

STATEMENT OF ECONOMIC INTERESTS COVER PAGE



Please type or print in ink.			
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Banos Galvan	Gabriela	v	
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
City of Oakley			
Division, Board, Department, District, if applicable		Your Position	*
City Manager/Human Resources		Program Coordinator	
▶ If filing for multiple positions, list below or on an attac	hment. (Do not use ac	cronyms)	
Agency: City of Oakley		Position: HR Technician	
2. Jurisdiction of Office (Check at least one box	;)		
☐ State		☐ Judge or Court Commissioner (St	atewide Jurisdiction)
Multi-County		County of	
⊠ City of Oakley		Other	
A Only of		Other	
3. Type of Statement (Check at least one box)			
Annual: The period covered is January 1, 2017, the December 31, 2017.	rough	Leaving Office: Date Left (Check one)	J
The period covered is/	, through	 The period covered is Januar leaving office. 	y 1, 2017, through the date of
Assuming Office: Date assumed/		O The period covered is the date of leaving office.	J, through
Candidate: Date of Election	and office sought, if o	lifferent than Part 1:	
4. Schedule Summary (must complete) ▶ Schedules attached	► Total number of	pages including this cover pa	ge:
☐ Schedule A-1 - Investments — schedule attached ☐ Schedule A-2 - Investments — schedule attached	ı □ s	chedule C - Income, Loans, & Business	attached
Schedule B - Real Property – schedule attached	S	chedule E - Income – Gifts – Travel Pa	yments – schedule attached
-or-	Leonard Frank		
✓ None - No reportable interests on any sch	1edule		
5. Verification			7/0.000
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
3231 Main Street	Oakley	CA	94561
DAYTIME TELEPHONE NUMBER	25/5/56	MAIL ADDRESS	-
(925) 625-7011		nos@ci.oakley.ca.us	
I have used all reasonable diligence in preparing this state herein and in any attached schedules is true and comple			owledge the information contained
I certify under penalty of perjury under the laws of the	ne State of California	that the foregoing is true and correct	LAC DA OLIMA
Date Signed 03/19/2018	_ Signa	ature MUX MY JUV	US ONLIVE
(month, day, year)	_ 519110	(File the originally signed statem	ent with your filing official.)



STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received MAR 0 Tricial Use Only

COVER PAGE CITY OF OAKLEY Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)			(MIDDLE)
Bayona	Janiely	'n		В
1. Office, Agency, or Court	A Company of the Comp			
Agency Name (Do not use acrony	/ms)			
City of Oakley				
Division, Board, Department, Distri	ct, if applicable	You	Position	
Finance Department		Se	nior Accountant	
▶ If filing for multiple positions, lis	et below or on an attachment. (Do r	not use acronyms)		
Agency:		Pos	ition:	
2. Jurisdiction of Office (cr	neck at least one box)		The State of the S	
State		□Ju	dge or Court Commissione	er (Statewide Jurisdiction)
☐ Multi-County				
		Ut	ner	
3. Type of Statement (Check	at least one box)			
Annual: The period covered December 31, 2017.	is January 1, 2017, through		eaving Office: Date Left . Check one)	J
-or- The period covered December 31, 2017.	is, throu	ugh C	leaving office.	anuary 1, 2017, through the date of
Assuming Office: Date assu	med/			through
Candidate: Date of Election	and office so	ought, if different t	han Part 1;	
4. Schedule Summary (mu	st complete) ▶ <i>Total nun</i>	nber of pages	including this cover	r page:1
Schedules attached				
Schedule A-1 - Investment	's - schedule attached	□ Schedule	C - Income, Loans, & Bus	iness Positions - schedule attached
Schedule A-2 - Investment	1.000000 (201A)		D - Income - Gifts - sche	
Schedule B - Real Propert	y - schedule attached	Schedule	E - Income - Gifts - Trave	el Payments - schedule attached
"Or"	kanaala an ann askadala			
✓ None - No reportable in	terests on any schedule	erzy all and september		
5. Verification				
MAILING ADDRESS STREE (Business or Agency Address Recommended		Y	STATE	ZIP CODE
3231 Main St	Oa	akley	CA	94561
DAYTIME TELEPHONE NUMBER		E-MAIL ADDR		
(925) 625-7014	state appropriate the analysis and appropriate appropriate to the control of the		ci.oakley.ca.us	
herein and in any attached schedu	les is true and complete. I acknowle	edge this is a pub	lic document.	ny knowledge the information contained
I certify under penalty of perjury	under the laws of the State of Ca	alifornia that the	foregoing is true and co	rrect.
Date Signed3/1/2018		Signature	geoby	
(month, o	day, year)		(File the originally signed	statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

MAR 3 0 2018

Date Initial Filing Received

Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) **BEARD** PAUL ALLEN 1. Office, Agency, or Court Agency Name (Do not use acronyms) **OAKLEY POLICE** Division, Board, Department, District, if applicable Your Position **SERGEANT** ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: _ Position: _ 2. Jurisdiction of Office (Check at least one box) ☑ State ☐ Judge or Court Commissioner (Statewide Jurisdiction) Multi-County _ County of _____ City of OAKLEY Other _ 3. Type of Statement (Check at least one box) Leaving Office: Date Left ____/___ Annual: The period covered is January 1, 2017, through December 31, 2017. (Check one) O The period covered is January 1, 2017, through the date of The period covered is _______, through leaving office. December 31, 2017. Assuming Office: Date assumed 2 , 25 , 2017 O The period covered is _______, through the date of leaving office. _____ and office sought, if different than Part 1: ___ Candidate: Date of Election ___ 4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: ___ Schedules attached Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -Or- None - No reportable interests on any schedule 5. Verification MAILING ADDRESS CITY STATE ZIP CODE STREET (Business or Agency Address Recommended - Public Document) OAKLEY CA 94561 3231 MAIN STREET DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (925)625-8829 beard@ci.oakley.ca.us I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed _____3/30/18 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)	(FIRST)			(MIDDLE)
Bermudez	Heylin			
1. Office, Agency, or Court				And the same of th
Agency Name (Do not use acronyms)				
CITY OF OAKLEY				
Division, Board, Department, District, if applicable		Your Pos	ition	
FINANCE DEPARTMENT		SENIC	R ACCOUNTING TE	ECHNICIAN
▶ If filing for multiple positions, list below or on an attachr	nent. (Do not use	e acronyms)		
Agency:		Position:		
2. Jurisdiction of Office (Check at least one box)				
State		☐ Judge o	or Court Commissioner (Sta	atewide Jurisdiction)
Multi-County		☐ County	of	
City of Oakley				
City of				
3. Type of Statement (Check at least one box)				
Annual: The period covered is January 1, 2017, throu	ıgh	Leavin	g Office: Date Left	J
December 31, 2017.	·	(Check		
-or- The period covered is//	, through			1, 2017, through the date of
December 31, 2017.		or-	ving office.	
Assuming Office: Date assumed/			period covered is/. date of leaving office.	, through
Candidate: Date of Election a	and office sought,	if different than I	Part 1:	
4. Schedule Summary (must complete)	Total number	of pages inc	luding this cover pag	Ye'
Schedules attached		or pages me	and the core pag	, , ,
Schedule A-1 - Investments - schedule attached		Schedule C - /	ncome, Loans, & Business	Positions - schedule attached
☐ Schedule A-2 - Investments - schedule attached		Schedule D - /	ncome – Gifts – schedule a	attached
☐ Schedule B - Real Property – schedule attached		Schedule E - /	ncome – Gifts – Travel Pay	ments - schedule attached
-or-				
None - No reportable interests on any sche	dule			
5. Verification			A 2000 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 -	A.
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) 625-7018			ci.oakley.ca.us	
I have used all reasonable diligence in preparing this statem herein and in any attached schedules is true and complete				wledge the information contained
I certify under penalty of perjury under the laws of the	State of Californ	nia that the fore	joing is true and correct.	A
Date Signed	Q;	ignature	JBernus!	
(month, day, year)	OI	ignaturo	File the originally signed statemen	nt with your filing official.)



STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received

COVER PAGE

CITY OF OAKLEY

Please type or print in ink.	MILLORUAKLI
NAME OF FILER (LAST) (FIRST)	(MIDDLE)
Bhuno unds	sey J
1. Office, Agency, or Court	
Agency Name (Do not use acronyms) City of Dakiey Re	ecreation Manager
Division, Board, Department, District, if applicable Receasion	Your Position
\blacktriangleright If filing for multiple positions, list below or on an attachment. (Do not to	use acronyms)
Agency:	Position:
2. Jurisdiction of Office (Check at least one box)	
☐ State	☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County	County of
Scity or Oakley	Other
3. Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2017, through December 31, 2017.	Leaving Office: Date Left/(Check one)
The period covered is/, through December 31, 2017.	 The period covered is January 1, 2017, through the date of leaving office. -or-
Assuming Office: Date assumed	 The period covered is/, through the date of leaving office.
Candidate: Date of Election and office sough	ht, if different than Part 1:
4. Schedule Summary (must complete) ► Total number Schedules attached	er of pages including this cover page:
	Schedule C - Income, Loans, & Business Positions schedule attached
	Schedule D - Income - Gifts - schedule attached
	Schedule E - Income - Gifts - Travel Payments - schedule attached
-OI'-	
None - No reportable interests on any schedule	
5. Verification	
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	STATE ZIP CODE
3231 Main St Oal	kley CA 94561
092S) 625.7000	bruno@ ci.Dakley.ca,US
	riewed this statement and to the best of my knowledge the information contained
I certify under penalty of perjury under the laws of the State of Califo	
Date Signed 3 1 18	Rindrey Brul
(month, day, year)	Signature (File the originally signed statement with your filing official)



STATEMENT OF ECONOMIC INTERESTS 2018

Date Initial Filing Received

Please type or print in ink.		CITY	FOAKLEY
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Cartwright	Logan		James
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
City of Oakley			
Division, Board, Department, District, if applicable		Your Position	
Oakley Police Department		Sergeant	
▶ If filing for multiple positions, list below or on a	n attachment. (Do not u	se acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at least of	ne box)		
☐ State		☐ Judge or Court Commissione	r (Statewide Jurisdiction)
Multi-County		County of	
⊠ City of Oakley		•	
3. Type of Statement (Check at least one b	oox)		
Annual: The period covered is January 1, 20 December 31, 2017.		Leaving Office: Date Left _ (Check one)	
The period covered is///	_/, through	 The period covered is Ja leaving office. -or- 	nuary 1, 2017, through the date of
Assuming Office: Date assumed/_			
Candidate: Date of Election	and office sough	t, if different than Part 1:	
4. Schedule Summary (must complete	e) ⊳ Total numbe	r of pages including this cover	page:
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Schedule A-1 - Investments - schedule at	ttached [Schedule C - Income, Loans, & Busi	iness Positions - schedule attached
□ Schedule A-2 - Investments – schedule at the schedu	ltached [Schedule D - Income - Gifts - sched	dule attached
Schedule B - Real Property - schedule at	tached [Schedule E - Income - Gifts - Trave	l Payments - schedule attached
-Or-			
■ None - No reportable interests on an	ny schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Documen.	CITY	STATE	ZIP CODE
3231 Main Street	Oakle	y Ca	94561
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS	
(925) 625-8855		Cartwright@ci.oakley.ca.us	
I have used all reasonable diligence in preparing the herein and in any attached schedules is true and			y knowledge the information contained
I certify under penalty of perjury under the law	s of the State of Californ	nia that the foregoing is true and cor	rect.
Date Signed <u>03/05/2018</u>		Signature Later Can	hn
(month, day, year)		(File the originally signed s	tatement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received

Plea	se type or print in ink.			VARIT
NAM	OF FILER (LAST)	(FIRST)		(MIDDLE)
Coa	an	Zachary		Andrew
1. (Office, Agency, or Court			
7	Agency Name (Do not use acronyms)			
	City of Oakley			
[Division, Board, Department, District, if applicable		Your Position	
	Building/Code Enforcement		Building Inspector 1/Code En	forcement Officer
	▶ If filing for multiple positions, list below or on an attachm	ent. (Do not use acr	onyms)	
	Agency:		Position:	
2.	Jurisdiction of Office (Check at least one box)			
[State		☐ Judge or Court Commissioner (States	wide Jurisdiction)
ĺ	Multi-County		County of	
	X City of Oakley		Other	
ļ	XI City of		Unter	
3.	Type of Statement (Check at least one box)			
	Annual: The period covered is January 1, 2017, through	oh	Leaving Office: Date Left/_	
l	December 31, 2017.	9.1	(Check one)	
	The period covered is/	, through	 The period covered is January 1 leaving office. 	, 2017, through the date of
[Assuming Office: Date assumed		or- O The period covered is/_	, through
			the date of leaving office.	
[Candidate: Date of Election a	nd office sought, if di	fferent than Part 1:	
4.	Schedule Summary (must complete) ▶ 7	Total number of	pages including this cover page	:
,	Schedules attached	·		
	Schedule A-1 - Investments - schedule attached	☐ Sc	hedule C - Income, Loans, & Business Pe	ositions - schedule attached
	Schedule A-2 - Investments – schedule attached	□ Sc	hedule D - Income - Gifts - schedule atta	ached
	Schedule B - Real Property – schedule attached	Sc	hedule E - Income - Gifts - Travel Paym	ents – schedule attached
-0	r-			
[▼ None - No reportable interests on any sched	dule		
5. \	/erification			
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
	3231 Main St	Oakley	CA	94561
	DAYTIME TELEPHONE NUMBER	1000	AIL ADDRESS	
	(925) 625-7000		an@ci.oakley.ca.us	
	I have used all reasonable diligence in preparing this statem herein and in any attached schedules is true and complete.	ent. I have reviewed I acknowledge this	this statement and to the best of my know is a public document.	ledge the information contained
	I certify under penalty of perjury under the laws of the	State of California to	hat the foregoing is true and correct.	
	Date Signed 03/07/2018	Ciana	tura B	
	(month, day, year)	Signa	(f) le the originally signed statement	with your filing official.)



STATEMENT OF ECONOMIC INTERESTS 0 5 20 Initial Filing Received

COVER PAGE

CITY OF OAKLEY

Please type or print in ink.	CAAR OF CTARLIANA
NAME OF FILER (LAST) Oelhi (FIRST)	(MIDDLE)
1. Office, Agency, or Court	
Agency Name (Do not use acronyms) Control Control Division, Board, Department, District, if applicable	creation + Event Coordinator
▶ If filing for multiple positions, list below or on an attachment. (Do not use	acronyms)
Agency:	Position:
2. Jurisdiction of Office (Check at least one box)	
☐ State	☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County	County of
Telly of Oakley	Other
3. Type of Statement (Check at least one box)	
Afinual: The period covered is January 1, 2017, through December 31, 2017.	Leaving Office: Date Left//(Check one)
The period covered is, through December 31, 2017.	 The period covered is January 1, 2017, through the date of leaving office. -or-
Assuming Office: Date assumed	The period covered is/, through the date of leaving office.
Candidate: Date of Election and office sought, if	different than Part 1:
4. Schedule Summary (must complete) ► Total number of Schedules attached	f pages including this cover page:
☐ Schedule A-1 - Investments - schedule attached	Schedule C - Income, Loans, & Business Positions – schedule attached
	Schedule D - Income - Gifts - schedule attached
Post reference and the second of the second	Schedule E · Income – Gifts – Travel Payments – schedule attached
 None - No reportable interests on any schedule 	
5. Verification	
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) 3231 May 54 Oak	STATE ZIP CODE -MAIL ADDRESS
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 the	ed this statement and to the best of my knowledge the information contained is is a public document.
I certify under penalty of perjury under the laws of the State of California	
3-5-18	nature (File the originally signed statement with your filing official.)



STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received

A PUBLIC DOCUMENT	COVER PAG		TITE OF A LIVE
Please type or print in ink.			CITY OF OAKL
NAME OF FILER (LAST)	(FIRST)	100	(MIDDLE)
Coggins	Keith		Alan
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
City of Oakley			MAD
Division, Board, Department, District, if applicable	Your Posi	tion	CV 57 20
Public Works & Engineering	Senior	Engineer	TIVO.
▶ If filing for multiple positions, list below or on an	attachment. (Do not use acronyms)		CITY OF OAK
		Otana Watan Da	The same of the sa
Agency: City of Oakley	Position:	Storm Water Pro	ogram Manager
2. Jurisdiction of Office (Check at least one	e box)		
☐ State	**************************************	r Court Commissioner	(Statewide Jurisdiction)
Multi-County	County	of	* * * * * * * * * * * * * * * * * * *
City of			
City of			
3. Type of Statement (Check at least one bo	x)		
Annual: The period covered is January 1, 201 December 31, 2017.	17, through Leaving (Check		
The period covered is/	/, unough	period covered is Jar ring office.	nuary 1, 2017, through the date of
Assuming Office: Date assumed/	O The	period covered is date of leaving office.	/, through
Candidate: Date of Election	and office sought, if different than F	Part 1:	
4. Schedule Summary (must complete)	► Total number of pages incl	luding this cover	page:1
Schedules attached			
Schedule A-1 - Investments - schedule atta	ached Schedule C - I	ncome, Loans, & Busi	ness Positions - schedule attached
Schedule A-2 - Investments - schedule atta	ached Schedule D - I	ncome – Gifts – sched	fule attached
Schedule B - Real Property - schedule atta	ached Schedule E - In	ncome – Gifts – Trave	I Payments - schedule attached
-or-			
✓ None - No reportable interests on any	y 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-MAIL ADDRESS		
(925) 625-7155	coggins@ci.	oakley.ca.us	
I have used all reasonable diligence in preparing this herein and in any attached schedules is true and c	s statement. I have reviewed this statemer	nt and to the best of m	y knowledge the information contained
I certify under penalty of perjury under the laws	AND THE PROPERTY AND A THE CONTRACT OF THE PROPERTY OF THE PRO		rect.
	17	- along	
Date Signed 3/27/2018	Signature	elly Co.	gpy.
(month, day, year)		(File the originally signed s	tatement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS 2018

Date Initial Filing Received official Use Only

MAR 05 2013 COVER PAGE OF OAKLEY

riease type or print in link.						
NAME OF FILER (LAST)	(F	IRST)			(MIDDLE)	DAK
Dalman	D	wayne			Alan	-11/
1. Office, Agency, or Co.	urt					
Agency Name (Do not use ac	ronyms)					——————————————————————————————————————
City of Oakley						
Division, Board, Department, D	istrict, if applicable		Your Position			
Economic Developmen	t		Economic Deve	elopment Ma	nager	
. If films for multiple monitions	. Hat balani as an as attachment	/Da nat				
► If filling for multiple positions	s, 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 Co	mmissioner (Sta	tewide Jurisdiction)	
Multi-County			County of			
Oakley						
A City of						
3. Type of Statement (Ch	eck at least one box)					
X Annual: The period cover	red is January 1, 2017, through		Leaving Office: I	Date Left	JJ	21
December 31, 20			(Check one)			
-or- The period cover	red is/	, through		ered is January	1, 2017, through the	date of
December 31, 20	017.		leaving office.			
Assuming Office: Date a	assumed		The period cover the date of lear		,	through
Candidate: Date of Election	ion and	office sought, if	different than Part 1:			
4. Schedule Summary (r	nust complete) ▶ Tot	al number o	of pages including th	is cover pag	re:	
Schedules attached						
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	nents – schedule attached nents – schedule attached	52-6	Schedule C - Income, Loa Schedule D - Income – G.			allached
	perty – schedule attached	1000	Schedule E - Income - Gi			ached
-Or-	porty correction discorrect		outload a mounto of	mo maron ray	monto concede at	
None - No reportable	e interests on any schedule	Э				
5. Verification						
	REET	CITY		STATE	ZIP CODE	
(Business or Agency Address Recommon 3231 Main Street	ended - Public Document)	Oakley		CA	94561	
DAYTIME TELEPHONE NUMBER		10.50	E-MAIL ADDRESS	0/1	04001	
(925) 625-7006			lalman@ci.oakley.ca	a.us		
	ence in preparing this statement. redules is true and complete. I a			e best of my kno	wledge the informatio	n contained
I certify under penalty of per	jury under the laws of the Stat	te of California	a that the foregoing is tru	ie and correct.		
00/05/40				0		
Date Signed 03/05/18	and the Common of the Common o	Sig	nature Way	Jam		
(me	onth, day, year)		(File the ori	g nally signed statemer	nt with your filing official.)	



STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received

COVER PAGE

CITY OF OAKLEY

Please type or print in ink.				
NAME OF FILER (LAST)		FIRST)		(MIDDLE)
Dela Cruz		Jesse		R
1. Office, Agency, or	Court			
Agency Name (Do not u	se acronyms)			
City of Oakley	20 20			
Division, Board, Departme	ent, District, if applicable		Your Position	
Public Works Depa	rtment, Parks and Landsca	pe Division	Parks and Landscape Ma	aintenance Superintendent
▶ If filing for multiple pos	sitions, list below or on an attachme	nt. (Do not use a	ocronyms)	-
Agency:			Position:	
2. Jurisdiction of Of	fice (Check at least one box)			
☐ State	s ded () vil. () Medicine (period de l'estate de l'estate de l'estate de l'estate de l'estate de l'estate d		☐ Judge or Court Commissioner (Statewide Jurisdiction)
			County of	8
⊠ City of Oakley		*	T)	
X City of		*:	Other	
3. Type of Statemen	(Check at least one box)			
Annual: The period December	covered is January 1, 2017, through 31, 2017.	1	Leaving Office: Date Left (Check one)	
-or- The period December	covered is/	, through	 The period covered is Janu leaving office. -or- 	ary 1, 2017, through the date of
Assuming Office: [Date assumed/			_/, through
Candidate: Date of	Election and	office sought, if	different than Part 1:	
4. Schedule Summa	ry (must complete) ▶ To	tal number o	f pages including this cover p	age:
Schedules attach			pages memanig ame eere, p	
Schedule A-1 - Ir	vestments – schedule attached		chedule C - Income, Loans, & Busine	ss Positions - schedule attached
	vestments - schedule attached	-	chedule D - Income - Gifts - schedu	
Schedule B - Rea	al Property - schedule attached		chedule E - Income - Gifts - Travel I	
-or-				
None - No report	table interests on any schedu	le		
5. Verification				
MAILING ADDRESS (Business or Agency Address Re	STREET	CITY	STATE	ZIP CODE
3231 Main St.		Oakley	CA	94561
DAYTIME TELEPHONE NUMBE	R		MAIL ADDRESS	
(925) 625-7015		d	elacruz@ci.oakley.ca.us	
	e diligence in preparing this statemen d schedules is true and complete. I		d this statement and to the best of my les is a public document.	knowledge the information containe
The second secon	AND THE PROPERTY OF THE PROPER		that the foregoing is true and corre	ct.
Date Signed	18	Sian	ature Assa TM	2
notice and the contract of	(month, day, year)	5	(File the originally signed state	ement with your filing official.)



STATEMENT OF ECONOMIC INTERESTS **COVER PAGE** CITY OF OAKLEY

Date Initial Filing Received

Please type or print in ink.

Services Reality 145 Accompanyments	E CONTRACTOR DE
NAME OF FILER (LAST)	(FIRST) (MIDDLE)
Duran	Nicholas James
I. Office, Agency, or Court	
Agency Name (Do not use acronyms)	
City of Oakley	
Division, Board, Department, District, if applicable	Your Position
Public Works and Engineering	Public Works Inspector 2
▶ If filing for multiple positions, list below or on an attac	chment. (Do not use acronyms)
Agency:	Position:
, igolioj.	T COMOTI.
. Jurisdiction of Office (Check at least one box	()
☐ State	☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County	County of
⊠ City of Oakley	200452 F
△ City of	Officer
. Type of Statement (Check at least one box)	
★ Annual: The period covered is January 1, 2017, the	rough Leaving Office: Date Left/
December 31, 2017.	(Check one)
-or- The period covered is//	, through O The period covered is January 1, 2017, through the date of
December 31, 2017.	leaving office.
Assuming Office: Date assumed//_	, The period covered is/, through the date of leaving office.
Candidate: Date of Election	and office sought, if different than Part 1:
. 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 B - Real Property - schedule attached	
Or-	
☐ None - No reportable interests on any sch	hedule
. Verification	
MAILING ADDRESS STREET	CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)	
3231 Main Street DAYTIME TELEPHONE NUMBER	Oakley CA 94561
(925) 625-7000	duran@ci.oakley.ca.us
herein and in any attached schedules is true and comple	
I certify under penalty of perjury under the laws of the	he State of California that the foregoing is true and correct.
B. (. 2)	and the land
Date Signed (month, day, year)	Signature

STATEMENT OF ECONOMIC INTERESTS

R	ECETT
TS	Date Initial Filing Received

A PUBLIC DOCUMENT	COVER PAC	GE CIT	VOR OAK
Please type or print in ink.			OAKY.
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Edgell	Troy		A
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			·,
City of Oakley			
Division, Board, Department, District, if applicabl	e Your Pos	sition	
Code Enforcement	Manag	ger	
▶ If filing for multiple positions, list below or on	an attachment. (Do not use acronyms)		
Agency:	Position	1:	
2 Junio diction of Office (at 1 1 1 1			
2. Jurisdiction of Office (Check at least			
State		or Court Commissioner (Sta	
Multi-County		/ of	
☑ City of Oakley	Other .		
3. Type of Statement (Check at least one	box)		
Annual: The period covered is January 1,	2017, through	ng Office: Date Left	J
December 31, 2017.	A5-	k one)	
The period covered is	unough	ne period covered is Januar aving office.	y 1, 2017, through the date of
Assuming Office: Date assumed/_		e period covered is e date of leaving office.	/, through
Candidate: Date of Election	and office sought, if different than	Part 1:	
4. Schedule Summary (must comple	te) ▶ Total number of pages inc	oluding this cover na	av.
Schedules attached	to pages inc	nuumg uns cover pa	ye
Schedule A-1 - Investments - schedule	attached Schedule C -	Income, Loans, & Business	Positions - schedule attached
Schedule A-2 - Investments - schedule		Income - Gifts - schedule	
Schedule B - Real Property - schedule	atlached Schedule E -	Income – Gifts – Travel Pa	yments - schedule attached
"Of"			
☐ None - No reportable interests on a	any schedule		
5. Verification			
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Docume 3231 Main St		CA	94561
DAYTIME TELEPHONE NUMBER	Oakley Te-MAIL ADDRESS	UA	34001
(925) 625-7009	edgell@ci.o	aklev.ca.us	
I have used all reasonable diligence in preparing herein and in any attached schedules is true and	this statement. I have reviewed this stateme	ent and to the best of my kno	owledge the information contained
I certify under penalty of perjury under the la	2 2000 AM 20 IA C		
Date Signed 6 March 20	18 Signature	Fo	
(month, day, year)		(File the originally signed stateme	ent 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 / U	J
FAIR POLITICAL PRACTICES COMMISSIO	Ŋ
Name	
Troy Edgell	

>	NAME OF BUSINESS ENTITY	▶ NA	ME OF BUSINESS ENTITY
	Apple	Pi	izer
	GENERAL DESCRIPTION OF THIS BUSINESS	GE	NERAL DESCRIPTION OF THIS BUSINESS
	FAIR MARKET VALUE \$ \$2,000 - \$10,000	NA Z	R MARKET VALUE \$2,000 - \$10,000
	12 , 15 , 17 , 17	1	2 , 15 , 17 ,
	ACQUIRED DISPOSED	-	ACQUIRED DISPOSED
▶	NAME OF BUSINESS ENTITY	I ► NA	ME OF BUSINESS ENTITY
	GENERAL DESCRIPTION OF THIS BUSINESS	GE	NERAL DESCRIPTION OF THIS BUSINESS
	FAIR MARKET VALUE \$2,000 - \$10,000	NA O	R MARKET VALUE \$2,000 - \$10,000
	IF APPLICABLE, LIST DATE:	IF.	APPLICABLE, LIST DATE:
		" '	
	12 , 15 , 17		<u>/ / 17 </u>
	ACQUIRED DISPOSED		ACQUIRED DISPOSED
<u>></u>	NAME OF BUSINESS ENTITY	▶ NA	ME OF BUSINESS ENTITY
	GENERAL DESCRIPTION OF THIS BUSINESS	GE	NERAL DESCRIPTION OF THIS BUSINESS
	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000		R MARKET VALUE \$2,000 - \$10,000
	NATURE OF INVESTMENT Stock Other (Describe)	1	TURE OF INVESTMENT Stock Olher (Describe)
	Partnership O Income Received of \$0 - \$499 O 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:
			ACQUIRED J 17 DISPOSED
Ce	omments:		

SCHEDULE D Income – Gifts

		5	ZAYAY	
CALIFORN		THE RESERVE OF THE PARTY OF THE	(0]0	
FAIR POLITICAL	PRACTIC	ES COMM	Ission	MINOS IN
Name				1
Troy Edgell				

- AND SHAPE OF THE			
► NAME OF SOURCE (Not an Acronym) Al Luchessi	➤ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable) Unknown	ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE Vintor	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
10 , 04 , 17			
	\$		
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
] \$		
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
\$			
Comments:			

STATEMENT OF ECONOMIC INTERESTS COVER PAGE



Please type or print in ink.			
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Galstan	William		R.
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
City of Oakley			
Division, Board, Department, District, if applicat	ole Your Position	on	
City Attorney		Counsel	
If filing for multiple positions, list below or or Successor Agency to Oakley Redevelo	pment Agency		
Overeight Roard of Successor Agency	to the Oakley Position:	Special Counsel	A
Agency: Redevelopment Agency	Toolion		
2. Jurisdiction of Office (Check at least	t one box)		
☐ State	☐ Judge or	Court Commissioner (Sta	tewide Jurisdiction)
Multi-County			
			ard
☑ City of Oakley	∑ Other	and a vortigin bot	ard
3. Type of Statement (Check at least one	e hoxl		
Annual: The period covered is January 1,	8	Office: Date Left	1 1
December 31, 2017.	(Check o		
-or- The period covered is/	/ through O The r	period covered is January	1, 2017, through the date of
December 31, 2017.		ng office.	
Assuming Office: Date assumed	••	period covered is/.	, through
		ate of leaving office.	
Candidate: Date of Election	and office sought, if different than Pa	ort 1:	
4. Schedule Summary (must comple	ete) ▶ Total number of pages inclu	iding this cover pag	je:3
Schedules attached			
Schedule A-1 - Investments - schedule	attached Schedule C - Inc	come, Loans, & Business	Positions - schedule attached
Schedule A-2 - Investments - schedule	e attached Schedule D - Inc	come - Gifts - schedule a	attached
Schedule B - Real Property - schedule	attached Schedule E - Inc	come – Gifts – Travel Pay	ments - 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 Docum	^{nent)} Roseville	CA	95661
2261 Lava Ridge Court DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS	- OA	33001
(916) 780-9009	wgalstanlaw@	vahoo.com	
	g this statement. I have reviewed this statement		wledge the information contained
	nd complete. I acknowledge this is a public doc		
I certify under penalty of perjury under the I	laws of the State of California that the forego	ing is true and correct.	
Date Signed March, 2018	Signature /Will	win R Caros	Am
Date Signed	Signature / Mul	(File the originally signed statement	nt with your filing official.)

SCHEDULE A-2

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

m	CALIFORNIA			0(
	air political p Name	RACHICE	S COMM	BSION	8
١,	William R. G	alstan			

► 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) Check one	Address (Business Address Acceptable)
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	GENERAL DESCRIPTION OF THIS BUSINESS
Law Office	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$0 - \$1,999	\$0 - \$1,999
S2,000 - \$10,000	\$2,000 - \$10,000
X \$10,001 - \$100,000 ACQUIRED DISPOSED	\$10,001 - \$100,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Partnership X Sole Proprietorship	Partnership Sole Proprietorship Ciber
YOUR BUSINESS POSITION Owner	YOUR BUSINESS POSITION
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA	> 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA
SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	SHARE OF THE GROSS INCOME <u>10</u> THE ENTITY/TRUST)
\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000	\$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000
S1,001 - \$10,000	\$1,001 - \$10,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	➤ 3, LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary) None or X Names listed below	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary) None or Names listed below
_	T MONG OF T MANUES USEG DELOW
Cota Cole & Huber LLP	
· · · · · · · · · · · · · · · · · · ·	
➤ 4, INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
LEASED <u>By</u> the business entity or trust	LEASED BY THE BUSINESS ENTITY OR TRUST
Check one box: INVESTMENT REAL PROPERTY	Check one box:
E WATCHWELL THE	C WASSIMENT C WENT HOLENT
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
Assessor's Parcel Number or Street Address of Real Property	Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or	Description of Business Activity or
City or Other Precise Location of Real Property	City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Yrs. remaining 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
	FPPC Form 700 (2017/2018) Sch. A-2
Comments:	FPPC Advice Email: advice@fpnc.ca.gov

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

				7. 3
CAL	IFORNIA	FORM		III
	OLITICAL PI		Omniedi Omniedi	
E A R	OLINGAL PI	(ACTIVES (Ommissi	
Name	9			
VVIIII	am R. Ga	aistan		

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Cota Cole & Huber 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 No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	\$1,001 - \$10,000
X \$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)
X Other Hourly fees	Other
(Describe)	(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PE	RIOD
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 /s:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESO (Duisse Address Association	%
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN
DUMBERO COTHETY IT ANY OF CAMPAR	☐ None ☐ Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER	
	Real Property Street address
HIGHEST BALANCE DURING REPORTING PERIOD	***************************************
\$500 - \$1,000	City
S1,001 - \$10,000	Guarantor
\$10,001 - \$100,000	T AMMINI
OVER \$100,000	Other
	(Describe)
Comments:	

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received

Ple	ease type or print in ink.		AKIT
NAI	ME OF FILER (LAST) (FI	RST)	(MIODLE)
G	alstan V	/illiam	R.
1.	Office, Agency, or Court		
	Agency Name (Do not use acronyms)		
	City of Oakley		
	Division, Board, Department, District, if applicable	Your Position	
	City Attorney	Special Counsel	
	▶ If filing for multiple positions, list below or on an attachment	(Do not use acronyms)	
	Successor Agency to Oakley Redevelopment Agency Oversight Board of Successor Agency to the Oakley	Position: Special Cou	nsel
	Agency: Redevelopment Agency	Position: Operation	
2.	Jurisdiction of Office (Check at least one box)		
	☐ State	☐ Judge or Court Commiss	ioner (Statewide Jurisdiction)
	Multi-County	County of	
	⊠ City of Oakley		
C	El ony of a		
3.	Type of Statement (Check at least one box)		
	🔀 Annual: The period covered is January 1, 2017, through		eft/
	December 31, 2017.	(Check one)	A COAT through the date of
	The period covered is/	leaving office.	s January 1, 2017, through the date of
	Assuming Office: Date assumed/	O The period covered in the date of leaving o	s/, through ffice.
	Candidate: Date of Election and	office sought, if different than Part 1:	
4.	Schedule Summary (must complete) ► Tot	al number of pages including this co	ver page: 3
-	Schedules attached	a name, or pugee memory and es	
	Schedule A-1 - Investments - schedule attached	Schedule C - Income, Loans, &	Business Positions - schedule attached
	Schedule A-2 - Investments - schedule attached	Schedule D - Income - Gifts - s	schedule attached
	Schedule B - Real Property - schedule attached	Schedule E - Income - Gifts - 7	Travel Payments - schedule attached
۰(or-		
anne.	☐ None - No reportable interests on any schedule.		
5.	Verification		
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY STA	
	2261 Lava Ridge Court	Roseville C	95661
	DAYTIME TELEPHONE NUMBER	e-MAIL ADDRESS wgalstanlaw@yahoo.com	(
	(916) 780-9009 I have used all reasonable diligence in preparing this statement.		
	herein and in any attached schedules is true and complete. I	acknowledge this is a public document.	8
	I certify under penalty of perjury under the laws of the Sta	te of California that the foregoing is true and	correct.
	Date Signed March 9, 2018	Signature Mill seen R.	acciter
	(month, day, year)	(File the originally s	gned statement with your filing official.)

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

CALIFOR	DAILA EA	∩DKa	74(YA)
				-
FAIR POLITIC	AL PRAC	TICES CO	MMISS	ION
Name			*****************	
William F	R. Galst	an		

NAME OF SOURCE OF INCOME	
	NAME OF SOURCE OF INCOME
Cota Cole & Huber 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 No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position On
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
▼ \$10,001 - \$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	Safe of
(Real property, car, boal, etc.)	Safe of(Real property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, Est each source of \$10,000 or mor
(Describe)	(Describe)
X Other Hourly fees	Other
(Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERI	(Doscribe)
retail installment or credit card transaction, made in the	ending Institutions, or any indebtedness created as part of 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)
	INTEREST RATE TERM (Months/Years) % None
ADDRESS (Business Address Acceptable)	%
	SECURITY FOR LOAN
	%
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN None Personal residence
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN None Personal residence
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN None Personal residence Real Property Street address
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD	SECURITY FOR LOAN None Personal residence Real Property Street address City
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000	SECURITY FOR LOAN None Personal residence Real Property Street address
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$10,001 - \$100,000	SECURITY FOR LOAN None Personal residence Real Property Street address City
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000	SECURITY FOR LOAN None Personal residence Real Property Street address City

STATEMENT OF ECONOMIC INTERESTS

STS Date Initial Filing Receive

COVER PAGE

MAR 0 4 2018

Please type or print in ink.		CHURY	
NAME OF FILER (LAST)	(FIRST)	CHYO	TOA (MIDDLE) H.
Grubaugh	Ricky		Alan
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
City of Oakley			
Division, Board, Department, District, if applicable)	Your Position	
Oakley Police Department		Sergeant	
▶ If filing for multiple positions, list below or on	an attachment. (Do not use		
Agency:		Position:	
2 Junio dietien et Office (et			
2. Jurisdiction of Office (Check at least of	ine box)		
☐ State		☐ Judge or Court Commissioner (Sta	atewide 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, 2 December 31, 2017.	017, through	Leaving Office: Date Left (Check one)	<i>J</i>
The period covered is/	_/, through	 The period covered is January leaving office. -or- 	y 1, 2017, through the date of
Assuming Office: Date assumed		The period covered is the date of leaving office.	/, through
Candidate: Date of Election	and office sought, if	different than Part 1:	
4. Schedule Summary (must complet	A) Total number of	of names including this saver no	MAI
Schedules attached	e) ▶ rotal number o	of pages including this cover pag	ge:
Schedule A-1 - Investments - schedule a	attached	Schedule C - Income, Loans, & Business	Positions - schedule attached
Schedule A-2 - Investments – schedule a	100 0 00	Schedule D - Income - Gifts - schedule	
Schedule B - Real Property - schedule a	attached	Schedule E - Income - Gifts - Travel Pay	yments - schedule attached
-Or-			
✓ None - No reportable interests on a	ny schedule		
5. Verification			
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Documer 3231 Main Street	1976 A	Co	94561
DAYTIME TELEPHONE NUMBER	Oakley	-MAIL ADDRESS	8400 I
(925) 625-8855		grubaugh@ci.oakley.ca.us	
I have used all reasonable diligence in preparing therein and in any attached schedules is true and	his statement. I have reviewe	ed this statement and to the best of my kno	owledge the information contained
I certify under penalty of perjury under the law		•	1
Pata Signed 03/03/2018	AL .	MAN MARK	
Date Signed U3/03/2018 (month, day, year)	Sign	nature	ent with your filing official.)



STATEMENT OF ECONOMIC INTERESTS 0 5 Date Initial Filing Received Official Use Only

COVER PAGE

CITY OF OAKLEY

Ple	ease type or print in ink.	CHIOFOARLEI
NA	ME OF FILER (LAST) (FIRST)	(MIDDLE)
	Hurney Dean	· B.
1.	Office, Agency, or Court	
	Agency Name (Do not use acronyms)	
	City of Oakley	
	Division, Board, Department, District, if applicable	Your Position
		Permit Center Manager
	▶ If filing for multiple positions, list below or on an attachment. (Do no	
	Agency:	Position:
2.	Jurisdiction of Office (Check at least one box)	
	☐ State	☐ Judge or Court Commissioner (Statewide Jurisdiction)
	Multi-County	County of
	Multi-County	Other
	(La only or Later Lands)	
3.	Type of Statement (Check at least one box)	
	Annual: The period covered is January 1, 2017, through	Leaving Office: Date Left/
	December 31, 2017.	(Check one)
	The period covered is/, throu December 31, 2017.	gh The period covered is January 1, 2017, through the date of leaving office.
	Assuming Office: Date assumed	The period covered is/, through the date of leaving office.
	Candidate: Date of Election and office so	ught, if different than Part 1:
4.	Schedule Summary (must complete) ► Total num	ber of pages including this cover page:
	Schedules attached	and the pages moraling and tests pages
	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 (Business or Agency Address Recommended - Public Document)	STATE ZIP CODE
	3231 Mary St (Oa)	des CA 94561
	DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS
	(925) 625-7001	humay @ ci. Oakley, Ca. US
	I have used all reasonable diligence in preparing this statement. I have herein and in any attached schedules is true and complete. I acknowle	reviewed this statement and to the best of my knowledge the information contained edge this is a public document.
	I certify under penalty of perjury under the laws of the State of Ca	lifornia that the foregoing is true and correct.
	3/5/18	1 B W
	Date Signed	Signature (File the originally signed statement with your filing official.)
_	(monus, vay, year)	It no are organismy signed arginitation multipoli ming onivially

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORN		7
	NIA FORM L PRACTICES COMM	
	L PRACTICES COME	NISSION
Name	. /	
1 1 1	1/	<i>-2</i> •

► 1. BUSINESS ENTITY OR TRUST	► 1, BUSINESS ENTITY OR TRUST
Dean Hurney Access Inspection	
1612 S. Francisco Ct. Antich CA	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one	Check one
☐ Trust, go to 2 ☑ Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Usabled Hecess property inspection	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
□ \$0 - \$1,999	\$0 - \$1,999
\$2,000 - \$10,000	\$2,000 - \$10,000//
\$100,001 - \$1,000,000	\$100,001 - \$1,000,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Partnership Sole Proprietorship Cuber	Partnership Sole ProprietorshipOther
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 <u>10</u> THE ENTITY/TRUST)
☐ \$0 - \$499	☐ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$1,001 - \$10,000 ☐ \$1,001 - \$10,000	\$500 - \$1,000 OVER \$100,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	INCOME OF \$10,000 OR MORE (Altach a separate sheel if necessary.)
None or Names listed below	None or ☐ Names listed below
City of Oakley	
/	
A BUJECTBENTE AND INTERESTS IN REAL PROPERTY HELD OR	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
◆ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST	LEASED BY THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Rusiness Enlity if Investment or	Name of Rusiness Entity If Investment or
Name of Business Entity, if Investment, <u>or</u> 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 / / 17 / / 17	\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000
\$10,001 - \$100,000	\$10,001 - \$100,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold 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
aio aliauseu	are arraviou
	EDDC Form 700 (2017/2019) Seb. A.2

Comments:___



STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Date Initial Filing Received

CITY OF OAKLEY Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE)

Kabalin		Jason			Michael
1. Office, Agency	, or Court				
Agency Name (Do	not use acronyms)				
City of Oakley					
Division, Board, Dep	partment, District, if applicable		Your Position		
Engineering			Associate Engir	neer	
▶ If filing for multip	le positions, list below or on an attac	hment. (Do not use a	ncronyms)		
Agency:			Position:		
2. Jurisdiction o	f Office (Check at least one box)			
State			☐ Judge or Court Cor	nmissioner (S	Statewide Jurisdiction)
☐ Multi-County			County of		
City of Oakley	/		Other		
13245 et 1000 200	ment (Check at least one box)				
	eriod covered is January 1, 2016, thr nber 31, 2016.	ough	Leaving Office: D (Check one)	ate Left	
-or-	eriod covered is//	through	5	ered is Janua	ary 1, 2016, through the date of
	nber 31, 2016.	, uirougn	leaving office.	orou io ouridi	ary 1, 2010, anough the date of
Assuming Office	ce: Date assumed//		75.5		_/, through
Candidate: Ele	ection year a	nd office sought, if diff	ferent than Part 1:		
4. Schedule Sum	nmary (must complete)	Total number of	pages including the	is cover p	age:
Schedules at			μgg	, , , ,	
Schedule A	-1 - Investments - schedule attached	Пя	chedule C - Income I oa	ns & Rusine	ss Positions – schedule attached
40-0411-04 do	2 - Investments – schedule attached	27.37.30	chedule D - Income - Gi		
Schedule B	- Real Property - schedule attached		chedule E - Income - Gi	fts – Travel P	Payments - schedule attached
-or-					
□ None - No i	reportable interests on any sch	edule			
5. Verification					
MAILING ADDRESS (Business or Agency Addr	STREET ress Recommended - Public Document)	CITY		STATE	ZIP CODE
3231 Main Stre		Oakley		Ca	94561
DAYTIME TELEPHONE N		7.200	MAIL ADDRESS		
(925) 625-7			abalin@ci.oakley.ca		nowledge the information centers of
	onable diligence in preparing this state tached schedules is true and comple			best of my K	nowledge the information contained
I certify under pena	alty of perjury under the laws of th	e State of California	that the foregoing is tru	e and correc	t. /////
D-4-01-1	03/01/2018		1/110	C	Vila li
Date Signed	(month, day, year)	Sign	ature (File the orig	inally signed state	rgent with your filing official.)

FPPC Form 700 (2016/2017)

FPPC Advice Email: advice@fppc.ca.gov

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

STATEMENT OF ECONOMIC INTERESTS

Date hit I Filing Received

COVER PAGE APR 0 9 2018

Please type or print in ink.					
NAME OF FILER (LAST)	(FIRST)	CITY OF O	A MIDDLE)		
Kennedy	Francis	OIKE OF O	Joseph		
1. Office, Agency, or Court					
Agency Name (Do not use acronyms)					
City of Oakley					
Division, Board, Department, District, if applicable		Your Position			
Public Works/Engineering		City surveyor			
▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)					
Agency:		Position:			
2. Jurisdiction of Office (Check at least one bo.	x)				
☐ State		☐ Judge or Court Commissioner	(Statewide Jurisdiction)		
Multi-County		County of			
☑ City of Oakley		Other			
El ony or					
3. Type of Statement (Check at least one box)					
Annual: The period covered is January 1, 2017, the	nrough	Leaving Office: Date Left _			
December 31, 2017.		(Check one)			
The period covered is/	, through	 The period covered is Jan leaving office. 	uary 1, 2017, through the date of		
Assuming Office: Date assumed//_		C. C			
Candidate: Date of Election	and office sought, if dif	erent than Part 1:			
4. Schedule Summary (must complete)	Total www.bay.of.	savas įvaludina this savav	no del		
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Schedule A-1 - Investments - schedule attached	d Scl	edule C - Income, Loans, & Busin	ness Positions - schedule attached		
Schedule A-2 - Investments - schedule attached	d Scl	edule D - Income - Gifts - sched	ule attached		
Schedule B - Real Property - schedule attached	d □ ScI	edule E - Income - Gifts - Travel	Payments - schedule attached		
-or-					
⋈ None - No reportable interests on any sc	hedule				
5. Verification					
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE		
3231 Main Street	Oakley	CA	94651		
DAYTIME TELEPHONE NUMBER	E-MA	IL ADDRESS			
(925) 625-7000	(925) 625-7000 fjk@fjkennedy.com				
I have used all reasonable diligence in preparing this stal herein and in any attached schedules is true and compl			knowledge the information contained		
I certify under penalty of perjury under the laws of t	he State of California th	at the foregoing is true and corr	ect.		
Date Signed <u>4/5/18</u>	Signat	ure Tylmus	1		
(month, day, year)	•		element with your filing official.)		



STATEMENT OF ECONOMIC INTERESTS Date Initial Filing Received MAR 0 1 2018

Please type or print in ink.		CITY	OF OAKLEY
NAME OF FILER (LAST) Kidwell	(FIRST)	Ran	Dolph (MIDDLE)
1. Office, Agency, or Court			
Agency Name (Do not use acronyms) Division, Board, Department, District, if applica	kley		
Division, Board, Department, District, if applica-	able	Your Position	
Building Det.	The second secon	Bulding Of	ficial
▶ If filing for multiple positions, list below or	on an attachment. (Do not us	se acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at lea	st one box)		
State		☐ Judge or Court Commissioner (Sta	tewide Jurisdiction)
Multi-County		County of	
City of Dalcley		☐ Other	
3. Type of Statement (Check at least o	ne box)		
Annual: The period covered is January December 31, 2017.	1, 2017, through	Leaving Office: Date Left (Check one)	<i></i>
The period covered is/_ December 31, 2017.	, through	 The period covered is January leaving office. -or- 	, 1, 2017, through the date of
Assuming Office: Date assumed	11	The period covered is/ the date of leaving office.	, through
Candidate: Date of Election	and office sought	, if different than Part 1:	
4. Schedule Summary (must comp Schedules attached	lete) ► Total number	r of pages including this cover pag	ge:/
Schedule A-1 - Investments - schedu	le attached	Schedule C - Income, Loans, & Business	Positions - schedule attached
Schedule A-2 - Investments - schedu	ACCOUNT OF THE PROPERTY OF THE	Schedule D - Income - Gifts - schedule	
☐ Schedule B - Real Property - schedu	le attached	Schedule E - Income – Gifts – Travel Pay	ments – schedule attached
None - No reportable interests of	n any schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Doc	CITY	STATE	ZIP CODE
3231 Main St	Oakle	-4 CA	94561
DAYTIME TELEPHONE NUMBER (925) 250 7688		EMAIL ADDRESS Kilwell @ Ci. Oakle	
I have used all reasonable diligence in prepari herein and in any attached schedules is true			owledge the information contained
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 - 1 - 18		Signature Chic.	
(month, day, year)		(File the originally signed statement	ent with your filing official.)



STATEMENT OF ECONOMIC INTERESTSAR 2 9 2018 Date Initial Filing Received 2 9 2018

		A PLI I I I A P		
Please type or print in ink.		C	ITYO	FOAKLEY
NAME OF FILER (LAST)	(FIRST)	7,20		(MIDDLE)
Kohlmaier	Mark			
1. Office, Agency, or Court				
Agency Name (Do not use acronyms)				
City of Oakley				
Division, Board, Department, District, if applicable		Your Position		
Oakley Police Department		Segeant		
▶ If filing for multiple positions, list below or on a	n attachment. (Do not use	acronyms)		
Agency:		Position:		
2 Juriodiction of Office (c)				
2. Jurisdiction of Office (Check at least of	ie box)	- 1000 VI 000 VI 1000		
☐ State		☐ Judge or Court Comn	327	187
Multi-County		County of		
		Other		
3. Type of Statement (Check at least one b	ox)			
Annual: The period covered is January 1, 20 December 31, 2017.		Leaving Office: Date (Check one)	e Left	
The period covered is/ December 31, 2017.	_/, through	386 V2000 IS 00	ed is January	1, 2017, through the date of
Assuming Office: Date assumed/_		71.5		, through
Candidate: Date of Election	and office sought, if	different than Part 1:		
4. Schedule Summary (must complete	e) ► Total number o	f pages including this	cover pag	e:
Schedules attached				
Schedule A-1 - Investments – schedule at	tachod	Schodula C - Incomo I cano	& Business	Positions – schedule attached
Schedule A-2 - Investments – schedule at		Schedule D - Income – Gifts		
Schedule B - Real Property - schedule at	0.00 mm - 1.00 m	Schedule E - Income - Gifts		
-or-				
□ None - No reportable interests on ar	ıy 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		-MAIL ADDRESS		0.1001
(925) 625-8855	k	ohlmaier@ci.oakley.ca	a.us	
I have used all reasonable diligence in preparing the herein and in any attached schedules is true and	is statement. I have reviewe	ed this statement and to the be		vledge the information contained
I certify under penalty of perjury under the law	s of the State of California	that the foregoing is true	and correct.	
3/29/2019			11/	7
Date Signed 3/28/2018	Sign	nature ////	lucioned dele	huith your files official)
(month, day, year)		(File the origina	y signed statemen	t with your filing official.)

Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Marquez-Suarez	Nancy		A
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
City of Oakley			
Division, Board, Department, District, if applica	able	Your Position	*
City Managers Office/Human Reso	urces	Assistant to the City Manag	er/HR Manager
▶ If filing for multiple positions, list below or o	on an attachment. (Do not use	acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at leas	st one box)		
State		☐ Judge or Court Commissioner (Sta	tewide Jurisdiction)
Multi-County		County of	192
☑ City of Oakley		Other	
KI City of	*		
3. Type of Statement (Check at least of	ne box)		
Annual: The period covered is January December 31, 2017.	1, 2017, through	Leaving Office: Date Left(Check one)	JJ
The period covered is/_ December 31, 2017.	, through	O The period covered is January leaving office.	1, 2017, through the date of
Assuming Office: Date assumed	J	The period covered is	, through
Candidate: Date of Election	and office sought, if	different than Part 1:	
4. Schedule Summary (must comp	lete) ▶ Total number o	of pages including this cover pag	re:
Schedules attached			
Schedule A-1 - Investments - schedu	le attached	Schedule C - Income, Loans, & Business	Positions - schedule attached
Schedule A-2 - Investments - schedu		Schedule D - Income - Gifts - schedule a	
Schedule B - Real Property - schedu	le attached	Schedule E - Income – Gifts – Travel Pay	ments – schedule attached
=Or=			
None - No reportable interests of	n any schedule		
5. Verification			PIO CODE
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docu	CITY ument)	STATE	ZIP CODE
3231 Main St	Oakley	CA	94561
DAYTIME TELEPHONE NUMBER	l"	E-MAIL ADDRESS	
(925) 625-7000		narquez@ci.oakley.ca.us	
I have used all reasonable diligence in prepari herein and in any attached schedules is true a			wledge the information contained
I certify under penalty of perjury under the	laws of the State of California	a that the foregoing is true and correct.	
Date Signed 3/5/18	Sig	nature Naugy Magyay	1- Suaren
(month, day, year)		(File the originally signed stateme	nt with your filing official



STATEMENT OF ECONOMIC INTERESTS 2 6 Description of the Control of

COVER PAGE CITY OF OAKLEY

McMurray	Please type or print in link.			
1. Office, Agency, or Court Agercy Name (Do not use acroryms) City of Oakley Division, Board, Department, District, if applicable Planning Division If filing for multiple positions, list below or on an attachment. (Do not use acroryms) Agency: Oakley Oversight Board Position: Board Member 2. Jurisdiction of Office (Check at Jesst one box) State Multi-County City of Oakley Annual: The period covered is Jurisdiction The period covered is Jurisdiction Assuming Office: Date assumed Assuming Office: Date assumed Assuming Office: Date assumed Assuming Office: Date of Election and office sought, if different than Part 1: 4. Schedule Summary (must complete) Schedule A1 - Investments - schedule attached Schedule A2 - Investments - schedule attached Schedule B - Real Property -	NAME OF FILER (LAST)	Participant I - No.		
Agency Name (Do not use acronyms) City of Oakley Division, Board, Department, District, if applicable Planning Division If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: Oakley Oversight Board Position: Board Member 2. Jurisdiction of Office (Check at feast one box) State Judge or Court Commissioner (Statewide Jurisdiction) Multi-County Caunty of Cluy of Oakley Other 3. Type of Statement (Check at feast one box) Annual: The period covered is January 1, 2017, through December 31, 2017. -or The period covered is Junuary 1, 2017, through December 31, 2017. - Assuming Office: Date assumed /	McMurray	Joshua		Aaron
City of Oakley Disison, Board, Department, District, if applicable Planning Division If fling for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: Oakley Oversight Board Agency: Oakley Oversight Board Position: Board Member 2. Jurisdiction of Office (Check at least one box) State	1. Office, Agency, or Court			
Division, Board, Department, District, if applicable Planning Division Planning Division If filling for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: Oakley Oversight Board Position: Division: Board Member 2. Jurisdiction of Office (Check at least one box) State Judge or Court Commissioner (Statewide Jurisdiction) Multi-County County of Judge or Court Commissioner (Statewide Jurisdiction) Multi-County of Judge or Court Commissioner (Statewide Jurisdiction) Nother Judge or Court Commissioner (Statewide Jurisdiction) Nother Judge or Court Commissioner (Statewide Jurisdiction) Division, Judge or Court Commissioner (Statewide Jurisdiction) Nother Judge or Court Commissioner (Statewide Jurisdiction) Division, Judge or Court Commissioner (Statewide Jurisdiction) Division Lave of Check at least one box Leaving Office: Date Left (Check at least of leaving office: Date Left (Check or Page) The period covered is January 1, 2017, through the date of leaving office: Date Left (Check or Page) The period covered is January 1, 2017, through the date of leaving office: Date Left (Check or Page) The period covered is January 1, 2017, through the date of leaving office: Date Left (Check or Page) The period covered is January 1, 2017, through the date of leaving office: Date Left (Check or Page) The period covered is January 1, 2017, through the date of leaving office: Date Left (Check or Page) The period covered is January 1, 2017, through the date of leaving office:	Agency Name (Do not use acronyms)			
Planning Division Planning Manager ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: Oakley Oversight Board Position: Board Member 2. Jurisdiction of Office (Check at least one box) State				
If filing for multiple positions, list below or on an attachment. (Do not use accroryms) Agency: Oakley Oversight Board		icable	Your Position	
Agency: _Oakley Oversight Board	Planning Division		Planning Manager	
State	▶ If filing for multiple positions, list below o	r on an attachment. (Do not ι	2. 2.	
State	Agency: Oakley Oversight Board		Position: Board Member	
Multi-County	2. Jurisdiction of Office (Check at le	east one box)		
Some content Check at least one box	☐ State		☐ Judge or Court Commissioner (S	Statewide Jurisdiction)
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3. Type of Statement (Check at least one box)				
Annual: The period covered is January 1, 2017, through December 31, 2017. The period covered is, through December 31, 2017. The period covered is, through December 31, 2017. The period covered is, through December 31, 2017. Assuming Office: Date assumed, through December 31, 2017. Assuming Office: Date assumed, through December 31, 2017. Candidate: Date of Election and office sought, if different than Part 1:	E. Oily of			
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A. Schedule Summary (must complete) ▶ Total number of pages including this cover page: Schedules attached Schedule A-1 - Investments - schedule attached Schedule D- Income, Loans, & Business Positions - schedule attached Schedule D- Income - Gifts - schedule attached Schedule B- Real Property - schedule attached Schedule E- Income - Gifts - Travel Payments - schedule attached None - No reportable interests on any schedule None - No reportable interests on any schedule Interests on any schedule State Interests on any schedule Interest on any schedule Interests on any schedule Interests on any schedule Interests on any schedule Interest on any schedule Interest on any schedule Interests on any schedule Interests on any schedule Interest on any schedule In	Assuming Office: Date assumed			_/, through
Schedule A-1 - Investments — schedule attached Schedule A-2 - Investments — schedule attached Schedule B - Real Property — schedule attached Schedule E - Income — Gifts — schedule attached Schedule E - Income — Gifts — Travel Payments — schedule attached None - No reportable interests on any schedule None - No reportable interests on any schedule LITY STATE ZIP CODE ANAILING ADDRESS STREET CITY STATE ZIP CODE BAILING ADDRESS ADDRESS Recommended — Public Document) 3231 Main Street Oakley CA 94561 DAYTIME TELEPHONE NUMBER (925) 625-7004 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	Candidate: Date of Election	and office sough	nt, if different than Part 1:	
Schedule A-1 - Investments — schedule attached Schedule C - Income, Loans, & Business Positions — schedule attached Schedule D - Income — Gifts — schedule attached Schedule B - Real Property — schedule attached Schedule E - Income — Gifts — schedule attached Schedule E - Income — Gifts — Travel Payments — schedule attached None - No reportable interests on any schedule Verification MAILING ADDRESS (Business or Agency Address Recommended - Public Document) 3231 Main Street DAYTIME TELEPHONE NUMBER (925) 625-7004 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 O2/26/2018 Signature	4. Schedule Summary (must com	plete) ► Total numbe	r of pages including this cover p	age:
Schedule A-2 - Investments - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached None - No reportable interests on any schedule State zip code MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 3231 Main Street Oakley CA 94561 DAYTIME TELEPHONE NUMBER (925) 625-7004 E-MAIL ADDRESS mcmurray@ci.oakley.ca.us I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed 02/26/2018 Signature	Schedules attached			
Schedule A-2 - Investments - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached None - No reportable interests on any schedule State zip code MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 3231 Main Street Oakley CA 94561 DAYTIME TELEPHONE NUMBER (925) 625-7004 E-MAIL ADDRESS mcmurray@ci.oakley.ca.us I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed 02/26/2018 Signature	Schedule A-1 - Investments - sched	dule attached	Schedule C - Income Loans & Busine	ss Positions – schedule attached
None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET CITY STATE ZIP CODE				
None - No reportable interests on any schedule	Schedule B - Real Property - sched	fule attached	Schedule E - Income – Gifts – Travel F	Payments – schedule attached
MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 3231 Main Street Oakley CA 94561 DAYTIME TELEPHONE NUMBER (925) 625-7004 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed 02/26/2018 Signature	-or-			
MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 3231 Main Street Oakley CA 94561 DAYTIME TELEPHONE NUMBER (925) 625-7004 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed 02/26/2018 Signature	➤ None - No reportable interests	on any schedule		
(Business or Agency Address Recommended - Public Document) 3231 Main Street Oakley CA 94561 DAYTIME TELEPHONE NUMBER (925) 625-7004 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed 02/26/2018 Signature	5. Verification	7		
DAYTIME TELEPHONE NUMBER (925) 625-7004 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed 02/26/2018 Signature Sign			STATE	ZIP CODE
mcmurray@ci.oakley.ca.us I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed 02/26/2018 Signature	3231 Main Street	Oakle	ey CA	94561
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 O2/26/2018 Signature			E-MAIL ADDRESS	
herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed 02/26/2018 Signature				
Date Signed 02/26/2018 Signature				nowledge the information contained
Date Signed Signature	I certify under penalty of perjury under the	ne laws of the State of Califo	rnia that the foregoing is true and correc	ot.
Date Signed Signature	02/26/2018)
	Date Signed			ment with your filing official.)



STATEMENT OF ECONOMIC INTERESTS 2018 Date Initial Filing Received 2018 Official Use Only

COVER PAGE

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CITY		A A A		H W
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V1 85 63 08	V 0 14			

NA	NAME OF FILER (LAST) MILLER RICHAR	D MICHAEC
1.	1. Office, Agency, or Court	
	Agency Name (Do not use acronyms) CI+U Division, Board, Department District, if applicable Your Posi	tion
	▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: Position:	Contract IT.
2.	2. Jurisdiction of Office (Check at least one box)	
	☐ State	r Court Commissioner (Statewide Jurisdiction)
	Multi-County County	of
	County County County OAKLEY	
2		
3.	or- December 31, 2017. The period covered is 1/1/3/2017 (Check	g Office: Date Left// one) s period covered is January 1, 2017, through the date of ving office.
	Assuming Office: Date assumed/	period covered is/, through date of leaving office.
	Candidate: Date of Election and office sought, if different than F	Part 1:
4.	4. Schedule Summary (must complete) ► Total number of pages included Schedules attached	luding this cover page:
-(☐ Schedule A-2 - Investments – schedule attached ☐ Schedule D - In	ncome, Loans, & Business Positions – schedule attached ncome – Gifts – schedule attached ncome – Gifts – Travel Payments – schedule attached
5.	5. Verification	
	MAILING ADDRESS (Business or Agency Address Recommended - Public Document) 3 2 3	
	I certify under penalty of perjury under the laws of the State of California that the foregone Date Signed 3 1 26 8 Signature Signature	ring is true and correct. (File the bridnally sioned statement with your filing official.)

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FOR	v 700
FAIR POLITICAL PRACTICES Name	COMMISSION
Richard	Miller

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
6NTAI	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
79 MOTh D1.	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Orlaga Ca	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
CEO	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
S1,001 - \$10,000	☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	S10,001 - \$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.) 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
	Total mounts, as each coare of 570,000 of more
(Describe)	(Describe)
Other(Describe)	☐ Other
◆ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	(Describe)
•	
rou are not required to report loans from commercial le	ending 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	atus. Personal loans and loans received not in a lender's
regular course of business must be disclosed as follows	s:
NAME OF LENDER*	NITEDERAL DATE
WANT OF ELIVORIA	INTEREST RATE TERM (Months) (ears)
ADDRESS (Business Address Acceptable)	% None
A POLICE OF LOUIS AUGUSTS ACCEPTABLES	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
SOUNDED NOTIVITY, III 7847, OF CENDER	
	Real PropertyStreet address
HIGHEST BALANCE DURING REPORTING PERIOD	
<u></u> \$500 - \$1,000 /	City
\$1,001 - \$10,000 /	Guarantor
\$10,001 - \$100,000 /	
OVER \$100,000	Other
	(Describe)
Comments:	

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

I	ECEIVER
S	Date Initial Filing Received
TILL I	3Y:

Ple	ease type or print in ink.		
NA	ME OF FILER (LAST) (FIRST)	(M	IDDLE)
	Newman David		<u> </u>
1.	Office, Agency, or Court		
	Agency Name (Do not use acronyms)		
	City of Oakley		
	Division, Board, Department, District, if applicable	Your Position	
	Public Works	Street Maintenance t	opeman
	\blacktriangleright 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 Jurisdic	ction)
	Multi-County	County of	
	City of Oakhey	Other	
3.	Type of Statement (Check at least one box)		
	Annual: The period covered is January 1, 2017, through	Leaving Office: Date Left/	
	December 31, 2017.	(Check one)	
	The period covered is	 The period covered is January 1, 2017, throuleaving office. -or- 	ugh the date of
	Assuming Office: Date assumed	The period covered is	, through
	Candidate: Date of Election and office sought, i	f different than Part 1:	
4.	Schedule Summary (must complete) ► Total number of	of pages including this cover page:	
	Schedules attached	and burger meaning and early pages	
		Schodula C. Income Loons & Rusiness Positions of	hodula attached
		Schedule C - Income, Loans, & Business Positions so Schedule D - Income Gifts schedule attached	niedule attached
		Schedule E - Income - Gifts - Travel Payments - sched	dule attached
	or-		
	☐ None - No reportable interests on any schedule		
5.	Verification 3231 Main St.	Oakley Ca. 9	4561
	MAILING ADDRESS STREET CITY (Business or Agency Address Recommended - Public Document)	STATE ZIP CO	DE
	(925) 625-7038	newman acioakey,	eq.Vs
	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 the		ormation 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 3-7-18 Sig	mature Warid Deuman	
	(month, day, year)	(File the originally signed statement with your filing off	icial.)

STATEMENT OF ECONOMIC INTERESTS

H	CITY			
Date	Initial Fili	ng Rec	eived/	
MAI	Official Us	e Only)
	0/21	712		

Please type or print in ink.				11	YOR
NAME OF FILER (LAST)		RST)			(MIDDLE)
Perata	S	teve			Matthew
1. Office, Agency, or Court	t				(MIDDLE) Matthew
Agency Name (Do not use acror	nyms)				
City of Oakley					
Division, Board, Department, Dist	rict, if applicable		Your Position		
Oakley Police Departmer	nt		Sergeant		
▶ If filing for multiple positions, li	ist below or on an attachment	. (Do not use	e acronyms)		
Agency:			Position:		
2. Jurisdiction of Office (c	Check at least one box)				
State			☐ Judge or Ce	ourt Commissioner (Sta	tewide Jurisdiction)
☐ Multi-County			County of		
City of Ooklay			12-27		
[X] City of			U Otner		
3. Type of Statement (Chec	k at least one box)				
Annual: The period covered	l is January 1, 2017, through		☐ Leaving O	ffice: Date Left	J
December 31, 2017			(Check one		
-or- The period covered December 31, 2017	is	, through	○ The pe leaving	387	1, 2017, through the date of
☐ Assuming Office: Date ass	umed/		O The pe	riod covered is/. e of leaving office.	, through
Candidate: Date of Election	and	office sought,	if different than Part	1:	
4. Schedule Summary (mu	ust complete) ▶ Tota	al number	of pages includ	ing this cover pag	16.
Schedules attached	70.		or pagoo moraa	ing the cover pag	, , ,
Schedule A-1 - Investmen	nts - schedule attached] Schedule C - Incor	me, Loans, & Business	Positions - schedule attached
Schedule A-2 - Investmen	nts - schedule attached] Schedule D - Incor	me – Gifts – schedule a	attached
Schedule B - Real Prope	rty – schedule attached] Schedule E - Incor	me – Gifts – Travel Pay	ments - schedule attached
-Or-					
None - No reportable in	nterests on any schedule)			
5. Verification					
MAILING ADDRESS STRE (Business or Agency Address Recommend		CITY		STATE	ZIP CODE
3231 Main Street	*	Oakley		CA	94561
DAYTIME TELEPHONE NUMBER			E-MAIL ADDRESS		
(925) 625-8855			perata@ci.oakle	ey.ca.us	
I have used all reasonable diligend herein and in any attached sched					wledge the information contained
I certify under penalty of perjur	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				/
Date Signed 03/07/2018			6	1//	17
Date Signed(month	, day, year)	Si	gnature	File the originally signed statement	nt water your filing official.)



STATEMENT OF ECONOMIC INTERESTS COVER PAGE



Please type or print in ink.		Вү:	
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)	
Perez	Elizabeth	M.	
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
City of Oakley			
Division, Board, Department, District, if applicable	Your Position		
	Assistant City Attor	nev	
▶ If filing for multiple positions, list below or on an attac		noy	
The Successor Agency to the Oakley Redevelop	amont Assaul		
Agency: Oakley Oversight Board	Position: General Co	punsel	
2. Jurisdiction of Office (Check at least one box	x)		
State	☐ Judge or Court Commis	sioner (Statewide Jurisdiction)	
Multi-County	Description of the second of t		
⊠ City of Oakley			
[A] City of	Other		
3. Type of Statement (Check at least one box)			
Annual: The period covered is January 1, 2017, the	rough	1-6	
December 31, 2017.	(Check one)	Left/	
The period covered is 06 , 01 , 2		is January 1, 2017, through the date of	
December 31, 2017.	leaving office.	to candary 1, 2017, amough the date of	
Assuming Office: Date assumed/		is/, through	
	the date of leaving of		
Candidate: Date of Election	and office sought, if different than Part 1:		
1 Schodula Summani (must somelete)			
 Schedule Summary (must complete) ► Schedules attached 	Total number of pages including this co	over page:2	
Cabadula A.4. Invastored asked to the latest			
 Schedule A-1 - Investments - schedule attached Schedule A-2 - Investments - schedule attached 	<u> </u>	Business Positions - schedule attached	
Schedule B - Real Property – schedule attached			
"Of"	Scriedule E • Income – Girls –	Travel Payments - schedule attached	
☐ None - No reportable interests on any sch	nedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY STA	TE ZIP CODE	
2261 Lava Ridge Court	Roseville C	A 95661	
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS		
(916) 780-9009	eperez@cotalawfirm.com		
I have used all reasonable diligence in preparing this state herein and in any attached schedules is true and comple	ement. I have reviewed this statement and to the best te. I acknowledge this is a public document.	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.			
	Col. hat	4 Parts	
Date Signed March 9, 2018	Signature	Kelly	
(month, day, year)		igned 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
 Elizabeth M. Perez

- 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Cota Cole & Huber 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
Attorney	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
S500 - \$1,000 S1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 X OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
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	IOD
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
	Real PropertyStreet address
HIGHEST BALANCE DURING REPORTING PERIOD	
\$500 - \$1,000	City
\$1,001 - \$10,000	Guarantor
\$10,001 - \$100,000	1.000
OVER \$100,000	Other
	(Describe)
Comments:	

STATEMENT OF ECONOMIC INTERESTS COVER PAGE



Please type or print in ink. NAME OF FILER (LAST) (FIRST) Robert William Roberts 1. Office, Agency, or Court Agency Name (Do not use acronyms) Oakley Police Department Division, Board, Department, District, if applicable Your Position **Detective Sergeant** ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) 2. Jurisdiction of Office (Check at least one box) ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction) Multi-County . County of __ X City of Oakley Other ___ 3. Type of Statement (Check at least one box) Leaving Office: Date Left ____/___ Annual: The period covered is January 1, 2017, through December 31, 2017. (Check one) O The period covered is January 1, 2017, through the date of The period covered is _____/____ leaving office. December 31, 2017. O The period covered is _______, through Assuming Office: Date assumed ____/___/__ the date of leaving office. Candidate: Date of Election ______ and office sought, if different than Part 1: __ 4. Schedule Summary (must complete) ► Total number of pages including this cover page: _ Schedules attached Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -Or- None - No reportable interests on any schedule 5. Verification MAILING ADDRESS ZIP CODE CITY STATE STREET (Business or Agency Address Recommended - Public Document) 3231 Main St Oakley CA 94561 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (925) 625-8833 roberts@ci.oakley.ca.us I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed ____03/07/2018 Signature . (month, day, year) (File the originally signed statement with your filing official.)



STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Date Initial Filing Received

CITY OF OAKLEY

Pie	ase type or print in ink.	Production of a self-transport of the self-t
NAI	re of filer (LAST) Rohani (FIRST) Ke	(MIDDLE)
1.	Office, Agency, or Court	
	Agency Name (Do not use acronyms) City of Oakley	
	Division, Board, Department, District, if applicable Public Works	Your Position City Engineer
	lacktriangledown If filling for multiple positions, list below or on an attachment. (Do not use account of the contract of	pronyms)
	Agency:	Position:
2.	Jurisdiction of Office (Check at least one box)	
	State	☐ Judge or Court Commissioner (Statewide Jurisdiction)
	Multi-County	County of
	Micity of Oakley	Other
3.	Type of Statement (Check at least one box)	
	Annual: The period covered is January 1, 2017, through December 31, 2017.	Leaving Office: Date Left/
	The period covered is/, through December 31, 2017.	 The period covered is January 1, 2017, through the date of leaving office. -or-
	Assuming Office: Date assumed	The period covered is/, through the date of leaving office.
	Candidate: Date of Election and office sought, if d	ifferent than Part 1:
4.	Schedule Summary (must complete) ► Total number of	pages including this cover page:
	Schedules attached	
	Schedule A-1 - Investments - schedule attached	chedule C - Income, Loans, & Business Positions - schedule attached
	Schedule A-2 - Investments – schedule attached	shedule D - Income - Gifts - schedule attached
		chedule E · Income - Gifts - Travel Payments - schedule attached
	or- ☑ None - No reportable interests on any schedule	
-		Tall CA 21FCI
0.	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	ley CA 9456 state zip code
	DAYTIME TELEPHONE NUMBER E-M	MAIL ADDRESS
	(925) 625 - 700 3	rohani@ ci.oakley.ca.us
	I have used all reasonable diligence in preparing this statement. I have reviewed herein and in any attached schedules is true and complete. I acknowledge this	, ,
	I certify under penalty of perjury under the laws of the State of California t	hat the foregoing is true and correct.
	Date Signed 3 -1 - 1 8 Signa	ture Buryll
	(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)
Saengchalern	Billilee		Hofer
1. Office, Agency, or Court			•
Agency Name (Do not use acronyms)			·
City of Oakley			
Division, Board, Department, District, if applicable	Your Position	on	
Public Works and Engineering	Associat	te Engineer	
▶ If filing for multiple positions, list below or on an attack	nment. (Do not use acronyms)		
Agency:	Position: _		
2. Jurisdiction of Office (Check at least one box,)		
State	☐ Judge or	Court Commissioner (Stat	ewide Jurisdiction)
Multi-County	County of	f	
⊠ City of Oakley			
[X] City of	Utner		
3. Type of Statement (Check at least one box)			,
Annual: The period covered is January 1, 2017, the December 31, 2017.	rough Leaving (Check of	Office: Date Left	<i></i>
The period covered is/	i unougn	period covered is January ng office.	1, 2017, through the date of
Assuming Office: Date assumed	O The p	period covered is/_ late of leaving office.	, through
Candidate: Date of Election	and office sought, if different than Pa	art 1:	
4. Schedule Summary (must complete)	Total number of pages inclu	uding this cover pag	'e'
Schedules attached	Total Hamber of pages mora	iding tine cover pag	·· — — — — — — — — — — — — — — — — — —
□ Schedule A-1 - Investments - schedule attached	Schedule C - Inc	come, Loans, & Business	Positions - schedule attached
☐ Schedule A-2 - Investments — schedule attached	Schedule D - Inc	come – Gifts – schedule a	ttached
□ Schedule B - Real Property – schedule attached	Schedule E - Inc	come – Gifts – Travel Pay	ments - schedule attached
-Or-			
None - No reportable interests on any sch	nedule		
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) 625-7154		@ci.oakley.ca.us	
I have used all reasonable diligence in preparing this state herein and in any attached schedules is true and comple			wledge the information contained
I certify under penalty of perjury under the laws of the	e State of California that the forego	oing is true and correct.	
Date Signed 3/28/18	_ Signature	lle H.	Saugchen
(month, day, year)		(File the originally signed statemen	nt with your filing of (ciat)



STATEMENT OF ECONOMIC INTERESTS

MAR 2 9 2018

Please type or print in ink.	CITYOFOAKIEV
NAME OF FILER (LAST)	(FIRST) (MIDDLE)
Sanders	Scott Kaymond
1. Office, Agency, or Court	
Agency Name (Do not use acronyms) C 2+ y of Oakle) Division, Board, Department, District, if applicable	Building Inspector 11 Your Position
▶ 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	ox)
☐ State	☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County	County of
Scity of Oakley	Other
3. Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2017,	hrough Leaving Office: Date Left
December 31, 2017.	(Check one)
The period covered is/	, through O The period covered is January 1, 2017, through the date of leaving office.
Assuming Office: Date assumed	
Candidate: Date of Election	and office sought, if different than Part 1:
4. Schedule Summary (must complete)	▶ Total number of pages including this cover page:
Schedules attached	the second pages are second pages and second pages and second pages are se
Schedule A-1 - Investments - schedule attache	Schedule C - Income, Loans, & Business Positions schedule attached
Schedule A-2 - Investments – schedule attache	
Schedule B - Real Property - schedule attache	Schedule E - Income - Gifts - Travel Payments - schedule attached
-or-	
None - No reportable interests on any so	chedule
5. Verification	
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY STATE ZIP CODE
3231 Main Street DAYTIME TELEPHONE NUMBER	Oakley CA 94561
(925) (025-7000	E-MAIL ADDRESS Sanders @ Ci, oakley.ca.us
I have used all reasonable diligence in preparing this sta herein and in any attached schedules is true and comp	stement. I have reviewed this statement and to the best 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 3-29-18	Signature coll anders
(month, day, year)	(File the originally signed statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
MAR 0 7 2018

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Please type or print in ink.		The same of the sa	TYOFOAR
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Solomon	Jeffrey		Lee
1. Office, Agency, or Court		*	
Agency Name (Do not use acronyms)			
City of Oakley			
Division, Board, Department, District, if app	olicable Your Po	osition	
Police Department	Serge	eant	
▶ If filing for multiple positions, list below	or on an attachment. (Do not use acronyms)		
Agency:	Positio	n:	
2. Jurisdiction of Office (Check at)	least one box)		
State	☐ Judge	or Court Commissioner (S	Statewide Jurisdiction)
☐ Multi-County	Count	v of	
City of Oakley			
X City of	Other		
3. Type of Statement (Check at leas	t one box)		
★ Annual: The period covered is Janua	and the second s	ing Office: Date Left	11_
December 31, 2017.		ck one)	
-or- The period covered is	, through ○ T	he period covered is Janua	ary 1, 2017, through the date of
December 31, 2017.	le -or-	eaving office.	
Assuming Office: Date assumed		he period covered is ne date of leaving office.	J, through
Candidate: Date of Election	and office sought, if different than	Part 1:	
4. Schedule Summary (must con	anlota) . Tataltan af nama in	alvelium this acres u	
Schedules attached	nplete) ▶ Total number of pages in	cluding this cover pa	age:
Schedule A-1 - Investments – sche	And the second s	The Control of the Co	ss Positions – schedule attached
Schedule A-2 - Investments - sche	The second secon	Income - Gifts - schedule	
Schedule B - Real Property – sche	edule attached Schedule E -	income – Gills – Travel P	ayments – schedule attached
✓ None - No reportable interests	on any schedule		
5. Verification	on any concare		
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public I 3231 Main Street	1867	CA	94561
DAYTIME TELEPHONE NUMBER	Oakley E-MAIL ADDRESS		94001
(925) 625-8855	700 MARINE 2004 (1994 2004)	ci.oakley.ca.us	
I have used all reasonable diligence in prep	aring this statement. I have reviewed this statem use and complete. I acknowledge this is a public	ent and to the best of my ki	nowledge the information contained
87.	the laws of the State of California that the for		s/
		11/1/	
Date Signed	Signature	11/1	
(month, day, year)		(File the originally signed state)	ment with your filing official.)



STATEMENT OF ECONOMIC INTERESTS O Date Initial Filing Received

COVER PAGE CITY OF OAKLEY

Please type or print in ink.		- OI OAKLEY
NAME OF FILER (LAST) (FIR	RST)	(MIDDLE)
Strelo Ke	enneth	
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
City of Oakley		Je.
Division, Board, Department, District, if applicable		Your Position
Planning Division		Principal Planner
▶ If filing for multiple positions, list below or on an attachment.	(Do not use	acronyms)
Agency:		Position:
2. Jurisdiction of Office (Check at least one box)		
State		☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
⊠ City of Oakley		Other
3. Type of Statement (Check at least one box)		
Annual: The period covered is January 1, 2017, through December 31, 2017.		Check one)
The period covered is// December 31, 2017.	_, through	 The period covered is January 1, 2017, through the date of leaving office. -or-
Assuming Office: Date assumed//		The period covered is
Candidate: Date of Election and o	office sought,	if different than Part 1:
4. Schedule Summary (must complete) ▶ Tota	al number	of pages including this cover page:1
Schedules attached	ii iiuiiiboi	or pages moraling the sever pager
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	1	
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	Canicy	E-MAIL ADDRESS
(925) 625-7000		strelo@ci.oakley.ca.us
		wed this statement and to the best of my knowledge the information contained
I certify under penalty of perjury under the laws of the Stat	10 to 100000 to	
Date Signed	Si	gnature Kennuldel
(month, day, year)		(File the originally signed statement with your filing official.)



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received
Official Use Only

MAR 0 1 2018

Please type or print in ink.		CIT	VOROAKIEN
NAME OF FILER (LAST)	(FIRST)	P	(MIDDLE)
Thorsen	Christopher		William
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
City of Oakley			
Division, Board, Department, District, if app	olicable	Your Position	
Police Department		Chief of Police	
▶ If filing for multiple positions, list below	or on an attachment. (Do not use acro	nyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at	least one box)		
☐ State		☐ Judge or Court Commissioner (Sta	tewide Jurisdiction)
Multi-County		County of	
⊠ City of Oakley		Other	
3. Type of Statement (Check at leas	t one box)		
Annual: The period covered is Janua December 31, 2017.	ry 1, 2017, through	Leaving Office: Date Left (Check one)	<i></i>
The period covered is December 31, 2017.	_/, through	The period covered is January leaving officeoror-	1, 2017, through the date of
Assuming Office: Date assumed		The period covered is/. the date of leaving office.	, through
Candidate: Date of Election	and office sought, if diffe	erent than Part 1:	
4. Schedule Summary (must cor	nplete) ▶ Total number of p	ages including this cover pag	e:
Schedules attached			
Schedule A-1 - Investments - sche	edule attached Sch	edule C - Income, Loans, & Business	Positions - schedule attached
Schedule A-2 - Investments - sche	edule attached Scho	edule D - Income - Gifts - schedule a	ttached
Schedule B - Real Property - sche	edule attached Sch	edule E - Income – Gifts – Travel Pay	ments - schedule attached
-Or-			
✓ None - No reportable interests	on any schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public	CITY Document)	STATE	ZIP CODE
3231 Main Street	Oakley	Ca	94598
DAYTIME TELEPHONE NUMBER	E-MAI	L ADDRESS	
(925) 625-8820	thor	sen@ci.oakley.ca.us	
I have used all reasonable diligence in prep herein and in any attached schedules is tru			wledge the information contained
I certify under penalty of perjury under	the laws of the State of California tha	t the foregoing is true and correct.	7
Date Signed 3-1-18	Signatu	re Ele G	De
(month. day year)	Olyllatu	IFile the originally signed statemen	nt with your filing official.)



Date Initial Filing Received STATEMENT OF ECONOMIC INTERESTS

COVER PAGE CITY OF OAKLEY

Please type or print in ink.			
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Beede-Vreonis	Eva "Libby"		Elizabeth
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
City of Oakley			
Division, Board, Department, District, if applicable	Yo	our Position	
	C	ity Clerk/Paralegal	
▶ If filing for multiple positions, list below or on an attac	st 255		
Agency: Successor Agency; Oakley Oversigl	nt Board P	osition: Secretary	
2. Jurisdiction of Office (Check at least one box	;)		
☐ State	Π,	Judge or Court Commissioner (Sta	atewide Jurisdiction)
Multi-County		County of	
☑ City of Oakley			
X City of		Other	
3. Type of Statement (Check at least one box)			
Annual: The period covered is January 1, 2017, the December 31, 2017.		Leaving Office: Date Left (Check one)	<i>J</i>
The period covered is	, through	O The period covered is January leaving office. or-	y 1, 2017, through the date of
Assuming Office: Date assumed		O The period covered is the date of leaving office.	/, through
Candidate: Date of Election	and office sought, if differen	t than Part 1:	
4. Schedule Summary (must complete)	> Total number of page	es including this cover pag	ge:2
Schedules attached	rotal number of page	a memany and early page	
Schedule A-1 - Investments - schedule attached	∐ Schedu	le C - Income, Loans, & Business	Positions - schedule attached
☐ Schedule A-2 - Investments - schedule attached	☐ Schedu	le D - Income - Gifts - schedule	attached
Schedule B - Real Property - schedule attached	☐ Schedu	le E - Income – Gifts – Travel Pay	yments - schedule attached
=01'=			
☐ None - No reportable interests on any sci	nedule		THE COLUMN TO BE SHOWN THE BUTTON
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	СПҮ	STATE	ZIP CODE
3231 Main Street	Oakley	CA	94561
DAYTIME TELEPHONE NUMBER	E-MAIL AD	DRESS	
(925) 625-7000	vreonis	@ci.oakley.ca.us	
I have used all reasonable diligence in preparing this stat herein and in any attached schedules is true and comple			owledge the information contained
I certify under penalty of perjury under the laws of the	he State of California that th	e foregoing is true and correct.	
Date Signed 03/04/18	Signature _		
(month, day, year)		(File the originally signed statems	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
Eva E. "Libby" Beede-Vreonis

➤ 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
USS POSCO	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
900 Loveridge Rd. Pittsburg, CA 94565	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Steel Manufacturing	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Operator (spouse)	. H
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$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.)	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	Other
(Describe)	(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING	PERIOD
retail installment or credit card transaction, made in	al lending institutions, or any indebtedness created as part of a the lender's regular course of business on terms available to I status. Personal loans and loans received not in a lender's lows:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	%
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN
	None Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER	
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Queet aggress
\$500 - \$1,000	City
\$1,001 - \$10,000	
\$10,001 - \$100,000	Guarantor
OVER \$100,000	Other(Describe)
	(Describe)