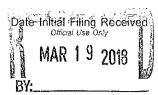
### STATEMENT OF ECONOMIC INTERESTS COVER PAGE



Please type or print in ink. NAME OF FILER (LAST) (FIRST) Amie John 1. Office, Agency, or Court Agency Name (Do not use acronyms) The Oversight Board of the Successor Agency to the Oakley Redevelopment Agency Division, Board, Department, District, if applicable Your Position Contra Costa county representative ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) 2. Jurisdiction of Office (Check at least one box) Judge or Court Commissioner (Statewide Jurisdiction) ☐ State ■ Multi-County .... Other \_\_\_ ☐ City of \_\_\_\_\_ 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, 2018 (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 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 C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached -or- None - No reportable interests on any schedule 5. Verification STATE ZIP CODE MAILING ADDRESS CITY (Business or Agency Address Recommended - Public Document) 94561 Oakley CA 1931 W Summerfield Ct E-MAIL ADDRESS DAYTIME TELEPHONE NUMBER la1944@yahoo.com (925) 321-0168 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Signature\_ Date Signed (File the originally signed statement with your filing official.) (month, day, year)



### STATEMENT OF ECONOMIC INTERESTS COVER PAGE



Please type or print in ink.			BŶ:_	**************************************
NAME OF FILER (LAST) (FI	RST)	kidalahan 1900-1904 yang tersete permengan menganan beranan berana di menangkan bilah (1969).	des continues de la continue de la c	(MIODLE)
Cole D	erek			P.
1. Office, Agency, or Court			<u> </u>	
Agency Name (Do not use acronyms)				
City of Oakley				
Division, Board, Department, District, if applicable	~	Your Position		
		City Attorney		
▶ If filing for multiple positions, list below or on an attachment.	(Do not use	acronyms)		
Agency: Successor Agency to the Oakley Redeve	lopment	. Position: General Cou	ınsel	
2. Jurisdiction of Office (Check at least one box)				
☐ State		☐ Judge or Court Commiss	ioner (Statewide Juri	sdiction)
Multi-County		County of		
⊠ City of Oakley		⊠ Other Successor Ag	ency to the Oal	ley
	0111-10110-10110-10110-10110-10110-10110-10110-10110-10110-10110-10110-10110-10110-10110-10110-10110-10110-101	Redevelopme	ent Agency	
3. Type of Statement (Check at least one box)				
Annual: The period covered is January 1, 2017, through December 31, 2017.		Leaving Office: Date L (Check one)	eft/	
The period covered is//	_, through	<ul> <li>The period covered in leaving office.</li> </ul>	s January 1, 2017, t	hrough the date of
Assuming Office: Date assumed/	<del></del>	The period covered if the date of leaving o		, through
Candidate: Date of Election and	office sought, i	if different than Part 1:		
4. Schedule Summary (must complete) ► Tota	al number	of pages including this co	ver page:	2
Schedules attached		pg		
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 B - Real Property – schedule attached		Schedule E - Income - Gifts - 3	Travel Payments – s	chedule attached
-or-				
☐ None - No reportable interests on any schedule	э			
5. Verification				
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STA	TE ZJF	CODE
2261 Lava Ridge Court	Rosevil	lie C.	A 95	5661
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS		
( 916 ) 780-9009	1.	dcole@cotalawfirm.com	***************************************	
I have used all reasonable diligence in preparing this statement, herein and in any attached schedules is true and complete.	I have review acknowledge t	ved this statement and to the best his is a public document.	of my knowledge the	information contained
I certify under penalty of perjury under the laws of the Sta	te of Californi	ia that the foregoing is true and	i correct.	
Date Signed March 2, 2018	Si	gnature		· · · · · · · · · · · · · · · · · · ·
(month, day, year)		File the originally s	igned statement with your fill	g official.)

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Derek P. Cole

(Ownership Interest is 10% or Greater)

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Cota Cole & Huber LLP	
Name	Name
2261 Lava Ridge Court, Roseville, CA 95661	
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
Law Firm	
EAGE MADICET VALUE BY ARRESTOATE.	FAID MARKET VALUE IC ADDITIONE LIST DATE.
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000///////	\$2,000 - \$10,000//////
\$10,001 - \$100,000 ACQUIRED DISPOSED	\$10,001 - \$100,000 ACQUIRED DISPOSED
\$100,001 - \$1,000,000       Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
[N 046! \$1,000,000	
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Partnership Sole Proprietorship Other	Partnership Sole Proprietorship Cher
Partner	
YOUR BUSINESS POSITION FAITHEI	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 <u>TO</u> THE ENTITY/TRUST)	SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
\$0 - \$499 \$10,001 - \$100,000	☐ \$0 - \$499 ☐ \$10,001 - \$100,000
S500 - \$1,000 X OVER \$100,000	☐ \$500 - \$1,000 ☐ OVER \$100,000
\$1,001 - \$10,000	LJ \$1,001 - \$10,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)	▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Atlach a separate sheet if necessary.)
None or X Names listed below	None or Names listed below
City of Oakley	
·	
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity, if Investment, or	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
	Partition of Division Addition
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	\$2,000 - \$10,000
\$10,001 - \$100,000//	\$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  Percents Ownership/Good of Tourt  Percents Ownership/Good of Tourt  Percents Ownership/Good of Tourt	NATURE OF INTEREST  Property Ownership/Deed of Trust  Stock  Partnership
Property Ownership/Deed of Trust Stock Partnership	☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
Leasehold Other	Leasehold Other
Yrs. remaining	Yrs. remaining
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
	EDDC Form 700 (2017/2019) Sch. A.2

Comments:



#### CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION AMENDMENT

### STATEMENT OF ECONOMIC INTERESTS 2 7 2013 Date Initial Filing Received of the Control of the Cont

**COVER PAGE** 

CITY OF OAKLEY

Please type or print in ink.		CI	TA OH.	OAKLEV
NAME OF FILER (LAST)		(FIR\$T)		(MIDDLE)
Higgins	Sue		E	
1. Office, Agency, or Court				-
Agency Name (Do not use acronyms)		ALL AND ALL AN		
City of Oakley				
Division, Board, Department, District, if applicable		Your Position		
City Council		City Council Mer	nber	
▶ If filing for multiple positions, list below or on an attachm	ent. (Do not use a	cronyms)		
Agency: Oakley Oversight Board		Position: Vice-CI	nair	
2. Jurisdiction of Office (Check at least one box)			annin ann an t-aireann an t-aire	жения подписать дом водотум меня меня на под него н Него на под него на под не
☐ State		☐ Judge or Court Com	missioner (State	wide Jurisdiction)
Multi-County		County of		
⊠ City of Oakley				
City of		T Other		
3. Type of Statement (Check at least one box)				
Annual: The period covered is January 1, 2017, throu December 31, 2017.	gh	Leaving Office: D (Check one)	ate Left	
The period covered is/	, through	<ul> <li>The period cover leaving office.</li> </ul>	ered is January 1	, 2017, through the date of
Assuming Office: Date assumed	<del></del>	-or-  The period cove the date of leav		, through
Candidate: Date of Electionand	office sought, if diff		-	
( Cabadula Cumana / Januara				1
<ol> <li>Schedule Summary (must complete) ► 7</li> <li>Schedules attached</li> </ol>	otal number of	f pages including this	s cover page	
Schedule A-1 - Investments - schedule attached	П	Schedule C - Income, Loa	ns, & Business F	Positions - schedule attached
Schedule A-2 - Investments - schedule attached		Schedule D - Income - Gi	fts – schedule at	tached
Schedule B - Real Property - schedule attached		Schedule E - Income Gi	fts – Travel Payn	nents - schedule attached
-or-				
None - No reportable interests on any sched	lule			
5./Verification	Rampher Color of National Advanced Biological Annual Color of the Colo			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	THE RESERVE THE PROPERTY OF TH	STATE	ZIP CODE
3231 Main Street	Oakley		CA 9	4561
DAYTIME TELEPHONE NUMBER		MAIL ADDRESS	0	
( 925 )625-7000	hi	iggins@ci.oakley.ca.	us	
I have used all reasonable diligence in preparing this statement herein and in any attached schedules is true and complete.			best of my know	ledge the information contained
I certify under penalty of perjury under the laws of the	State of California	that the foregoing is type	and correct.	
Date Signed 2/24/18	Sign	sature in XIaa	11-9	
(month, day, year)	olgn	(File the griot	nally signed statement	vith your filing official \

Please type or print in ink.

#### STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received

**COVER PAGE** 

Filed Date: 01/11/2018 05:22 AM SAN: FPPC

NAME OF FILER (L.	AST)	(FIRST)		(MIDDLE)
Higgins		Sue		E
1. Office, Age	ncy, or Court			
Agency Name	(Do not use acronyms)		number 12 · · · · · · · · · · · · · · · · · ·	
City of Oal	<del>`</del>			
Division, Board	, Department, District, if applicable	Y	our Position	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			City Council Member	
► If filing for i	nultiple positions, list below or on an attach	ment. (Do not use acronyi	ns)	
Agency:			Position:	
2. Jurisdiction	n of Office (Check at least one box)			
☐ State	,		Judge or Court Commissioner (Sta	tewide Jurisdiction)
— ☐ Multi-Coun	у		County of	•
	akley		Other	
(A) OI			Outer	
3. Type of St	atement (Check at least one box)			
_	The period covered is January 1, 2017, thro December 31, 2017.	ough $\square$	Leaving Office: Date Left(Check one)	<i>J</i>
	The period covered is	, through	The period covered is January leaving officeoror-	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 differe	nt than Part 1:	
4. Schedule	Summary (must complete) ▶	Total number of pag	es including this cover pag	re:1
Schedule	s attached			
☐ Sched	ıle A-1 - Investments – schedule attached	☐ Schedi	ile C - Income, Loans, & Business	Positions - schedule attached
	Ile A-2 - Investments - schedule attached		ile D - Income – Gifts – schedule a	
Sched	ile B - Real Property - schedule attached	Sched	ıle E - Income – Gifts – Travel Pay	ments - schedule attached
-or-				
🗷 None -	No reportable interests on any sche	edule		
5. Verification			as almost at the second and the second and the second as a second	
MAILING ADDRES (Business or Agen	S STREET  cy Address Recommended • Public Document)	СПҮ	STATE	ZIP CODE
3231 Main	St	Oakley	CA	94561-3147
DAYTIME TELEPH		E-MAIL A		
( 925 ) 62			s@ci.oakley.ca.us	
	reasonable diligence in preparing this stater iny attached schedules is true and complete			wledge the information contained
I certify under	penalty of perjury under the laws of the	State of California that t	he foregoing is true and correct.	
Date Signed _	01/11/2018 05:22 AM	Signature	Electronic S	ubmission
~	(month, day, year)		(File the originally signed statement	nt with your filing official.)



### STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Official Use Only

#### **COVER PAGE**

Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) Kratochvil Robert Stephen 1. Office, Agency, or Court Agency Name (Do not use acronyms) Oversight Board to the Successor Agency to the Oakley Redevelopment Agency Division, Board, Department, District, if applicable Your Position **Board Member** ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) 2. Jurisdiction of Office (Check at least one box) ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction) ■ Multi-County \_ County of \_ □ City of Oakley Other \_ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2017, through (Check one) December 31, 2017. 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 \_\_\_\_ the date of leaving office. Candidate: Date of Election \_ \_\_\_\_\_ and office sought, if different than Part 1: \_ 4. Schedule Summary (must complete) ► Total number of pages including this cover page: \_ Schedules attached Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E · Income - Gifts - Travel Payments - schedule attached -or- None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 3231 Main Street Oakley CA 94561 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (925) 625-7000 bkratochvil@losmedanos.edu I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed March 27, 2018 Signature (month, day, year) (File the originally signed statement with your filing official.)



# STATEMENT OF ECONOMIC INTERESTS 2 6 Death itial Filing Received Official Use Only COVER PAGE CITY OF OAKLEY

Please type or print in ink.		
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
McMurray	Joshua	Aaron
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
City of Oakley		
Division, Board, Department, District, if applicable	Your Position	
Planning Division	Planning Manager	
▶ If filing for multiple positions, list below or on an atta	chment. (Do not use acronyms)	
Agency: Oakley Oversight Board	Position: Board Member	
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		
3. Type of Statement (Check at least one box)		
Annual: The period covered is January 1, 2017, the December 31, 2017.	rrough Leaving Office: Date Left (Check one)	
The period covered is//	, through On The period covered is Jan leaving office.	nuary 1, 2017, through the date of
Assuming Office: Date assumed/		, through
Candidate: Date of Election	and office sought, if different than Part 1:	
		taran kan kan kan kan kan kan kan kan kan k
	► Total number of pages including this cover	page:
Schedules attached		
Schedule A-1 - Investments - schedule attache	d Schedule C - Income, Loans, & Busin	ness Positions - schedule attached
Schedule A-2 - Investments - schedule attache		
Schedule B - Real Property - schedule attache	d	I Payments – schedule attached
+Or-		
☑ <b>None</b> - No reportable interests on any so	ineaule	
5. Verification	OFFICE	T/2 0005
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY STATE	ZIP CODE
3231 Main Street	Oakley CA	94561
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS	
( 925 ) 625-7004	mcmurray@ci.oakley.ca.us	
I have used all reasonable diligence in preparing this sta herein and in any attached schedules is true and compl	tement. I have reviewed this statement and to the best of my lete. I acknowledge this is a public document.	y knowledge the information contains
I certify under penalty of perjury under the laws of t	the State of California that the foregoing is true and cor	rect.
Data Start d 02/26/2018		
Date Signed (month, day, year)	Signature	talement with your filing official.)
(mana, eap, per		FPPC Form 700 (2017/20

FPPC Form 700 (2017/2018)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

Please type or print in ink.

#### STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received

**COVER PAGE** 

Filed Date: 02/21/2018 02:48 PM SAN: FPPC

NAME OF FILER (LAS	T) (FIRE	\$ <b>τ</b> )		-	(MIDDLE)
Montgomery	Bry	/an			H
1. Office, Agen	cy, or Court			382000000000000000000000000000000000000	
Agency Name (i	Do not use acronyms)				A STATE OF THE PROPERTY OF THE
City of Oakle	<b>э</b> у				
Division, Board, I	Department, District, if applicable		Your Positi	ion	•
			City Ma	nager	t esta
► If filing for mu	ultiple positions, list below or on an attachment.	(Do not use	e acronyms)		
Agency:	4-		Position: .	····	
2. Jurisdiction	of Office (Check at least one box)	eldia departementa y intermenta	ne en e	opunguguusuungaappy genessaanakilla ukomismi Hiimkin (KOMERKA) (HIIKKA) KANAHAA (KOM	AND CHARLES TO STANKE AND AN ANALYSIS OF A COLOR OF THE STANKE AND ANALYSIS
State			☐ Judge or	Court Commissioner (State	ewide Jurisdiction)
Multi-County			☐ County o	of	
•	ley				4444
E Oily of	*			·	
3. Type of Sta	tement (Check at least one box)	,			
De	ne period covered is January 1, 2017, through ecember 31, 2017.		Leaving (Check	one)	·
	pe period covered is/	, through		period covered is January ing office.	1, 2017, through the date of
Assuming C	Office: Date assumed	_	O The	period covered is/_ date of leaving office.	, through
Candidate:	Date of Election and of	fice sought,	if different than P	art 1:	
4 Cahadula C	immon (must complete) T				3
Schedules	ummary (must complete) ► Total attached	numper	of pages incli	uding this cover pag	e:
X Schedule	e A-1 - Investments - schedule attached	X	Schedule C - In	come, Loans, & Business I	Positions – schedule attached
Schedule	e A-2 - Investments - schedule attached		] Schedule D - In	come - Gifts - schedule a	Itached
Schedule	e B - Real Property - schedule attached		] Schedule E - <i>In</i>	come – Gifts – Travel Payı	ments - schedule attached
-or-					
☐ None - N	lo reportable interests on any schedule				
5. Verification					
MAILING ADDRESS (Business or Agency	STREET Address Recommended - Public Document)	CITY	<del></del>	STATE	ZIP CODE
3231 Main S		Oakley	1	CA	94561-3147
DAYTIME TELEPHO			E-MAIL ADDRESS		
( 925 ) 625				@ci.oakley.ca.us	. 1
herein and in an	easonable diligence in preparing this statement. I y attached schedules is true and complete. I ac	knowledge	this is a public do-	cument.	wledge the information contained
l certify under p	penalty of perjury under the laws of the State	of Californ	nia that the foreg	oing is true and correct.	
Date Signed	02/21/2018 02:48 PM	Q:	ignature	Electronic S	ubmission
Pare oighen —	(month, day, year)	31	Succes	(File the originally signed statemen	t with your filing official.)

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

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 70	
FAIR POLITICAL PRACTICES COMMISSION Name	
Bryan Montgomery	

NAME OF SOURCE OF INCOME	
	NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000  CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)  Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)  Sale of (Real property, car, boat, etc.)  Loan repayment  Commission or Rental Income, list each source of \$10,000 or more	GROSS INCOME RECEIVED No Income - Business Position Onl \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000  CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)  Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)  Sale of (Real property, car, boat, etc.)  Loan repayment Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
(Describe)	(Describe)
Z. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER      You are not required to report loans from commercial le retail installment or credit card transaction, made in the	nding institutions, or any indebtedness created as part of lender's regular course of business on terms available to tus. Personal loans and loans received not in a lender's
2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER  * You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official state.	nding institutions, or any indebtedness created as part of lender's regular course of business on terms available to tus. Personal loans and loans received not in a lender's
2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER  * You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official staregular course of business must be disclosed as follows:	Inding institutions, or any indebtedness created as part of lender's regular course of business on terms available to itus. Personal loans and loans received not in a lender's s:  INTEREST RATE  TERM (Months/Years)  2.5  30
2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER  * You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official staregular course of business must be disclosed as follows:  NAME OF LENDER*	Inding institutions, or any indebtedness created as part of lender's regular course of business on terms available to tus. Personal loans and loans received not in a lender's s:  INTEREST RATE  TERM (Months/Years)
2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER  * You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official staregular course of business must be disclosed as follows:  NAME OF LENDER*  City of Oakley	Inding institutions, or any indebtedness created as part of lender's regular course of business on terms available to itus. Personal loans and loans received not in a lender's state.  INTEREST RATE  TERM (Months/Years)  2.5  None  SECURITY FOR LOAN
2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER  * You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official staregular course of business must be disclosed as follows:  NAME OF LENDER*  City of Oakley  ADDRESS (Business Address Acceptable)	Inding institutions, or any indebtedness created as part of lender's regular course of business on terms available to itus. Personal loans and loans received not in a lender's structure.  INTEREST RATE  2.5  None  None
2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER  * You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official staregular course of business must be disclosed as follows:  NAME OF LENDER*  City of Oakley  ADDRESS (Business Address Acceptable)  3231 Main St. Oakley, CA 94561	Inding institutions, or any indebtedness created as part of lender's regular course of business on terms available to itus. Personal loans and loans received not in a lender's state.  INTEREST RATE  Z.5  None  SECURITY FOR LOAN  Personal residence
* You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official staregular course of business must be disclosed as follows:  NAME OF LENDER*  City of Oakley  ADDRESS (Business Address Acceptable)  3231 Main St. Oakley, CA 94561  BUSINESS ACTIVITY, IF ANY, OF LENDER  Municipality	Inding institutions, or any indebtedness created as part of lender's regular course of business on terms available to itus. Personal loans and loans received not in a lender's structure.  INTEREST RATE  Z.5  None  SECURITY FOR LOAN  None  Personal residence  Real Property  10 Brooks Ct.  Street address
* You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official staregular course of business must be disclosed as follows:  NAME OF LENDER*  City of Oakley  ADDRESS (Business Address Acceptable)  3231 Main St. Oakley, CA 94561  BUSINESS ACTIVITY, IF ANY, OF LENDER  Municipality  HIGHEST BALANCE DURING REPORTING PERIOD	Inding institutions, or any indebtedness created as part of lender's regular course of business on terms available to stus. Personal loans and loans received not in a lender's state.  INTEREST RATE  Z.5  None  SECURITY FOR LOAN  None  Personal residence  Real Property  Oakley, CA
* You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official staregular course of business must be disclosed as follows:  NAME OF LENDER*  City of Oakley  ADDRESS (Business Address Acceptable)  3231 Main St. Oakley, CA 94561  BUSINESS ACTIVITY, IF ANY, OF LENDER  Municipality  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000	Inding 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 structure.  INTEREST RATE  Z.5  None  SECURITY FOR LOAN  None  Personal residence  Real Property  10 Brooks Ct.  Street address
* You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official staregular course of business must be disclosed as follows:  NAME OF LENDER*  City of Oakley  ADDRESS (Business Address Acceptable)  3231 Main St. Oakley, CA 94561  BUSINESS ACTIVITY, IF ANY, OF LENDER  Municipality  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000	Inding institutions, or any indebtedness created as part of lender's regular course of business on terms available to stus. Personal loans and loans received not in a lender's state.  INTEREST RATE  Z.5  None  SECURITY FOR LOAN  None  Personal residence  Real Property  Oakley, CA
* You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official staregular course of business must be disclosed as follows:  NAME OF LENDER*  City of Oakley  ADDRESS (Business Address Acceptable)  3231 Main St. Oakley, CA 94561  BUSINESS ACTIVITY, IF ANY, OF LENDER  Municipality  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$10,001 - \$100,000	Inding institutions, or any indebtedness created as part of lender's regular course of business on terms available to itus. Personal loans and loans received not in a lender's street street.  INTEREST RATE  Z.5  None  SECURITY FOR LOAN  None  Personal residence  Real Property  10 Brooks Ct.  Street address  Oakley, CA
* You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official staregular course of business must be disclosed as follows:  NAME OF LENDER*  City of Oakley  ADDRESS (Business Address Acceptable)  3231 Main St. Oakley, CA 94561  BUSINESS ACTIVITY, IF ANY, OF LENDER  Municipality  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000	Inding institutions, or any indebtedness created as part of lender's regular course of business on terms available to itus. Personal loans and loans received not in a lender's street street.  INTEREST RATE  Z.5  None  SECURITY FOR LOAN  None  Personal residence  Real Property  10 Brooks Ct.  Street address  Oakley, CA



### STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received

#### **COVER PAGE**

A I OBEIO DOCUMENT	000		TO A TITLE
Please type or print in ink.		C	ITY OF OAKLE
NAME OF FILER (LAST)	(FIRST)	- market	(MIDDLE)
Oftedal	Brian		J
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
City of Oakley			
Division, Board, Department, District, if applicable		Your Position	
Oversight Board		Director	
▶ If filing for multiple positions, list below or on an a	attachment. (Do not use a	cronyms)	
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	
[E. 6.17 6]			
3. Type of Statement (Check at least one box	)		
Annual: The period covered is January 1, 2017 December 31, 2017.	, through	Leaving Office: Date Left (Check one)	
The period covered is//	, through	leaving office.	nuary 1, 2017, through the date of
★ Assuming Office: Date assumed	2018	<ul> <li>or-</li> <li>The period covered is</li> <li>the date of leaving office.</li> </ul>	
Candidate: Date of Election	and office sought, if	different than Part 1:	
4. Schedule Summary (must complete)	> Total number of	pages including this cover	, usuo,
Schedules attached	P Total number of	pages including and cover	pago.
Schedule A-1 - Investments - schedule attac	ched S	chedule C - Income, Loans, & Busi	iness Positions - schedule attached
☐ Schedule A-2 - Investments – schedule atta	ched S	chedule D - Income - Gifts - sche	dule attached
Schedule B - Real Property - schedule attac	ched S	chedule E - Income - Gifts - Trave	el Payments - schedule attached
-Or-			
⋈ None - No reportable interests on any	schedule	*	
5. Verification			
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document) 3231 Main Street	Oakley	CA	94561
DAYTIME TELEPHONE NUMBER		MAIL ADDRESS	
( 925 ) 625-7000	В	Oftedal@eccfpd.org	
I have used all reasonable diligence in preparing this herein and in any attached schedules is true and co			y knowledge the information contained
I certify under penalty of perjury under the laws	of the State of California	that the foregoing is true and cor	rect.
Date Signed	Class	ature Busi & often	
(month, day, year)	əigi	(File the originally signed a	statement with your filing official.)



### STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Receiv	ed≹
MAR 19 201	TOWN THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS
By:	

Please type or print in ink.			<b>2</b> 1
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Perez.	Elizabeth		M.
1. Office, Agency, or Court	<u> Mariena ar menina menina ar amenda padapat kepitapat arang ar apara ar </u>	онуваруния — сентенти подолжения подолжения под	
Agency Name (Do not use acronyms)			
City of Oakley			
Division, Board, Department, District, if applicable		Your Position	
		Assistant City Attorney	
(CD) ( ) (CD) (CD) (CD)			
▶ If filing for multiple positions, list below or on an	,		
The Successor Agency to the Oakley Rede Agency: .Oakley Oversight Board		Position: General Counsel	
2. Jurisdiction of Office (Check at least one	box)		
☐ State		Judge or Court Commissioner (Sta	tewide Jurisdiction)
Multi-County		County of	•
⊠ City of Oakley		_	
(X) City of		Other	
3. Type of Statement (Check at least one bo	x)		
★ Annual: The period covered is January 1, 201	•	Leaving Office: Date Left	<i></i>
December 31, 2017.		(Check one)	
The period covered is	, 2017 through	<ul> <li>The period covered is January leaving office,</li> <li>-or-</li> </ul>	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 complete) Schedules attached	► Total number o	of pages including this cover pag	/e:2
Schedule A-1 - Investments – schedule atta	ached 🔀	Schedule C - Income, Loans, & Business	Positions – schedule attached
Schedule A-2 - Investments - schedule atta		Schedule D - Income - Gifts - schedule a	
Schedule B · Real Property – schedule atta	_	Schedule E - Income - Gifts - Travel Pay	
-or-		ŕ	
☐ None - No reportable interests on any	/ schedule		
5. Verification			
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document)			
2261 Lava Ridge Court  DAYTIME TELEPHONE NUMBER	Rosevill		95661
	ł T	E-MAIL ADDRESS	
( 916 ) 780-9009		eperez@cotalawfirm.com	udadaa tha information contains
I have used all reasonable diligence in preparing this herein and in any attached schedules is true and co	omplete. I acknowledge th	is is a public document.	wiedde ais miotuighou coufgive
I certify under penalty of perjury under the laws	of the State of California	a that the foregoing is true and correct.	•
Date Signed March 9, 2018		Glinabeth V	Men
Date Signed(month, day, year)	Sig	nature	nt with your filing official.)
1			

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

(Other than Gifts and Travel Payments)

CALIF	ORNIA	FOR	v 7		
	LITICAL PI			SSION	
Name					
Elizab	eth 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		
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000		
\$10,001 - \$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)	(Describe)		
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERI	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)		
	% None		
ADDRESS (Business Address Acceptable)	<del>-</del>		
	SECURITY FOR LOAN		
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence		
	Real Property		
HIGHEST BALANCE DURING REPORTING PERIOD	Street address		
<b>\$500 - \$1,000</b>	City		
\$1,001 - \$10,000			
\$10,001 - \$100,000	Guarantor		
OVER \$100,000	П		
3721. \$100,000	Other(Describe)		
Comments:			

#### STATEMENT OF ECONOMIC INTERESTS

MAR 3 0 2018

**COVER PAGE** 

Please type or print in ink. NAME OF FILER (LAST) William JW enson 1. Office, Agency, or Court Agency Name (Do not use acronyms) City of Oallbey Division, Board, Department, District, if applicable Your Position board member oversight board ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Position: \_ Agency: \_ 2. Jurisdiction of Office (Check at least one box) State ☐ Judge or Court Commissioner (Statewide Jurisdiction) ☐ Multi-County \_ County of \_\_\_ Acity of Oakley Other \_ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2017, through Leaving Office: Date Left \_\_\_\_/\_\_\_/\_ December 31, 2017. (Check one) O The period covered is January 1, 2017, through the date of December 31, 2017. O The period covered is \_\_\_\_\_/\_\_\_\_, through Assuming Office: Date assumed \_\_\_\_/\_ 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 (Business or Agency Address Recommended - Public Document) oakley E-MAIL ADDRESS (925) 628-5019 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 30 Mar 2018 Signature 2 (File the originally signed statement with your filing official.)



041600128-NFH-0128

1170279

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

A PUBLIC DOCUMENT

Date Initial Filing Received

Official Use Only

STATEMENT OF ECONOMIC INTERESTS 8 2018

COVER PAGE CITY OF OAKLEY

Please type or print in ink. (FIRST) (MIDDLE) NAME OF FILER (LAST) Volta, Eric 1. Office, Agency, or Court Agency Name (Do not use acronyms) Contra Costa County Division, Board, Department, District, if applicable Your Position Superintendent School District - Liberty Union High ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: \*SEE ATTACHED FOR ADDITIONAL POSITIONS Position: \_ 2. Jurisdiction of Office (Check at least one box) ☐ Judge or Court Commissioner (Statewide Jurisdiction) State X County of Contra Costa ☐ Multi-County \_\_\_ Other \_ City of \_ 3. Type of Statement (Check at least one box) Leaving Office: Date Left \_\_\_\_\_\_\_\_\_ X Annual: The period covered is January 1, 2017, through (Check one) December 31, 2017 -or-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 the date Assuming Office: Date assumed \_\_\_\_/\_\_ 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: \_\_\_\_3\_\_\_ Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached X Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -Or-■ None - No reportable interests on any schedule 5. Verification ZIP CODE MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) 94513 Brentwood CA 20 Oak Street E-MAIL ADDRESS DAYTIME TELEPHONE NUMBER 925 ) 634-2166 voltae@luhsd.net I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Signature \_ Eric Volta Date Signed \_03/14/2018 (File the originally signed statement with your filing official.) (month, day, year)

# STATEMENT OF ECONOMIC INTERESTS COVER PAGE Expanded Statement Attachment

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name

Eric Volta

\* This table lists all positions including the primary position listed in the Office, Agency, or Court section of the Cover Page.

Agency	Division/Board/Dept/District	Position	Type of Statement
Contra Costa County	School District - Liberty Union High	Superintendent	Annual 1/1/2017 - 12/31/2017
City of Brentwood		Oversight Board Member to the RDA Successor Agency	Annual 1/1/2017 - 12/31/2017
City of Oakley		Oversight Board Member to the RDA Successor Agency	Annual 1/1/2017 - 12/31/2017

#### SCHEDULE D Income - Gifts

			L-7/A	YAY
CALIF	ORNIA I	ORM		
FAIR POL	TICAL PRA	CTICES C	OMMISSI	ON
Name				
Volta,	Eric			

	- 41		I NAME OF SOUR	CE (Not an Acronym)	
NAME OF SOURCE	E (Not an Acronym)		11		
Indoor Enviro	nmental Servi	ces	Sylvania (n		
ADDRESS (Busines		le)		ess Address Acceptab vale Street	le)
1512 Silica A Sacramento, C			Willmingham		
	BUSINESS ACTIVITY, IF ANY, OF SOURCE			/ITY, IF ANY, OF SOU	RCE
Solar					<u>-</u>
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 10 / 17	\$ 53.33	Golf	-   <u>02 / 10/ 17</u>	<u>\$ 53.33</u>	Golf
	\$		.	. \$	-
				_	
	\$		·	- \$	7
NAME OF SOURCE	E (Not an Acronym)		► NAME OF SOUR	CE (Not an Acronym)	
Collins			Lathrop Con	struction	
ADDRESS (Busines	s Address Acceptab	le)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ess Address Acceptab	/e)
1902 Channel			4001 Park R		
Sacramento, C	,	DOC	Benica, ca	ATY, IF ANY, OF SOU	IPCE
BUSINESS ACTIVIT	ry, if any, of sou	KUE	DOSINESS ACTIV	7111, III XXII, OF 300	1101
<u> </u>			Constructio		A SUMMER OF THE SUMER OF THE S
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 10 / 17	\$53.33	Golf		\$ 96.85	See's Candy for Office
	\$		.	\$	
	\$	and the second s	.   i	\$	
► NAME OF SOURCE	E (Not an Acronym)		► NAME OF SOUR	CE (Not an Acronym)	
ADDRESS (Busines	ss Address Acceptab	le)	ADDRESS (Busin	ADDRESS (Business Address Acceptable)	
BUSINESS ACTIVIT	ry, if any, of sou	RCE	BUSINESS ACTIV	/ITY, IF ANY, OF SOU	IRCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
q = r	s			\$	
	•		-	Ψ	
	\$	The second secon	-	<b>\$</b>	
	\$	No. of Particular Control of Particular Cont	_	<u> </u>	
Comments:					
Comments:					