Constitution of the Consti	
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Documents)	CITY	STATE	ZIP CODE
79 Muth Drive	Orinda	CA	94563
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS	,
( 510 ) 517-8555		rich@onal.net	
I have used all reasonable diligence in preparing herein and in any attached schedules is true a	g this statement. I have review nd complete. I acknowledge th	red this statement and to the best on the best of the left of the state of the stat	or my knowledge the information contained
I certify under penalty of perjury under the	laws of the State of Californi	a that the foregoing is true and	correct,
Date Signed	Sir	nature WOX	
(month, day, year)	·		ned statement with your filing official.)

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

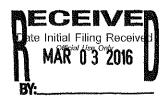
CALIFORNIA FORM 70	0
FAIR POLITICAL PRACTICES COMMISSION	Ų
Name	

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Name .	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one  Trust, go to 2 Business Entity, complete the box, then go to 2	Check one  Check one  Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$0 - \$1,999  \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$0 - \$1,999  \$2,000 - \$10,000
\$10,001 - \$100,000 ACQUIRED DISPOSED	\$10,001 - \$100,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT  ☐ Partnership ☐ Sole Proprietorship ☑ Other  CEO	NATURE OF INVESTMENT
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>10</u> THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 \$7 OVER \$100,000 \$1,001 - \$10,000	\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 \$0VER \$100,000
3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)  Note or Names listed below	3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)  None or Names listed below
Salary - 135,000.00	
A AN MANAGEMENT AND DEPOTOTO IN DEAL PRODUCTION AND DEPOTOTO IN DEPARTMENT OF THE PRODUCTION AND DEPOTOTOR AND DEP	- A NAME OF THE PARTY OF THE PA
▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST
Check one box:    INVESTMENT   REAL PROPERTY	Check one box:
MAESIMENT TIMENT LINEAR LADVERTI	THATESIMEN THEFTOLERII
Name of Business Entity, if investment, or Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership.
Leasehold Other	Leasehold Other
Yrs. remaining  Check box if additional schedules reporting investments or real property are attached	Yrs. remaining  Check box if additional schedules reporting investments or real property are attached
,	Poho F too loos tleases a 1 - a
Comments:	FPPC Form 700 (2015/2016) Sch. A

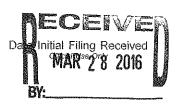
#### SCHEDULE C Income, Loans, & Business Positions (Other than Gifts and Travel Payments)

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

1, INCOME RECEIVED	➤ 1. INCOME RECEIVED			
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME			
Antai Solutions LLC				
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)			
79 Muth Drive				
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE			
Managed IT Services				
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION			
CEO				
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED			
☐ \$500 - \$1,000 ☐ \$1,001 <b>-</b> \$10,000	\$500 ~ \$1,000 \$1,001 - \$10,000			
☐ \$10,001 - \$100,000 ☑ OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000			
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED			
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)			
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)			
Sale of	Sale of			
(Real property, car, boat, etc.)	Sale of(Real property, car, boat, etc.)			
Loan repayment	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more			
(Describe)	(Describe)			
Other(Describe)	Other(Describe)			
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER				
retail installment or credit card transaction, made in the	ending institutions, or any indebtedness created as part of a e lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's vs:			
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)			
Brown and the state of the stat	%			
ADDRESS (Business Address Acceptable)	eroupity/ FOR LOAN			
	SECURITY FOR LOAN  None Personal residence			
BUSINESS ACTIVITY, IF ANY, OF LENDER	T total			
	Real PropertyStreet address			
HIGHEST BALANCE DURING REPORTING PERIOD				
\$500 - \$1,000	. City			
\$1,001 - \$10,000	Guarantor			
<b>\$10,001 - \$100,000</b>	The second second			
OVER \$100,000	Other			
	(Describe)			
Comments:				

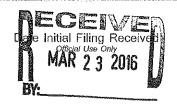


Please type or print in ink.		GEP & Vaccing					
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)	_				
MORROW	LEONARD	А.					
1. Office, Agency, or Court							
Agency Name (Do not use acronyms)							
City of Oakley							
Division, Board, Department, District, if applicable		Your Position	-				
Public Works Department		Parks and Landscape Division 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	hox)		_				
State	ŕ	☐ Judge or Court Commissioner (Statewide Jurisdiction)					
		· · ·					
Multi-County		County of	-				
☑ City of Oakley		Other	~				
3. Type of Statement (Check at least one box			_				
Annual: The period covered is January 1, 201		Leaving Office: Date Left/					
December 31, 2015.	, wii o u g , i	(Check one)					
The period covered is	, through	<ul> <li>The period covered is January 1, 2015, through the date of leaving office.</li> <li>-or-</li> </ul>					
Assuming Office: Date assumed		The period covered is/, through the date of leaving office.					
Candidate: Election year	and office sought, if differen	ent than Part 1:	-				
4. Schedule Summary (must complete)	► Total number of o	pages including this cover page:					
Schedules attached		ages majaring checova page.					
Schedule A-1 - Investments - schedule atta	ched Sch	iedule C - Income, Loans, & Business Positions - schedule attached					
Schedule A-2 - Investments - schedule atta	ched Sch	nedule D - Income — Gifts — schedule attached					
Schedule B - Real Property - schedule atta	ched Sch	nedule E - Income - Gifts - Travel Payments - schedule attached					
-or-							
✓ None - No reportable interests on any	schedule						
5. Verification			_				
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE	-				
3231 Main Street	Oakley	CA 94561					
DAYTIME TELEPHONE NUMBER	E-MA	UL ADDRESS	-				
( 925 ) 625-7039			_				
I have used all reasonable diligence in preparing this herein and in any attached schedules is true and co		his statement and to the best of my knowledge the information contained s a public document.	t				
I certify under penalty of perjury under the laws	of the State of California the	at the foregeing is true and correct.					
03/03/2016		( of ob.					
Date Signed	Signatu	ure (File the originally signely statement with your filing official.)	-				
functions and bound	· ·	, , , , , , , , , , , , , , , , , , , ,					



Please type or print in ink.				
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)		
Navarro	Eric	Daniel		
1. Office, Agency, or Court				
Agency Name (Do not use acronyms)				
Oakley Police Department				
Division, Board, Department, District, if applicable		Your Position		
Field Operations Division		Lieutenant		
▶ If filing for multiple positions, list below or on an attachme	ent. <i>(Do not us</i>	e acronyms)		
Agency:	Position:			
2. Jurisdiction of Office (Check at least one box)				
☐ State		Judge or Court Commissioner (Statewide Jurisdiction)		
Multi-County		County of		
✓ City of Oakley		Other		
3. Type of Statement (Check at least one box)				
Annual: The period covered is January 1, 2015, throug December 31, 2015.	h	Leaving Office: Date Left/		
The period covered is/	, through	<ul> <li>The period covered is January 1, 2015, through the date of leaving office.</li> <li>-or-</li> </ul>		
✓ Assuming Office: Date assumed 03 , 28 , 20	016	The period covered is/, through the date of leaving office.		
Candidate: Election year and o	office sought, if	different than Part 1:		
4. Schedule Summary (must complete) ▶ 7	otal number	of pages including this cover page:		
Schedules attached				
Schedule A-1 - Investments – schedule attached	r	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	330 130 33 130 440	Schedule E - Income - Gifts - Travel Payments - schedule attached		
-or-				
✓ None - No reportable interests on any sched	ule			
5. Verification				
MAILING ADDRESS STREET	CITY	STATE ZIP CODE		
(Business or Agency Address Recommended - Public Document) 3231 Main Street	Oakley	CA 94561		
DAYTIME TELEPHONE NUMBER	Cakiey	E-MAIL ADDRESS		
( 925 ) 625-8855		navarro@ci.oakley.ca.us		
<u>·                                      </u>		wed this statement and to the best of my knowledge the information contained		
I certify under penalty of perjury under the laws of the S	•	<b>,</b>		
Date Signed	e	ignature		
(month, day, year)	•	(File the originally signed statement with your filing official.)		

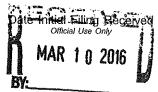
## STATEMENT OF ECONOMIC INTERESTS COVER PAGE



Please type or print in ink.

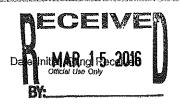
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)	
Newman	David		Kea	
1. Office, Agency, or Court				
Division, Board, Department, District, if applicable	Ca.	Street Ma Your Position	aintenance forer	<u>mai</u>
<u> Public Works</u>				
► If filing for multiple positions, list below or on an	attachment. (Do not use acr	onyms)		
Agency:		Position:		
2. Jurisdiction of Office (Check at least one	box)			
☐ State	,	☐ Judge or Court Commi	ssioner (Statewide Jurisdiction)	
Multi-County		County of		
Dity of Oakley		Other		
<ol> <li>Type of Statement (Check at least one box</li> <li>Annual: The period covered is January 1, 201</li> <li>December 31, 2015.</li> </ol>		Leaving Office: Date (Check one)	Left	
-or- The period covered is//. December 31, 2015.	•	·	d is January 1, 2015, through the date of	F
Assuming Office: Date assumed 73	, 2015		d is/, through goffice.	)
Candidate: Election year	and office sought, if differ	rent than Part 1:		_
4. Schedule Summary (must complete) Schedules attached	► Total number of [	pages including this	cover page:	
☐ Schedule A-1 - Investments — schedule atta ☐ Schedule A-2 - Investments — schedule atta ☐ Schedule B - Real Property — schedule atta -Or-	ched Sc	hedule D - Income – Gifts	& Business Positions – schedule attache - schedule attached - Travel Payments – schedule attached	d
□ <b>None</b> - No reportable interests on any	schedule			
5. Verification				
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)  3231 Main St.	Oakley	Ca	TATE ZIP CODE . 94561	_
1925) 625-7038	ľ	AIL ADDRESS	Oakley. Ca. US	
I have used all reasonable diligence in preparing this herein and in any attached schedules is true and co	statement. I have reviewed	this statement and to the be		ned
I certify under penalty of perjury under the laws		·	nd correct.	
Date Signed 3-23-16 (month, day, year)	Signal		Description  y signed statement with your filing official.)	
monto, vaj, fvai)		p no tro onguran	, signes statement that you ming unional,	

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE



Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) Newman David Rea 1. Office, Agency, or Court Agency Name (Do not use acronyms) Division, Board, Department, District, if applicable Works ▶ 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 \_\_\_ Ocity of Oakler 3. Type of Statement (Check at least one box) Leaving Office: Date Left \_\_\_\_/\_\_\_\_ Annual: The period covered is January 1, 2015, through December 31, 2015. (Check one) -or-O The period covered is January 1, 2015, through the date of The period covered is \_\_\_\_\_\_\_, through leaving office. December 31, 2015. O The period covered is \_\_\_\_\_\_\_, through the date of leaving office. Candidate: Election year ..... and office sought, if different than Part 1: \_\_ 4. Schedule Summary (must complete) ► Total number of pages including this cover page: \_ Schedules attached Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -or-None - No reportable interests on any schedule 5. Verification MAILING ADDRESS (Business or Agency Address Recommended - Public Document) Main 2+. neuman (a) Ci. Oakley, Ca. US I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document, I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed 3-/0-/6 Signature . (File the originally signed statement with your filing official.)

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE



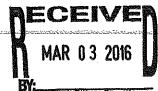
Please type or print in ink.			
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
PAETZ	THEODO	DRE	LIEROME
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)		)	-
CITY OF ORKLEY	<u>{</u> }	VBUC WORKS INSP Your Position	ECTOF LL
Division, Board, Department, District, if applicable		Your Position	
► if filing for multiple positions, list below or on	an attachment. (Do not use a	acronyms)	
Agency:		Position:	
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Ocity of OAKIBY CA	Commence of the Commence of th	Other	
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Assuming Office: Date assumed 16	11 113	O The period covered is	, through
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		A SUL DE L'ON CONTRACTOR DE L'ON	
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5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docum	CITY	STATE	ZIP CODE
3231 MALK ST. OAK	ley ca.	94561	•
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS	
<u>(925) 625 - 7000</u>			1. ft. 1.f C
I have used all reasonable diligence in preparing herein and in any attached schedules is true an	this statement. I have review discomplete. I acknowledge the	red this statement and to the best of my knowl his is a public document.	edge the information contained .
I certify under penalty of perjury under the la			
2010		(1/2)	
Date Signed MANCA - 2016	Sig	gnature (File the ofiginally signed statement )	ville vour filing official.)
(month, day, year)		b no the distinct affine agreement	- in year many vacabag

FPPC Form 700 (2015/2016)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toil-Free Helpline: 866/275-3772 www.fppc.ca.gov

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name 7AEODORE J. PAETZ	
THEODORE VI VAELE	_

1, INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
city of Dakley	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
25 71 MANG OT	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
On WI- AN	
WALLE PROPERTY BOCKETON	YOUR BUSINESS POSITION
YOUR BUSINESS POSITION	1000 BOOMESS   SOMEN
Tublic Works Inspector II	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
\$500 \$1,000 \$1,000	\$1,000 - \$10,000   \$1,000   \$1,000   \$1,000   \$1,000   OVER \$100,000
\$10,001 - \$100,000	
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Spause's or registered domestic pertner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Parlnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, bout, etc.)	(Real property, car, boat, etc.)
Loan repayment	
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or m
	(Describe)
(Describe)	(Describe)
(Describe)  Other(Describe)  2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PROCESS.	(Describe)    Other(Describe)
(Describe)  Other(Describe)  2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PROPERTY OF THE PROPE	Control  Cother (Describe)  [RIOD  [Describe]
(Describe)  Other (Describe)  2. LOANS RECEIVED OR OUTSTANDING DURING HEAREGORING PROPERTY OF THE PROPERTY OF	Cother (Describe)  [Poscribe]
(Describe)  2. LOANS RECEIVED OR OUTSTANDING DURING THE RESORTING PROPERTY AND ARREST OF THE RESORTING PROPERTY OF THE PROPERT	(Describe)    Other(Describe)   Iending institutions; or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender'ows:
* You are not required to report loans from commercial retail installment or credit card transaction, made in the members of the public without regard to your official segular course of business must be disclosed as follows:	Coescribe
(Describe)  2. LOANS RECEIVED OR OUTSTANDING DURING THE RESORTING PROPERTY AND ARREST OF THE RESORTING PROPERTY OF THE PROPERT	Continue   Continue
(Describe)  2. LOANS RECEIVED OR OUTSTANDING DURING THE RESORTING PROPERTY OF THE PROPERTY OF	Coescribe   Coescribe
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* You are not required to report loans from commercial retail installment or credit card transaction, made in the members of the public without regard to your official sergular course of business must be disclosed as follow the public of Lender.  **Address Address Acceptable**	Coescribe   Coescribe
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(Describe)  2. LOANS RECEIVED OR OUTSTANDING DURING HEREGORING PROVIDED TO THE PROPERTY OF THE	Coescribe   Coescribe
Other	Cother   (Describe)



### STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received
Official Use Only

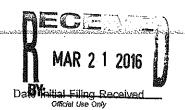
Please type or print in Ink. (MIDDLE) NAME OF FILER (LAST) (FIRST) Rohaui eVIN 1. Office, Agency, or Court Agency Name (Do not use acronyms) Oakle Division, Board, Department, District, if applicable WOIKS Wol ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: . Position: 2. Jurisdiction of Office (Check at least one box) Judge or Court Commissioner (Statewide Jurisdiction) ☐ State Multi-County County of \_ Other. City of ... 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2015, through Leaving Office: Date Left \_ (Check one) December 31, 2015. O The period covered is January 1, 2015, through the date of The period covered is leaving office. December 31, 2015. O The period covered is . Assuming Office: Date assumed ... the date of leaving office. Candidate: Election year \_ and office sought, if different than Part 1: . : Schedule Summary (must complete) ⇒ lotal number of pages including this cover page: Schedules attached Schedule Adeclinyeshneniş şəheduleral Schedule Casincone schedule altached Sign Schedule: De Unionide Giffs Schedule A32 investments schedule attached Schedule B & Real Property Schedule afficied Schedule 5 sincomes - Silver at avel Payments - Sche None No recovable interes Verification MAJLING ADDRESS (Business or Agency Address Recommended - Public Document) DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS rohania Ci. oakle 625-I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct Date Signed 3 - 3 - 1 6 Signature ...



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

Date Initial Filing Received Official Use Only

NAME OF FILER (LAST)	(FIRS')	(MIDDLE)
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1. Office, Agency, or Court	0,00,000	
Agency Name (Do not use acronyms)		,
CITY OF DAKLEY		•
Division, Board, Department, District, if applicable	Your Position	
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DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS	
(925) 625 -7154		
	his statement. I have reviewed this statement and to the be- complete. I acknowledge this is a public document.	st of my knowledge the information contained
I certify under penalty of perjury under the law	vs of the State of California that the foregoing is true a	nd correct.
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Date Signed	Signature	y signed stalement with your filing official.)
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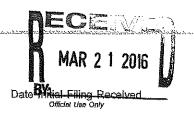


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### STATEMENT OF ECONOMIC INTERESTS COVER PAGE

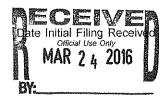
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Division, Board, Department, District, if applicable	Your Position
PUBLIC WORKS AND ENGINEER	ANG ASSISTANT ENGINEER
► If filing for multiple positions, list below or on an attachment. (Do	not use acronyms)
Agency:	Position;
2. Jurisdiction of Office (Check at least one box)	
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[D] City of	Calei
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Schedule B. Real Eropery Schedule attached 1997	Schedule 5 Income States Strave Payments - schedule attached 2
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DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS  CAN NOC HALLON (A) ON MAKINI CA (18
925) 625-7154	a surround this abstract and to the host of my translation the information contributed
have used all reasonable diligence in preparing this statement. I have herein and in any attached schedules is true and complete. I acknow	e reviewed this statement and to the best of my knowledge the information contained vledge this is a public document.
I certify under penalty of perjury under the laws of the State of (	·
Whate.	7.000. C. 1
Date Signed03/17/2014	Signature

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



(month, day, year)

Please type or print in Ink.	• • • • • • • • • • • • • • • • • • • •	
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
SAENGCHALERN	BILLILES	HOFER
1. Office, Agency, or Court		•
Agency Name (Do not use acronyms)  CITY OF OAKLEY		
Division, Board, Department, District, if applicable  OUBLIC WOWLS AND	BNGINGOVING ASSIST	TYPUT ENGINEER
► If filing for multiple positions, list below or on an atta	achment. (Do not use acronyms)	• •
Agency:	Position;	
2. Jurisdiction of Office (Check at least one be	ax)	
State	☐ Judge or Court Comm	nissioner (Statewide Jurisdiction)
Multi-County	County of	
XCity of OAKLEY	·	
<i>—</i>	-	
3. Type of Statement (Check at least one box)		
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Schedule: Ball Real Property Schedule: allach		
<b>√ None</b> = No reportable interests on any s	ojnedujo a sa programa i s	The second secon
5. Verification		
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(Business or Agency Address Recommended - Public Document) . 3331 MAIN STUCTET	arrey (	CA 94561
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS	, , , , , , , , , , , , , , , , , , , ,
(925) 625-7154		
I have used all reasonable diligence in preparing this st herein and in any attached schedules is true and com		est of my knowledge the information contained
I certify under penalty of perjury under the laws of	the State of California that the foregoing is true	and correct.
Date Signed 03/17/2016	Signature	· John
(month, day, year)	(File the original	ally signed stalement with your filing official.)



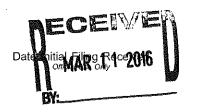
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NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Sanders	Scott	F	Raymond
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
City of Oakley			
Division, Board, Department, District, if applicable		Your Position	
Building Department		Building Inspector / Code E	Enforcement Officer 2
▶ If filing for multiple positions, list below or on an	attachment. (Do not use	acronyms)	
Agency:		_ Position:	
2. Jurisdiction of Office (Check at least or	ne box)		
State		☐ Judge or Court Commissioner (St	atewide Jurisdiction)
Multi-County		County of	
City of Oakley	•	☐ Other	
✓ Oity of		Ould	
3. Type of Statement (Check at least one b	ох)		
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Candidate: Election year	and office sought, if o	different than Part 1:	
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Schedules attached		or pages including this cover pa	
Schedule A-1 - Investments - schedule at	tached 🗸	] Schedule C - Income, Loans, & Busines	s Positions – schedule attached
Schedule A-2 • Investments – schedule at	tached	] <b>Schedule D •</b> <i>Income – Gifts –</i> schedule	attached
Schedule B - Real Property - schedule at	tached	] Schedule E - Income - Gifts - Travel Pa	yments – schedule attached
-or-			And an artist of the second se
☐ <b>None -</b> No reportable interests on ar	ıy schedule		
5. Verification			Note Printed PV CP 18 V 26 viles March March Carrier May CP (CA V MA V V V V V V V V V V V V V V V V V
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document	CITY	STATE	ZIP CODE
3231 Main Street	, Oakley	CA	94561
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS	
( 925 ) 625-7031		sanders@ci.oakley.ca.us	
I have used all reasonable diligence in preparing the herein and in any attached schedules is true and of			owledge the information contained
I certify under penalty of perjury under the law	s of the State of Californ	ia that the foregoing is true and correct	
Date Signed03/24/2016	Si	gnature coil Jano	Tell
(month, day, year)		(File the originally signed staten.	ent with your filing official.)

#### SCHEDULE C Income, Loans, & Business Positions

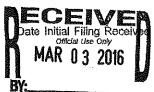
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Scott Raymond Sanders

► 1, INCOME RECEIVED	
NAME OF SOURCE OF INCOME	
ADDRESS (Business Address Acceptable)	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	
YOUR BUSINESS POSITION	
GROSS INCOME RECEIVED	
\$500 - \$1,000\$1,001 - \$10,000	
S10,001 - \$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)	
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nding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to tus. Personal loans and loans received not in a lender's s:  INTEREST RATE TERM (Months/Years)	
%	
SECURITY FOR LOAN	
None Personal residence	
Real Property	
Street address	
City	
Guarantor	
Other(Describe)	
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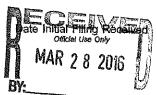
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NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Strelo	Kenneth	W
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
City of Oakley		
Division, Board, Department, District, if applicable		Your Position
Planning Division		Senior Planner
▶ If filing for multiple positions, list below or on a	an attachment. (Do not use a	acronyms)
Agency:		Position:
2. Jurisdiction of Office (Check at least o	ne box)	
State	,	Judge or Court Commissioner (Statewide Jurisdiction)
_		County of
☐ Multi-County		
☑ City of Oakley		Other
3. Type of Statement (Check at least one I	box)	
Annual: The period covered is January 1, 2 December 31, 2015.	015, through	Leaving Office: Date Left/
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Assuming Office: Date assumed/_		The period covered is/, through the date of leaving office.
Candidate: Election year	and office sought, if di	fferent than Part 1:
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Schedule A-2 - Investments – schedule a	ittached ::	Schedule D - Income – Gifts – schedule attached
Schedule B - Real Property - schedule a	ittached ::	Schedule E - Income - Gifts - Travel Payments - schedule attached
-or-		
✓ None - No reportable interests on a	ny schedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Documer	CITY	STATE ZIP CODE
3231 Main Street	Oakley	CA 94561
DAYTIME TELEPHONE NUMBER		-MAIL ADDRESS
( 925 ) 625-7036		strelo@ci.oakley.ca.us
I have used all reasonable diligence in preparing therein and in any attached schedules is true and		ed this statement and to the best of my knowledge the information containe is is a public document.
I certify under penalty of perjury under the law	<u>-</u>	
D to 21 03/11/2016		Thomas Str
Date Signed (month, day, year)	Sign	nature (File the originally signed statement with your filing official.)



Please type or print in ink.	• .			
NAME OF FILER (LAST)	(FIRST) .		(MIDDLE)	
THORSEN	CHRISTON	FHER	WILLIAM	•
1. Office, Agency, or Court				
Agency Name (Do not use acronyms)  CITY OF OP  Division, Board, Department, District, if applie	KLE"Y cable	C/J/LF Your Position	of Police	·············
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O Late Edition of Office (October 1)			<u> </u>	
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I certify under penalty of perjury under			and correct.	
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(month, day, year)

### STATEMENT OF ECONOMIC INTERESTS COVER PAGE



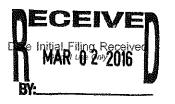
Please type or print in ink. (FIRST) NAME OF FILER (LAST) 1. Office, Agency, or Court Agency Name (Do not use acronyms) Division, Board, Department, District, if applicable Your Position ▶ If filling for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: Position: 2. Jurisdiction of Office (Check at least one box) Judge or Court Commissioner (Statewide Jurisdiction) ☐ State County of Multi-County City of ☐ Other 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2015, through Leaving Office: Date Left ..... December 31, 2015. (Check one) O The period covered is January 1, 2015, through the date of The period covered is . leaving office. December 31, 2015. O The period covered is . Assuming Office: Date assumed the date of leaving office. and office sought, if different than Part 1: . Candidate: Election year Schedule Summary (must complete) - rotal number of pages mouding this cover page. Sehedules attached Schedule Adar Invostments Sphedule at 26h Se redule: AVa : Investments : schedule: Stradges Stories view and a complete Gift in Street Leading to the Complete Gift in the Complete Gift USChedula B. Real Property Seriedine anlache 6 d **None-Norgonablemmeresse: emesenedule** Verification ZIP CODE MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) 3231 DAYTIME TELEPHONE NUMBER 925) 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** 

#### SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM FAIR POLITICAL PRACTICES CO	
Name	

▶ 1, INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
City of Oakley	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
3231 Main St Cakley, C4	
BUSINESS ACTIVITY, IF ANY, OF SOURCE 9454	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Community Development	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Building Inspector I	·
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
\$500 - \$1,000 \qquad \qqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqq	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)  Loan repayment	(Real property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
.	
(Describe)	(Describe)
Other(Describe)	Other
> 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERI	<u>'</u>
* You are not required to report loans from commercial le retail installment or credit card transaction, made in the	nding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to
members of the public without regard to your official sta regular course of business must be disclosed as follows:	tus. Personal loans and loans received not in a lender's
Tegular course of pushtess thust be disclosed as follows	· ·
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	% None
ADDRESS (Business Address Acceptable)	<del>-</del> .
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
<b>\$500 - \$1,000</b>	· City
\$1,001 - \$10,000	
	Guarantor
OVER \$100,000	C Other
•	Other (Describe)
Comments:	FPPC Form 700 (2015/2016) Sch



NAME OF FILER (LAST)	(FIRST)			(MIDDLE)
Beede-Vreonis	Eva "Libby	/"		Elizabeth .
1. Office, Agency, or Court				
Agency Name (Do not use acronyms)  City of Oakley				
Division, Board, Department, District, if applica	ble	Your Position		
		City Clerk/Par	alegal	
► If filing for multiple positions, list below or o	on an attachment. (Do not use	acronyms)		
Agency: Successor Agency; Oakley	Oversight Board	Position: Secre	tary	
2. Jurisdiction of Office (Check at lease	st one box)			
State		☐ Judge or Court C	Commissioner (S	Statewide Jurisdiction)
Multi-County		County of		
☑ City of Oakley		-		
e ony or				
3. Type of Statement (Check at least or	ne box)			
Annual: The period covered is January December 31, 2015.	1, 2015, through	Leaving Office:	Date Left	
-or- The period covered is	J through	,	overed is Janua	ary 1, 2015, through the date of
December 31, 2015.	, anough	leaving office	<del>)</del> .	
Assuming Office: Date assumed	<i></i>		covered is eaving office.	_/, through
Candidate: Election year	and office sought, if di	ifferent than Part 1:		
4. Schedule Summary (must comp	lete) ► Total number o	of pages including	this cover p	age: <u>2</u>
Schedules attached				TO A CONTROL OF THE PROPERTY O
Schedule A-1 - Investments – schedu	le attached [7]	Schedule C = Income 1	nans & Rusine	ss Positions - schedule attached
Schedule A-2 - Investments - schedu		Schedule D - Income -		TANKEN BELLEVIS DAVIDA OF BELLEVIS AND ALLEVANDE AND ALLEVAND AND ALLEVANDA AND AND ALLEVANDA AND ALLEVANDA AND ALLEVANDA AND ALLEVANDA AND AL
Schedule B - Real Property - schedu		COLUMN TO SERVICE STATE OF THE SERVICE STATE STATE STATE OF THE SERVICE STATE		Payments – schedule attached
-or-				
☐ <b>None</b> - No reportable interests or	n any schedule	The first of the second		THE PROPERTY OF THE PROPERTY O
5. Verification	NEED THE PROPERTY OF THE PROPE		CONTRACTOR OF THE PROPERTY OF	
MAILING ADDRESS STREET	CITY		STATE	ZIP CODE
(Business or Agency Address Recommended - Public Doc			CA .	94561
3231 Main Street  DAYTIME TELEPHONE NUMBER	Oakley	E-MAIL ADDRESS	CA	34301
( 925 ) 625-7013	1	vreonis@ci.oakley	.ca.us	
I have used all reasonable diligence in prepari herein and in any attached schedules is true	ng this statement. I have review	ed this statement and to		knowledge the information contained
I certify under penalty of perjury under the	·	•	true-and corre	ct.
03/03/3016				_
Date Signed	Sig	nature	originally signed state	ement with your filing official.)
(month, day, year)		(rue tne	onginally signed state	этом та ува шну вновы

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

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

➤ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED		
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME		
U.S.S. POSCO			
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
900 Loveridge Road, Pittsburg, CA 94565			
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Steel Industry			
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION		
Operator			
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED		
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000\$1,001 - \$10,000		
<b>√</b> \$10,001 - \$100,000 □ OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000		
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED		
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)		
Partnership (Less than 10% ownership, For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)		
Sale of	Sale of		
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)		
Loan repayment	Loan repayment		
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more		
(Describe)	(Describe)		
_			
Other(Describe)	Other(Describe)		
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER			
retail installment or credit card transaction, made in the	ending institutions, or any indebtedness created as part of a lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's s:		
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)		
ADDRESS (Business Address Acceptable)	%		
, ,	SECURITY FOR LOAN		
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence		
<b>, ,</b>	_		
HIGHEST BALANCE DURING REPORTING PERIOD	Real PropertyStreet address		
\$500 - \$1,000	#*************************************		
\$1,001 - \$10,000	City		
\$10,001 - \$100,000	Guarantor		
OVER \$100,000	Othor		
	Other		
<b>—</b>	(Describe)		