

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received

Filed Date: 01/02/2024 11:30 AM SAN: FPPC

Please type or print in ink.

	E OF FILER (LAST)	(FIRST)	(MIDDLE)	
			·	
An	duri	Carl	Enoch	
1. (Office, Agenc	y, or Court		
1	Agency Name (Do	o not use acronyms)		
	City of Lafaye	tte		
[Division, Board, De	epartment, District, if applicable	Your Position	
			City Council Member	
-	► If filing for multi	ple positions, list below or on an attachment		
	r in ming for man	pro promotio, not below at an amademical	per net dec desergines	
	Agency:		Position:	
2.	Jurisdiction (of Office (Check at least one box)		
	State	,	☐ Judge, Retired Judge, Pro Tem Jud	ge or Court Commissioner
L			(Statewide Jurisdiction)	go, or court commiscional
[Multi-County		County of	
[City of Lafay			
			*	
3.	Type of State	ement (Check at least one box)	_	
[Dec	period covered is January 1, 2023, through ember 31, 2023.	Leaving Office: Date Left (Check one of	
		period covered is/	., through The period covered is January of leaving office.	1, 2023, through the date
[Assuming Of	fice: Date assumed/		, through
[Candidate:	Date of Election and	fice sought, if different than Part 1:	
4.	Schedule Su	mmary (required) ► Tot	number of pages including this cover page	e: 2
	Schedules a			
	C Schodulo	A-1 - Investments – schedule attached	Schedule C - Income, Loans, & Business F	Positions – schedule attached
	_	A-2 - Investments – schedule attached	Schedule D - Income - Gifts - schedule at	
		B - Real Property – schedule attached	Schedule E - Income – Gifts – Travel Payr	
	_	, ,		
-0	r- 🗌 None -	No reportable interests on any sche	ule	
5. \	Verification			
	MAILING ADDRESS	STREET ddress Recommended - Public Document)	CITY STATE	ZIP CODE
		lo Blvd Ste 210	Lafayette CA S	94549-3793
100	DAYTIME TELEPHONE		EMAIL ADDRESS	
((925) 299-3	3210		
		sonable diligence in preparing this statement attached schedules is true and complete.	have reviewed this statement and to the best of my know sknowledge this is a public document.	wledge the information contained
	·	· ·	of California that the foregoing is true and correct.	
J		04/00/0004 44 00 44		A 1 .
1	Date Signed	01/02/2024 11:30 AM (month, day, year)	Signature Carl Enoch (File the originally signed paper statem	

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name Carl Anduri

>	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	I►	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
	3345 Rowland Drive	П	
	CITY	П	CITY
	Lafayette	Ш	
	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 / 23 / 23 / 23 / 23 / 23 / 23 / 23 / 23 / 23 / 24 / 25		FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED Over \$1,000,000
	NATURE OF INTEREST	П	NATURE OF INTEREST
	▼ Ownership/Deed of Trust		Ownership/Deed of Trust Easement
	Leasehold Other		Leasehold Other
	IF RENTAL PROPERTY, GROSS INCOME RECEIVED	Ш	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
	S0 - \$499 S500 - \$1,000 S1,001 - \$10,000	Ш	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
	▼ \$10,001 - \$100,000	П	\$10,001 - \$100,000 OVER \$100,000
	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. None Ash Golani		SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
*	You are not required to report loans from a commercia business on terms available to members of the public loans received not in a lender's regular course of busin	with	out regard to your official status. Personal loans and
	NAME OF LENDER*		NAME OF LENDER*
	ADDRESS (Business Address Acceptable)		ADDRESS (Business Address Acceptable)
	BUSINESS ACTIVITY, IF ANY, OF LENDER		BUSINESS ACTIVITY, IF ANY, OF LENDER
	INTEREST RATE TERM (Months/Years)		INTEREST RATE TERM (Months/Years)
	% None		% None
	HIGHEST BALANCE DURING REPORTING PERIOD		HIGHEST BALANCE DURING REPORTING PERIOD
	\$500 - \$1,000 \$1,001 - \$10,000		\$500 - \$1,000 \$1,001 - \$10,000
	S10,001 - \$100,000 OVER \$100,000		S10,001 - \$100,000 OVER \$100,000
	Guarantor, if applicable		Guarantor, if applicable
Co	mments:	II J	

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

Filed Date: 03/27/2024 02:22 PM SAN: FPPC

Ple	ease type or print in ink.		5		3
ME OF FILER (LAST) (FIRST)		(FIRST)	=	(MIDDLE)	
Ca	andell	Susan		E.	
1.	Office, Agency, or Court				
	Agency Name (Do not use acronyms)				
	City of Lafayette				
	Division, Board, Department, District, if applicable		Your Position		d
			City Council Mem	ber	
	► If filing for multiple positions, list below or on an	attachment. (Do not use	9————		
	Agency:		Position:		
	Jurisdiction of Office (Check at least one	e box)			*
	State	·	Judge, Retired Judge, (Statewide Jurisdiction)		dge, or Court Commissioner
	Multi-County		County of		
	☒ City of Lafayette				
-	Type of Statement (about allowed and be				
ა.	Type of Statement (Check at least one bo			. "	
	Annual: The period covered is January 1, 202 December 31, 2023.	23, through		e Leπ (Check one	circle.)
)	The period covered is/	/, through	The period covered of leaving office.	ed is Januar	y 1, 2023, through the date
	Assuming Office: Date assumed	1	•••		through
	Candidate: Date of Election	and office sought,	if different than Part 1:		
4	Schedule Summary (required)	► Total number	of pages including this	cover nad	Y0' 10
	Schedules attached	P Total Hamber	or pages including this	cover pag	ge: <u>12</u>
	Schedule A-1 - Investments – schedule atta	ached 🔀	Schedule C - Income, Loans,	& Business	Positions – schedule attached
	Schedule A-2 - Investments - schedule atta	<u> </u>	Schedule D - Income – Gifts		
	Schedule B - Real Property – schedule atta	_	Schedule E - Income – Gifts	– Travel Paj	yments – schedule attached
-0	or- None - No reportable interests on	any schedule			
5.	Verification				
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	S	TATE	ZIP CODE
	3675 Mt Diablo Blvd Ste 210	Lafaye	tte	CA	94549-3793
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		,
	(925) 284-1968		scandell@lovelafayette	<u> </u>	
	I have used all reasonable diligence in preparing this herein and in any attached schedules is true and co			est of my kno	owledge the information contained
	I certify under penalty of perjury under the laws	of the State of Californ	ia that the foregoing is true a	nd correct.	
_)	Date Signed 03/27/2024 02:22 PM	Si	ignature 5	Susan E.	Candell
	(month, day, year)		J		ement with your filing official.)

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

Investments must be itemized. Do not attach brokerage or financial statements. CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

Name

Susan Candell

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
3M	Alcon
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Industrial Products	Medical
FAIR MARKET VALUE	FAIR MARKET VALUE
▼ \$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other (Describe)	NATURE OF INVESTMENT X Stock Other (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:
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Abbott Laboratories	American Express Company
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Pharmaceutical	Banking Financial
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 X \$10,001 - \$100,000	\$2,000 - \$10,000 X \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	X Stock Other (Describe)
Partnership O Income Received of \$0 - \$499	Partnership () Income Received of \$0 - \$499
Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 23	, , 23
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Accenture PLC Ireland Calss A New	Apple Inc
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Business Services	Tech
FAIR MARKET VALUE \$2,000 - \$10,000 \$\overline{\mathbb{X}}\$\$10,001 - \$100,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$\begin{align*} \begin{align*}
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Qver \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other	X Stock Other
Partnership () Income Received of \$0 - \$499	Partnership () Income Received of \$0 - \$499
Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
)	

Comments: _

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

Investments must be itemized. Do not attach brokerage or financial statements. CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

Name

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Arthur J Gallagher & Company	Carrier Global Corp
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Insurance	Transportation
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	X \$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other(Describe)	Stock Other(Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ / 23 / / 23	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
BCE Inc New	Cisco Systems Inc
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Telecom	Tech
FAIR MARKET VALUE	FAIR MARKET VALUE
X \$2,000 - \$10,000	× \$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other (Describe)	Stock Other(Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Becton Dickinson & Company	Coca Cola
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Medical	Food
FAIR MARKET VALUE	FAIR MARKET VALUE
× \$2,000 - \$10,000	x \$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other (Describe)	X Stock Describe
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
○ Income Received of \$500 or More (Report on Schedule C)	○ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Comments:	

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

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

Name

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Colgate-Palmolive	Deere & Company
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Consumer Market	Automotive
FAIR MARKET VALUE	FAIR MARKET VALUE
▼ \$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership Oncome Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Corteva Inc	Diageo Plc New Sponsored Adr
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Agriculture	Consumer Defensive
FAIR MARKET VALUE	FAIR MARKET VALUE
※ \$2,000 - \$10,000	▼ \$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	X Stock Other (Describe)
(Describe) Partnership O Income Received of \$0 - \$499	(Describe) Partnership (Income Received of \$0 - \$499
Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 23 , , 23	, , 23 , , , 23
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Costco Whsl Corp New	Dow Inc
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Retail	Chemical
FAIR MARKET VALUE	FAIR MARKET VALUE
X \$2,000 - \$10,000	X \$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock (Describe)	Stock Other (Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)	☐ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
<i>)</i>	X)
Comments:	

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

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

Name

Susan Candell

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
DuPont De Nemours	Eversource Energy
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Chemical	Utility
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \times \$10,001 - \$100,000	
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other (Describe)	X Stock Other(Describe)
Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 23 , , 23	/ / 23 / / 23
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Emerson Electric Company	General Mills Inc
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Utility	Consumer Goods
FAIR MARKET VALUE \$2,000 - \$10,000	FAIR MARKET VALUE
	\$2,000 - \$10,000
	Φ100,001 + Φ1,000,000 Over ψ1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	X Stock Other (Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 23	, , 23 , , 23
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Energy Transfer LP	Genuine Parts Company
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Energy	Automotive
FAIR MARKET VALUE	FAIR MARKET VALUE
x \$10,000 x \$100,000	\$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other (Describe)	X Stock Other (Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
)	■®i

Comments: _

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

Investments must be itemized. Do not attach brokerage or financial statements. CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

Name

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Illinois Tool Works Inc	Kraft Heinz Co
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Industrial Manufacturing	Consumer Goods
FAIR MARKET VALUE	FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ※ \$10,001 - \$100,000	X \$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other(Describe)	Stock Other(Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
○ Income Received of \$500 or More (Report on Schedule C)	○ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Intel Corp	Leggett & Platt Inc
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Semi	Manufacturing Goods
FAIR MARKET VALUE	FAIR MARKET VALUE
X \$2,000 - \$10,000	3 \$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other (Describe)	Stock Other (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)
O income Necessed of \$300 of More (Nepolt on Schedule C)	O income received of \$500 of twole (report of Scriedille C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 23	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	➤ NAME OF BUSINESS ENTITY
Johnson & Johnson	Lockheed Martin Corp
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Consumer and Pharma	Defense
FAIR MARKET VALUE	FAIR MARKET VALUE
X \$2,000 - \$10,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other (Describe)	X Stock Other (Describe)
Partnership O Income Received of \$0 - \$499	Partnership Olncome Received of \$0 - \$499
○ Income Received of \$500 or More (Report on Schedule C)	○ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Comments:	

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

Investments must be itemized. Do not attach brokerage or financial statements. CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

Name

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Lowes Companies Inc	Nestle SA Cham Et Vevey
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Retail	Consumer Goods
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 X \$10,001 - \$100,000	▼ \$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	MATURE OF INVESTMENT
Stock Other	NATURE OF INVESTMENT Stock Other
(Describe) Partnership () Income Received of \$0 - \$499	(Describe)
Income Received of \$500 or More (Report on Schedule C)	Partnership Oncome Received of \$0 - \$499 Oncome Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Microsoft Corp	Novartis AG Sponsored Adr
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Tech	Pharma
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000 \times \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other (Describe)	Stock Other(Describe)
Partnership O Income Received of \$0 - \$499	Partnership () Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Mondelez International Inc CL A	Oracle Corp
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Food Processing	Tech
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 X \$10,001 - \$100,000	\$2,000 - \$10,000 X \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other (Describe)	Stock Other (Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 23 , , , 23	, , 23
ACQUIRED DISPOSED	ACQUIRED DISPOSED
)	
Comments:	

SCHEDULE A-1

Investments

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

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

Name

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Otis Worldwide Corp	PPG Industries Inc
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Manufacturing	Paint
FAIR MARKET VALUE	FAIR MARKET VALUE
▼ \$2,000 - \$10,000	▼ \$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
	4.003,001 4.1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other (Describe)	Stock Other (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:
, , 23 , , , 23	/ / 23 / / 23
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Parker-Hannifin Corp	Price T Rowe Grp Inc
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Motion Control	Banking Financial
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 X \$10,001 - \$100,000	× \$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	
(Describe)	(Describe)
Partŋership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership Oncome Received of \$0 - \$499 Oncome Received of \$500 or More (Report on Schedule C)
Thousand Necessary of Annual Manual Stradule of	Theorne Necested of \$500 of World (Nepon on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Pfizer Inc	Proctor & Gamble Company
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Pharma	Consumer Goods
FAIR MARKET VALUE	FAIR MARKET VALUE
× \$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other	X Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Oncome Received of \$0 - \$499 Oncome Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 23 , , , 23	, , 23 05 , 03 , 23
ACQUIRED DISPOSED	ACQUIRED DISPOSED
J	
Comments:	

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

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

Name

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Prologis Inc	Southwest Gas Corp
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Real Estate	Oil and Gas
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 X \$10,001 - \$100,000	★ \$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership Oncome Received of \$0 - \$499 Oncome Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Raytheon Company New	Target Corp
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Defense	Retail
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 X \$10,001 - \$100,000	☐ \$2,000 - \$10,000 X \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other(Describe)	Stock Other (Describe)
Partnership O Income Received of \$0 - \$499	(Describe) Partnership Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Siemens A G Spons Adr	Tesla Inc
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Manufacturing	Automotive
FAIR MARKET VALUE	FAIR MARKET VALUE
X \$2,000 - \$10,000	\$2,000 - \$10,000 \qquad \qqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqq
\$100,001 - \$1,000,000 Over \$1,000,000	
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock (Describe)	X Stock Other (Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
○ Income Received of \$500 or More (Report on Schedule C)	○ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
<i>)</i>	•
Comments:	

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

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

Name

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Texas Instruments Inc	Visa Inc Class A
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Computer	Financial
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 X \$10,001 - \$100,000	★ \$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	MATURE OF INVESTMENT
NATURE OF INVESTMENT Stock Other Other	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Truist Financial Corp	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Finance	
FAIR MARKET VALUE	FAIR MARKET VALUE
	\$2,000 - \$10,000
X \$2,000 - \$10,000 □ \$100,001 - \$100,000 □ \$100,001 - \$1,000,000 □ Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
(Describe) Partnership (Income Received of \$0 - \$499	(Describe) Partnership (Income Received of \$0 - \$499)
☐ Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	/ / 23 / / 23
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
VF Corp	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Apparel	
FAIR MARKET VALUE	FAIR MARKET VALUE
	\$2,000 - \$10,000
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Oncome Received of \$0 - \$499 Oncome Received of \$500 or More (Report on Schedule C)
IF ADDITIONAL F. LIGT DATE	
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Comments:	

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Susan Candell

▶ 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Whiting and Whiting Medical Corporation	
Name 1 Country Club Plaza, Orinda, CA	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one Trust, go to 2 Business Entity, complete the box, then go to 2	Check one Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS Medical Practice	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT X Partnership Sole Proprietorship Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION Partner	YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
	\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000
3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY
Name of Business Entity, if Investment, <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 <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 J_ / 23 J_ / 23 S100,001 - \$1,000,000 ACQUIRED DISPOSED 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 Other Other	Leasehold Other 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

Comments: _____

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

	DRNIA FORM 700 TICAL PRACTICES COMMISSION
Name	
	Susan Candell

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Carl Zeiss Xray Microscopy, Inc	Whiting and Whiting Medical Corporation
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
5300 Central Pkwy, Dublin, CA	1 Country Club Plaza, Orinda, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Xray Microscopy	Medical Offic
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Image Quality Engineer	Internist
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 X 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.)	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, boal, etc.)
tend	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	Other
(Describe)	(Describe)
➤ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING	PERIOD
a retail installment or credit card transaction, made in	al lending institution, or any indebtedness created as part of the lender's regular course of business on terms available Il status. Personal loans and loans received not in a lender's ws:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	% None
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	City
\$1,001 - \$10,000	
\$10,001 - \$100,000	Guarantor
OVER \$100,000	Other(Describe)
Comments:	



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received

A PUBLIC DUCUNIEI

Filed Date: 03/04/2024 03:13 PM SAN: FPPC

Please type or print in ink. AME OF FILER (LAST) (FIRST) (MIDDLE) Dawson Regina Martin 1. Office, Agency, or Court Agency Name (Do not use acronyms) City of Lafayette Division, Board, Department, District, if applicable Your Position City Council Member ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: __ 2. Jurisdiction of Office (Check at least one box) State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) Multi-County County of _____ City of Lafayette Other 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2023, through Leaving Office: Date Left _____/__ December 31, 2023. (Check one circle.) The period covered is ______, through The period covered is January 1, 2023, through the date of leaving office. December 31, 2023. -or-_______, through The period covered is ____ Assuming Office: Date assumed ____/____ the date of leaving office. Candidate: Date of Election _____ and office sought, if different than Part 11___ 4. Schedule Summary (required) ► 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 D - Income - Gifts - schedule attached Schedule A-2 - Investments - 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 MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 3675 Mt. Diablo Blvd Ste. 210 CA Lafayette 94549-3793 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS (925)299-3210 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. 03/04/2024 03:13 PM Regina Martin Dawson **Date Signed** Signature (month, day, year) (File the originally signed paper statement with your filing official.)

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

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name

Regina Dawson

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Alphabet Inc. Class A/C	Tesla Inc.
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Technology	Automotive
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 X Over \$1,000,000	× \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Oncome Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Meta Platforms (formerly Facebook Inc.)	Zoetis Inc.
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Technology	Animal Health
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	X \$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other(Describe)
Partnership O Income Received of \$0 - \$499	Partnership Olncome Received of \$0 - \$499
○ Income Received of \$500 or More (Report on Schedule C)	○ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , , 23	, , 23
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Microsoft Corp.	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Technology	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 X \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (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 DISPOSED	ACQUIRED DISPOSED
,	A:
Comments:	

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received

Filed Date: 02/13/2024 01:32 PM SAN: FPPC

Please type or print in ir	nk.			SAN: FPPC
AME OF FILER (LAST)	(FIRST)		(MIDDLE	()
Gerringer	Teresa	a	В	
1. Office, Agency,	or Court			
Agency Name (Do no	ot use acronyms)			
City of Lafayette				
	tment, District, if applicable	You	ur Position	
		0	it. O il M b	
If filing for multiple	positions, list helew or on an attachme		ity Council Member	
► If filling for filluluple	positions, list below or on an attachmen	nt. (Do not use acronyms	5)	
Agency:		Po	osition:	
2. Jurisdiction of	Office (Check at least one box)			
State			-	m Judge, or Court Commissioner
		·	Statewide Jurisdiction)	
Multi-County			county of	-
□ City of Lafayett	te		other	
2. Type of Ctotom	ant out to the			
	ent (Check at least one box)	 7		01 , 23 , 2024
	iod covered is January 1, 2023, througl per 31, 2023.	h 🗵 I	Leaving Office: Date Left _	one circle.)
-or-			·	
	iod covered is// per 31, 2023.	,	of leaving office.	nuary 1, 2023, through the date
			or-	
Assuming Oπice	: Date assumed//		the date of leaving office.	
Candidate: Date	of Election and	d office sought if different	than Part 1	
		2 omoo coagni, ii amoroni	stati rate is	
4. Schedule Sumn		tal number of pages	s including this cover	page: 4
Schedules atta	ched			
Schedule A-1	- Investments - schedule attached	Schedule	e C - Income, Loans, & Busi	ness Positions - schedule attached
Schedule A-2	- Investments - schedule attached	Schedule	e D - Income - Gifts - sche	dule attached
Schedule B -	Real Property - schedule attached	Schedule	e E - Income – Gifts – Trave	l Payments - schedule attached
-or- □ None - No	reportable interests on any sch	edule		
5. Verification				
MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
3675 Mt. Diablo	s Recommended - Public Document)	Lafayette	CA	94549
DAYTIME TELEPHONE NUI		EMAIL ADDR		94049
(925) 284-196	88		erster@gmail.com	
	able diligence in preparing this statemen			y knowledge the information contained
	ched schedules is true and complete.			
I certify under penalt	y of perjury under the laws of the St	ate of California that the	e foregoing is true and cor	rect.
)				
Date Signed	02/13/2024 01:32 PM	Signature _		B Gerringer
	(month, day, year)		riie the originally signed pape	er statement with your filing official.)

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

Investments must be itemized. Do not attach brokerage or financial statements. CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

Name

Teresa Gerringer

▶ 1	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	Bank of America	
C	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	Financial Services	
F	FAIR MARKET VALUE	FAIR MARKET VALUE
Г	\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
Ĩ	\$100,001 - \$1,000,000 X Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
N	NATURE OF INVESTMENT	NATURE OF INVESTMENT
2	X Stock Other (Describe)	Stock Other(Describe)
	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
11	F APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	/ / 24	, , 24 , , , 24
-	ACQUIRED DISPOSED	ACQUIRED DISPOSED
	IAME OF BUOINESS ENTITY	NAME OF BUOINESS FAITITY
• (NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	8	
,	· · · · · · · · · · · · · · · · · · ·	
F	AIR MARKET VALUE	FAIR MARKET VALUE
Ļ	\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000
×. L] \$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
) ,	NATURE OF INVESTMENT	NATURE OF INVESTMENT
-	Stock Other	Stock Other
	(Describe)	(Describe)
	Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
	○ Income Received of \$500 or More (Report on Schedule C)	○ Income Received of \$500 or More (Report on Schedule C)
16	F APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
=		
	ACQUIRED DISPOSED	ACQUIRED DISPOSED
▶ N	IAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	•	
G	SENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
- -	AIR MARKET VALUE	FAIR MARKET VALUE
	\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
F	\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
L		
Ľ	ATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
_	(Describe)	(Describe)
L	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)
15	F APPLICABLE, LIST DATE:	
11		IF APPLICABLE, LIST DATE:
_		
Y	ACQUIRED DISPOSED	ACQUIRED DISPOSED
J.		
Con	nments:	

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Teresa Gerringer

NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
	NAME OF SOURCE OF INCOME
Contra Costa County Board of Supervisors ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
3361 Walnut Boulevard, Suite 140	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
20	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legislative / Government YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Chief of Staff	TOOK BOSINESS FOSTHON
GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$1,001 - \$10,000	GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 X OVER \$100,000	\$10,001 - \$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.)
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 P	ERIOD
a retail installment or credit card transaction, made in the	lending institution, or any indebtedness created as part of ne lender's regular course of business on terms available status. Personal loans and loans received not in a lender's s:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
<u></u>	% None
ADDRESS (Business Address Acceptable)	
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	City
\$1,001 - \$10,000	•
\$10,001 - \$100,000	Guarantor
OVER \$100,000	Other(Describe)
V.	(Describe)
Comments:	

SCHEDULE D Income – Gifts



Teresa Gerringer

NAME OF SOURCE (Not an Acronym) League of CA Cities	► NAME OF SOURCE (Not an Acronym)
League of CA Cities	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1400 K Street, Sacramento, CA 95814	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy / Member Education	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
08 / 23 / 23 \$83.00 Meal/Exec. Meeting	\$
	\$
	\$
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)
	\$
	\$



STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Date Initial Filing Received

A PUBLIC DOCUMENT

Filed Date: 03/22/2024 06:38 PM

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Please type or print in ink. AME OF FILER (LAST) (FIRST) (MIDDLE) Kwok Wei-Tai 1. Office, Agency, or Court Agency Name (Do not use acronyms) City of Lafayette Division, Board, Department, District, if applicable Your Position City Council Member ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: __ 2. Jurisdiction of Office (Check at least one box) State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) Multi-County County of ______ □ City of Lafayette 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2023, through Leaving Office: Date Left ____ December 31, 2023. (Check one circle.) The period covered is January 1, 2023, through the date The period covered is _______, through of leaving office. December 31, 2023. 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 (required) ► 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 D - Income - Gifts - schedule attached Schedule A-2 - Investments - 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 MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 3675 Mount Diablo Blvd, Ste 210 Lafayette CA 94549 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS 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. 03/22/2024 06:38 PM Wei-Tai Kwok **Date Signed** Signature (month, day, year) (File the originally signed paper statement with your filing official.)

SCHEDULE A-1

Investments

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

Name Wei-Tai Kwok

CALIFORNIA FORM

FAIR POLITICAL PRACTICES COMMISSION

Investments must be itemized. Do not attach brokerage or financial statements.

► NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
Abbvie	Amazon
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Pharmaceuticals	Internet
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 X \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	▼ \$100,001 - \$1,000,000 ☐ Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
M out	
(Describe)	Other (Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schen	dule C) Partnership Oncome Received of \$0 - \$499 Oncome Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
Adobe	Boeing
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Software	Aerospace/Defense
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 X \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	× \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other	X Stock Other
(Describe)	(Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Scheduler)	dule C) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Alibaba	Carrier
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Internet	Building Products & Equipment
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 X \$10,001 - \$100,000	\$2,000 - \$10,000 X \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other	X Stock Other
(Describe)	(Describe)
☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on School)	tule C) Partnership Oncome Received of \$0 - \$499 Oncome Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 23	1 , 23 , , , 23
ACQUIRED DISPOSED	ACQUIRED DISPOSED
	11
Comments:	

SCHEDULE A-1

Investments

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

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name

Wei-Tai Kwok

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
CIGNA	Otis
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Healthcare Insurance	Industrial Machinery
FAIR MARKET VALUE	EAID MARKET VALUE
\$2,000 - \$10,000 × \$10,001 - \$100,000	\$2,000 - \$10,000 X \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other (Describe)	X Stock Other (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 DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Google	PPG Industries
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Communication Services	Paints/Coatings Manufacturer
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000 \overline{\times} \$10,001 - \$100,000 \overline{\times} \$100,000 \overline{\times} \$1,000,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)	○ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 23 , , , 23	/ / 23 / / 23
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Novartis	Raytheon
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Pharmaceuticals	Aerospace/Defense
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 X \$10,001 - \$100,000	\$2,000 - \$10,000 X \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other (Describe)	Stock Other (Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
○ Income Received of \$500 or More (Report on Schedule C)	○ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
)	
6	

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

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

Name Wei-Tai Kwok

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Visa	Fiserv
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Financial Services	IT Services / Technology
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 ★ \$10,001 - \$100,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other(Describe)	Stock Other(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	11 / 20 / 23 / 23 ACQUIRED DISPOSED
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Global Payments	Dow
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Payment Technology Software	Chemical Manufacturer
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000 \times \$10,001 - \$100,000 \times \$100,000 \times \$1,000,000 \times \$1,000,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
Partnership Olncome Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
○ Income Received of \$500 or More (Report on Schedule C)	☐ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
<u>11 / 20 / 23</u>	02 / 27 / 23
ACQUIRED DISPOSED	02 / 27 / 23 11 / 20 / 23 ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Lockheed Martin	First Solar
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Aerospace & Defense	Solar panel manufacturer
FAIR MARKET VALUE \$\int \\$2,000 - \\$10,000 \bar{\times} \\$10,001 - \\$100,000	FAIR MARKET VALUE
\$2,000 - \$10,000	
NATURE OF INVESTMENT X Stock	NATURE OF INVESTMENT X Stock
(Describe)	(Describe)
☐ Partnership ◯ Income Received of \$0 - \$499 ◯ Income Received of \$500 or More (Report on Schedule C)	Partnership Oncome Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
02 / 27 / 23	08 / 17 / 23 / / 23
ACQUIRED DISPOSED	ACQUIRED DISPOSED
)	II.
Comments:	

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Wei-Tai Kwok

1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Wei-Tai Kwok DBA Kwok Solar Consulting	
Name	Name
1123 Oak Hill Rd, Lafayette, CA 94549 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
Clean energy marketing, sales & strategic consulting	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
× \$0 - \$1,999 \$2,000 - \$10,000	\$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 X Sole Proprietorship Other	Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION Principal/Partner	YOUR BUSINESS POSITION
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
\$0 - \$499 \$10,001 - \$100,000	\$0 - \$499 \$10,001 - \$100,000
\$500 - \$1,000 X OVER \$100,000	\$500 - \$1,000 OVER \$100,000
<u> </u> \$1,001 - \$10,000	\$1,001 - \$10,000
3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	➤ 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	☐ None or ☐ Names listed below
Ice Bear SPV #1 LLC	
Sunman Energy Co., Ltd.	
▶ 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 <u>BY</u> THE BUSINESS ENTITY OR TRUST
Check one box: INVESTMENT REAL PROPERTY	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	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
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 \$10,001 - \$100,000	\$2,000 - \$10,000
\$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 │
Leasehold Other	Leasehold Other 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
and disserted	are diagraph

Comments: _

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Wei-Tai Kwok

► NAME OF SOURCE	E (Not an Acronym	1)	► NAME OF	SOURC	E (Not an Acronyn	n)
ClimateOne /	Commonweal	th Club of CA	Ш			
ADDRESS (Busines	ss Address Accepta	able)	ADDRESS	S (Busines	s Address Accepta	able)
110 The Emb	arcadero, SF,	CA	11			
BUSINESS ACTIVI			BUSINES	S ACTIVI	TY, IF ANY, OF S	OURCE
501c3 educati	ional organiza	tion	11			
	VALUE	DESCRIPTION OF GIFT(S)	DATE (mr	m/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 31 / 23	<u>\$</u> 75	Meal	/_	_/	\$	
	\$				\$	
	\$	·			\$	
► NAME OF SOURC	E (Not an Acronym	n)	► NAME OF	FSOURC	E (Not an Acronyn	1)
ADDRESS (Busines	ss Address Accepta	able)	ADDRESS	S (Busines	ss Address Accepta	able)
BUSINESS ACTIVI	ITY, IF ANY, OF SO	OURCE	BUSINES	S ACTIVI	TY, IF ANY, OF S	OURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mr	n/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	P=====================================			\$	<u> </u>
/	\$:			\$	-
	\$	-		_/	\$	
► NAME OF SOURC	E (Not an Acronym	1)	► NAME OF	SOURC	E (Not an Acronyn	7)
ADDRESS (Busines	ss Address Accepta	ible)	ADDRESS	S (Busines	s Address Accepta	ble)
BUSINESS ACTIVI	TY, IF ANY, OF SO	OURCE	BUSINES	S ACTIVI	TY, IF ANY, OF S	OURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mr	n/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	(\$	
	\$:=====		_/	\$	
	\$		/_		\$	
Comments						
· ·						

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

	ORNIA FORM 700 ITICAL PRACTICES COMMISSION
Name	
19 <u> </u>	Wei-Tai Kwok

- · Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

3	
▶ NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
Ice Bear SPV #1 LLC	Sunman Energy Co., Ltd.
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
650 Fifth Ave, 17th FI	PO Box 4342, Road Town, Tortola
CITY AND STATE	CITY AND STATE
New York NY	British Virgin Islands
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE Thermal Energy Storage Manufacturer	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE Solar Panel Manufacturer
DATE(S):// AMT: \$5,677.00	DATE(S):/
► MUST CHECK ONE: Gift -or- X Income	► MUST CHECK ONE: Gift -or-X Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description Reimbursement for travel & related expenses.	Other - Provide Description
▶ If Gift, Provide Travel Destination	▶ If Gift, Provide Travel Destination
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S):/ AMT: \$	DATE(S):/
► MUST CHECK ONE: ☐ Gift -or- ☐ Income	► MUST CHECK ONE: Gift -or- Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
► If Gift, Provide Travel Destination	► If Gift, Provide Travel Destination
Comments:	

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Date Initial Filing Received

A PUBLIC DOCUMENT

Filed Date: 08/05/2024 11:19 AM SAN: FPPC

NAME OF FILER (LAST) (FIRST) (MIDDLE) Farzan Farshad 1. Office, Agency, or Court Agency Name (Do not use acronyms) City of Lafayette Division, Board, Department, District, if applicable Your Position Planning Commissioner ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: ___ 2. Jurisdiction of Office (Check at least one box) State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) Multi-County County of X City of Lafayette 3. Type of Statement (Check at least one box) 🗵 Leaving Office: Date Left 07 / 01 / Annual: The period covered is January 1, 2023, through December 31, 2023. (Check one circle.) The period covered is ______ through The period covered is January 1, 2023, through the date of leaving office. December 31, 2023. (x) The period covered is 01 / 01 / 2024, through the date of leaving office. _____ and office sought, if different than Part 1:__ Candidate: Date of Election ____ 4. Schedule Summary (required) ► 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 D - Income - Gifts - schedule attached Schedule A-2 - Investments - 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 MAILING ADDRESS CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 3675 Mt Diablo Blvd Ste 210 Lafayette CA 94549-3793 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS (925)299-3210 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. 08/05/2024 11:19 AM Date Signed Signature Farshad Farzan (month, day, year) (File the originally signed paper statement with your filing official.)

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

Investments must be itemized. Do not attach brokerage or financial statements. CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name

Farshad Farzan

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Amneal Pharmaceuticals, Inc.	Block, Inc. (formerly Square)
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Pharmaceuticals	Financial Tachnology
	Financial Technology FAIR MARKET VALUE
FAIR MARKET VALUE \$2,000 - \$10,000 \$\overline{X}\$10,001 - \$100,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	
	Star Alfandan
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other (Describe)	X Stock Other (Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 24 06 , 28 , 24	/ / 24 / / 24
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
Apple, Inc.	JP Morgan Chase
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	Doubing
Technology	Banking
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	X Stock Other (Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
○ Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 24	, , 24 , , 24
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Bank of America	Logitech Inc.
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Danking	To also also as
Banking	Technology
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	X \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock (Describe)	X Stock (Describe)
Partnership O Income Received of \$0 - \$499	Partnership Olncome Received of \$0 - \$499
○ Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 24 , , 24	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
	11

Comments: _

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

Investments must be itemized. Do not attach brokerage or financial statements. CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

Name

Farshad Farzan

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Microsoft Corporation	UiPath
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Technology	Software
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 X \$10,001 - \$100,000	▼ \$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe)	(Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Olncome Received of \$0 - \$499 Olncome Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 24 , , 24	1 / 24 / 24
ACQUIRED DISPOSÉD	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
NIO	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Automotive	
Automotive	
FAIR MARKET VALUE	FAIR MARKET VALUE
x \$2,000 - \$10,000 x \$10,001 - \$100,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other(Describe)
(Describe) Partnership () Income Received of \$0 - \$499	(Describe) Partnership () Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 24 , , 24	, , 24 , , 24
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
SoFi Technologies	I William St. Boomed Entity
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
GENERAL DESCRIPTION OF THIS BOSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Lending	<u> </u>
FAIR MARKET VALUE	FAIR MARKET VALUE
X \$2,000 - \$10,000	\$2,000 - \$10,000 S10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
Partnership O Income Received of \$0 - \$499	Partnership Olncome Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 24 , , , 24	1 , , 24 , , 24
ACQUIRED DISPOSED	ACQUIRED DISPOSED
3025	II NOGONIES SIOI OCES
Comments:	
COMMENS.	

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Farshad Farzan

	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Logitech Inc.	·
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
3930 N. First St., San Jose, CA 95134	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Technology	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Dep. General Counsel/Chief Compliance Officer	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Onl
\$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
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Decedite)	(Describe)
(Describe)	(Describe)
(Describe) (Describe)	(Describe)
Other	Other(Describe)
Other	Other (Describe) al lending institution, or any indebtedness created as part of the lender's regular course of business on terms available al status. Personal loans and loans received not in a lender'
* You are not required to report loans from a commerci a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as followable of Lender*	Other (Describe) al lending institution, or any indebtedness created as part of the lender's regular course of business on terms available al status. Personal loans and loans received not in a lender' lender's:
* You are not required to report loans from a commerci a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as followable of Lender*	Other
* You are not required to report loans from a commerci a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable)	Other (Describe) al lending institution, or any indebtedness created as part of the lender's regular course of business on terms available at status. Personal loans and loans received not in a lender's tws: INTEREST RATE TERM (Months/Years) None SECURITY FOR LOAN
* You are not required to report loans from a commerci a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable)	Other (Describe) al lending institution, or any indebtedness created as part of the lender's regular course of business on terms available at status. Personal loans and loans received not in a lender's tws: INTEREST RATE TERM (Months/Years) None SECURITY FOR LOAN
* You are not required to report loans from a commerci a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable)	Other
* You are not required to report loans from a commerci a retail installment or credit card transaction, made in to members of the public without regard to your officiar regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	Other
* You are not required to report loans from a commerci a retail installment or credit card transaction, made in to members of the public without regard to your officiar regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	Other
* You are not required to report loans from a commerci a retail installment or credit card transaction, made in to members of the public without regard to your officiar regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD	Other
* You are not required to report loans from a commerci a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	Other
* You are not required to report loans from a commerci a retail installment or credit card transaction, made in to members of the public without regard to your officiar regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000	Other



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received

Please type or print in ink.

Filed Date: 03/11/2024 03:59 PM SAN: FPPC

AME OF FILER (LAST)	(FIRST)	(MIDDLE)
Farzan	Farshad	
1. Office, Agency, or Cour	rt	
Agency Name (Do not use acro	onyms)	
City of Lafayette	• ,	
Division, Board, Department, Dis	strict, if applicable	Your Position
		Planning Commissioner
► If filing for multiple positions,	list below or on an attachment.	
Agency:		Position:
2. Jurisdiction of Office	Check at least one box)	
<u> </u>	onoun at roads one boxy	Under Retired hades Pre Tiers hades as Court Commissioner
State		Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
★ City of Lafayette		Othor
2 Type of Statement (ch.	ale at least one hand	
3. Type of Statement (Che		Discourse Officer Data Left
Annual: The period covered December 31, 202		Leaving Office: Date Left/(Check one circle.)
-or- The period covere	ed is/	. through
December 31, 202		of leaving office.
Assuming Office: Date as	ssumed/	
Candidate: Date of Electio	n and of	ffice sought, if different than Part 1:
4. Schedule Summary (re	equired) > Total	number of pages including this cover page: 4
Schedules attached	quii ou j	number of pages including this cover page:4
Schedule A-1 - Investme	ents - schedule attached	Schedule C - Income, Loans, & Business Positions – schedule attached
Schedule A-2 - Investme		Schedule D - Income – Gifts – schedule attached
Schedule B - Real Prope		Schedule E - Income - Gifts - Travel Payments - schedule attached
	,	
-or- None - No reporta	ble interests on any sched	lule
5. Verification		
MAILING ADDRESS STRI (Business or Agency Address Recommen		CITY STATE ZIP CODE
3675 Mt Diablo Blvd Ste	·	Lafayette CA 94549-3793
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
(925) 299-3210		
		I have reviewed this statement and to the best of my knowledge the information contained showledge this is a public document.
-		of California that the foregoing is true and correct.
1		
	024 03:59 PM	Signature Farshad Farzan (File the originally signed paper statement with your filing official.)
(mont	th, day, year)	rrie ine originaliy signed paper statement with your filing omcial.)

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

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

Name

Farshad Farzan

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Amneal Pharmaceuticals, Inc.	JP Morgan Chase
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Pharmaceuticals	Banking
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 X \$10,001 - \$100,000	\$2,000 - \$10,000 \times \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
(Describe)	X Stock (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 of Infore (Report on Schedule C)	☐ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 23, 23	, , 23
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
Apple, Inc. GENERAL DESCRIPTION OF THIS BUSINESS	Logitech Inc. GENERAL DESCRIPTION OF THIS BUSINESS
Technology	Technology
FAIR MARKET VALUE	FAIR MARKET VALUE
	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	× \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other (Describe)	X Stock Other (Describe)
(Describe) Partnership (Income Received of \$0 - \$499	(Describe) Partnership (Dincome Received of \$0 - \$499)
Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
·	
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Bank of America	Microsoft Corporation
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Banking	Technology
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 X \$10,001 - \$100,000	\$2,000 - \$10,000 🔀 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other	X Stock Other
Partnership O Income Received of \$0 - \$499	Partnership () Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	, and the second
	/ , 23 / , 23
ACQUIRED DISPOSED	ACQUIRED DISPOSED
)	
Comments:	

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

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

Name

Farshad Farzan

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
NIO	UiPath
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Automotive	Software
FAIR MARKET VALUE	FAIR MARKET VALUE
▼ \$2,000 - \$10,000	× \$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
ANATURE OF INVESTMENT	MATURE OF INVESTMENT
NATURE OF INVESTMENT Stock	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership Oncome Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
SoFi Technologies	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Lending	
FAIR MARKET VALUE	FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe) Partnership () Income Received of \$0 - \$499	(Describe) Partnership (Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IE ADDITIONE E LIOT DATE:	15 ADDI (AD) 5 HOT DATE
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Block, Inc. (formerly Square)	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Financial Technology	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
▼ \$100,001 - \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other (Describe)	Stock Other (Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	/ / 23 / / 23
ACQUIRED DISPOSED	ACQUIRED DISPOSED
)	i e
Comments:	

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

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION							
Name							
Farshad Farzan							

Com	nments:		
			Other (Describe)
_	VER \$100,000		
_	10,001 - \$10,000		Guarantor
_	1,001 - \$10,000		City
	500 - \$1,000		7
HIGH	SEST BALANCE DURING REPORTING PERIOD		Real PropertyStreet address
20011			— Pool Bronoth
BUSII	NESS ACTIVITY, IF ANY, OF LENDER		None Personal residence
ADDR	RESS (Business Address Acceptable)		SECURITY FOR LOAN
4000	DECO (Business Address Associately)		% None
NAME	E OF LENDER*		INTEREST RATE TERM (Months/Years)
a to	retail installment or credit card transaction, made in	the al st	e lender's regular course of business on terms available tatus. Personal loans and loans received not in a lender's
			ending institution, or any indebtedness created as part of
	(Describe) LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING	 	(Describe)
☐ Ot	ther		Other
-	(Describe)		(Describe)
☐ C	commission or Rental Income, list each source of \$10,000 or more		Commission or Rental Income, list each source of \$10,000 or more
Lo	oan repayment		Loan repayment
∐ Sa	ale of(Real property, car, boat, etc.)		Sale of(Real property, car, boat, etc.)
so	artnership (Less than 10% ownership. For 10% or greater use chedule A-2.)		Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
_	alary 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.)
CONS	SIDERATION FOR WHICH INCOME WAS RECEIVED		CONSIDERATION FOR WHICH INCOME WAS RECEIVED
=	500 - \$1,000		\$500 - \$1,000\$1,001 - \$10,000\$10,001 - \$100,000 OVER \$100,000
	SS INCOME RECEIVED No Income - Business Position Only		GROSS INCOME RECEIVED No Income - Business Position Only
Dep	p. General Counsel/Chief Compliance Officer		
	R BUSINESS POSITION		YOUR BUSINESS POSITION
Tec	chnology		
	INESS ACTIVITY, IF ANY, OF SOURCE		BUSINESS ACTIVITY, IF ANY, OF SOURCE
	30 N. First St., San Jose, CA 95134	$\parallel \parallel$	
	RESS (Business Address Acceptable)		ADDRESS (Business Address Acceptable)
	gitech Inc.		NAME OF SOURCE OF INCOME
	COME RECEIVED E OF SOURCE OF INCOME	77	NAME OF SOURCE OF INCOME



STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Initial Filing Received

A PUBLIC DOCUMENT

Filed Date: 01/02/2024 01:11 PM SAN: FPPC

Please type or print in ink.				JAN.1110			
AME OF FILER (LAST)	(FIRST)		(M!DDLE)				
Huisingh	Gary						
1. Office, Agency, or Court							
Agency Name (Do not use acronyms,)						
City of Lafayette							
Division, Board, Department, District, i	f applicable	Your Position					
, -F							
16 FP. 1 Fam. 107 1 90 0 11 1	J		Commissioner				
► if filing for multiple positions, list be	- If filing for multiple positions, list below or on an attachment. (Do not use acronyms)						
Agency:		Position:					
2. Jurisdiction of Office (Check	k at least one box)						
State	·	□.ludae Reti	ired Judge Pro Tem In	dge, or Court Commissioner			
		(Statewide	-	ago, or court commissioner			
Multi-County		County of					
City of Lafayette		Other					
3. Type of Statement (Check at	least one box)						
★ Annual: The period covered is J	anuary 1, 2023, through	Leaving (Office: Date Left	<u> </u>			
December 31, 2023.	, ,		(Check one				
-or- The period covered is _	, throu	gh	eriod covered is Januar	y 1, 2023, through the date			
December 31, 2023.		of leav	ring office.				
Assuming Office: Date assume	d/	The pe	eriod covered is te of leaving office.	//, through			
Candidate: Date of Election and office sought, if different than Part 1:							
I. Schedule Summary (requir	Schedule Summary (required) ► Total number of pages including this cover page: 1						
Schedules attached	,	9	Jane parai pa				
Schedule A-1 - Investments –	schedule attached	Schedule C - Inco	me, Loans, & Business	Positions - schedule attached			
Schedule A-2 - Investments –			me - Gifts - schedule				
Schedule B - Real Property –				yments - schedule attached			
concadio b - nour roperty -	CONSTRUCTION						
-or- 🗵 None - No reportable ii	nterests on any schedule						
5. Verification	deta dir diriy doriradio						
MAILING ADDRESS STREET	CITY	,	STATE	ZIP CODE			
(Business or Agency Address Recommended - F	Public Document)						
3675 Mt Diablo Blvd Ste 210	Laf	ayette	CA	94549-3793			
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS					
(925) 299-3210							
I have used all reasonable diligence in herein and in any attached schedules				owledge the information contained			
I certify under penalty of perjury un	der the laws of the State of Cal	lifornia that the foregoir	g is true and correct.				
Date Signed 01/02/2024	01:11 PM	Signature	Gary Hu	isinah			
Date Signed 01/02/2024		olynature /ca	the originally sidned names state	ment with your filing official)			

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received Filing Official Use Only

Filed Date: 03/24/2024 10:45 AM SAN: FPPC

7	ME OF FILER (LAST)	(FIRST)	(MIDDLE)
La	aBonge	Stephen	
1.	Office, Agency, or Court		
	Agency Name (Do not use acronyms)		
	City of Lafayette		
	Division, Board, Department, District, if applicable		Your Position
			Planning Commissioner
	► If filing for multiple positions, list below or on an	attachment. (Do not u	
	Agency:		Position:
2	Jurisdiction of Office (Check at least one	hox	
	State	DON	Under Datical hides Do Too hides as Court Coursisions
	State		Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
	Multi-County		County of
	☑ City of Lafayette		Other
3.	Type of Statement (Check at least one bo	y)	
٠.	★ Annual: The period covered is January 1, 202	<u> </u>	Leaving Office: Date Left/
	December 31, 2023.	o, unough	(Check one circle.)
Š,	-or- The period covered is	, through	The period covered is January 1, 2023, through the date
)	December 31, 2023.		of leaving officeor-
	Assuming Office: Date assumed/		The period covered is/, through the date of leaving office.
	Candidate: Date of Election	and office sough	t, if different than Part 1:
4.	Schedule Summary (required)	► Total numbe	r of pages including this cover page:
	Schedules attached		7 5 7 5
	Schedule A-1 - Investments – schedule atta	ched [Schedule C - Income, Loans, & Business Positions – schedule attached
	Schedule A-2 - Investments - schedule atta		Schedule D - Income - Gifts - schedule attached
	Schedule B - Real Property - schedule atta	-	Schedule E - Income - Gifts - Travel Payments - schedule attached
-or- None - No reportable interests on any schedule			
5.	Verification		
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE
	3675 Mt Diablo Blvd Ste 210	Lafay	ette CA 94549-3793
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
	(925) 299-3210		
	I have used all reasonable diligence in preparing this herein and in any attached schedules is true and co		ewed this statement and to the best of my knowledge the information contained at this is a public document.
	I certify under penalty of perjury under the laws	of the State of Califor	rnia that the foregoing is true and correct.
)	D (0) 1 02/24/2024 40:45 AM		Otenhan La Da
1	Date Signed 03/24/2024 10:45 AM (month, day, year)	====	Signature Stephen LaBonge (File the originally signed paper statement with your filing official.)

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

Investments must be itemized. Do not attach brokerage or financial statements. CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Amazon	Costco
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Sell everything	Retailer
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \times \$10,001 - \$100,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe) Partnership (Income Received of \$0 - \$499	(Describe) Partnership (Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Biomarin Pharmaceutical Inc	CVS HEALTH
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Pharmaceutical company	RETAIL PHARMACY
FAIR MARKET VALUE	FAIR MARKET VALUE
× \$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other(Describe)	Stock Other (Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
CANO Health	Disney
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Health Company	Entertainment Company
FAIR MARKET VALUE	FAIR MARKET VALUE
x \$2,000 - \$10,000	<u>\$2,000 - \$10,000</u> <u>\$10,001 - \$100,000</u>
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock	Stock Other (Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Oncome Received of \$0 - \$499 Oncome Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE;	IF APPLICABLE, LIST DATE:
<u>, , 23</u> <u>12 , 05 , 23</u>	, , 23 , , , 23
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Comments:	

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

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

Name

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
FACEBOOK	Sysco Foods
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
SOCIAL MEDIA COMPANY	Food distribution company
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 X \$10,001 - \$100,000	 \$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other (Describe)	Stock Other (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 DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Moderna Inc	Tesla
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Pharmaceutical Company	Electric Car manufacture
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 X \$10,001 - \$100,000	× \$2,000 - \$10,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other (Describe)	Stock Other (Describe)
Partnership () Income Received of \$0 - \$499	Partnership () Income Received of \$0 - \$499
○ Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
REGENCY CENTER	VISA INC
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
REAL ESTATE REIT	FINACIAL SERVICES COMPANY
FAIR MARKET VALUE	FAIR MARKET VALUE
∑ \$2,000 - \$10,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other (Describe)	Stock Other (Describe)
Partnership O Income Received of \$0 - \$499	Partnership Olncome Received of \$0 - \$499
○ Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
<i>.</i>	a)
Comments:	

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

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

Name

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Nvidia	AMD
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Chip maker	Chip maker
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 X \$10,001 - \$100,000	\$2,000 - \$10,000 \times \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
	* ************************************
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock (Describe)	X Stock (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:
12 / 07 / 23	12 , 07 , 23
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,000 \$100,000 Over \$1,000,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other(Describe)
Partnership O Income Received of \$0 - \$499	Partnership (Income Received of \$0 - \$499
Income Received of \$500 or More (Report on Schedule C)	○ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	/ / 23 / / 23
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	➤ NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
SENERAL PESSAN HON OF THIS BOSINESS	SENERAL DECOMPTION OF THIS BOOMESS
2	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other Describe
Partnership O Income Received of \$0 - \$499	Partnership () Income Received of \$0 - \$499
Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 23	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
	scomes Biol OOLD
/	
Comments:	

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 7 FAIR POLITICAL PRACTICES COMMISSION Name

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
233-092-006-3 00	A SOCIOCO TARGEL NORMER ON CITALET ABBRECO
CITY	CITY
LAFAYETTE CA	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 10,001 - \$100,000 23 23 23 23 23 23 24 24	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
X Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	of interest, list the name of each tenant that is a single source of income of \$10,000 or more.
X None	None None
X None	None
X None	L_I None
You are not required to report loans from a comme business on terms available to members of the pub	rcial lending institution made in the lender's regular course of blic without regard to your official status. Personal loans and
You are not required to report loans from a comme business on terms available to members of the publicans received not in a lender's regular course of b	rcial lending institution made in the lender's regular course of olic without regard to your official status. Personal loans and business must be disclosed as follows:
You are not required to report loans from a comme business on terms available to members of the pub	rcial lending institution made in the lender's regular course of blic without regard to your official status. Personal loans and
You are not required to report loans from a comme business on terms available to members of the publicans received not in a lender's regular course of b	rcial lending institution made in the lender's regular course of olic without regard to your official status. Personal loans and business must be disclosed as follows:
You are not required to report loans from a comme business on terms available to members of the publicans received not in a lender's regular course of business of LENDER*	rcial lending institution made in the lender's regular course of olic without regard to your official status. Personal loans and ousiness must be disclosed as follows: NAME OF LENDER*
You are not required to report loans from a comme business on terms available to members of the put loans received not in a lender's regular course of business (Business Address Acceptable)	rcial lending institution made in the lender's regular course of olic without regard to your official status. Personal loans and ousiness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
You are not required to report loans from a comme business on terms available to members of the put loans received not in a lender's regular course of business (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	rcial lending institution made in the lender's regular course of polic without regard to your official status. Personal loans and pusiness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
You are not required to report loans from a comme business on terms available to members of the put loans received not in a lender's regular course of business (Business Address Acceptable) BUSINESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	rcial lending institution made in the lender's regular course of olic without regard to your official status. Personal loans and ousiness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
You are not required to report loans from a comme business on terms available to members of the put loans received not in a lender's regular course of business (Business Address Acceptable) BUSINESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE Whone	rcial lending institution made in the lender's regular course of polic without regard to your official status. Personal loans and pusiness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) Mone
You are not required to report loans from a comme business on terms available to members of the put loans received not in a lender's regular course of business (Business Address Acceptable) BUSINESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) Mone HIGHEST BALANCE DURING REPORTING PERIOD	rcial lending institution made in the lender's regular course of olic without regard to your official status. Personal loans and ousiness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
You are not required to report loans from a comme business on terms available to members of the put loans received not in a lender's regular course of business (Business Address Acceptable) BUSINESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) HIGHEST BALANCE DURING REPORTING PERIOD \$1,001 - \$10,000	rcial lending institution made in the lender's regular course of polic without regard to your official status. Personal loans and pusiness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000

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

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Stephen LaBonge

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Full time job	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
4424 Treat Blvd, Concord CA	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
CVS Health	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Director RE	
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 \qquad \qquad \$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
X Salary	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)	75
	(Describe)
Other(Describe)	Other(Describe)
► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PE	ERIOD
a retail installment or credit card transaction, made in the	status. Personal loans and loans received not in a lender's
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Puninger Address Assertation)	% None
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN
DUSINESS ACTIVITY IF ANY OF LENDED	None Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER	
9	Real PropertyStreet address
HIGHEST BALANCE DURING REPORTING PERIOD	
<u>\$500 - \$1,000</u>	City
\$1,001 - \$10,000	Guarantor
\$10,001 - \$100,000	
OVER \$100,000	Other
	(Describe)
Comments:	



Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Date Initial Filing Received

A PUBLIC DOCUMENT

Filed Date: 02/25/2024 02:09 PM SAN: FPPC

AME OF FILER (LAST)	(FIRST)	(MIDDLE)	
Mason	Gregory		
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
City of Lafayette			
Division, Board, Department, District, if applicable		Your Position	
		Planning Commissioner	
► If filing for multiple positions, list below or on a	n attachment. (Do not use acroi		
Agency:		Position:	
2. Jurisdiction of Office (Check at least of	ne box)		
State	· .	Judge, Retired Judge, Pro Tem Judge, or Court Commissioner	
	_	(Statewide Jurisdiction)	
Multi-County		County of	
☑ City of Lafayette		Other	
3. Type of Statement (Check at least one t		*	
	_	Leaving Offices Data Laft	
Annual: The period covered is January 1, 2 December 31, 2023.	ozs, tillough	Leaving Office: Date Left/(Check one circle.)	
-or- The period covered is/	_/, through	The period covered is January 1, 2023, through the date	
December 31, 2023.	. 0	of leaving officeor-	
Assuming Office: Date assumed/_	<u> </u>	O The period covered is, through	
		the date of leaving office.	
Candidate: Date of Election	and office sought, if diffe	erent than Part 1:	
4. Schedule Summary (required)	► Total number of pa	nges including this cover page: 3	
Schedules attached		**************************************	
Schedule A-1 - Investments - schedule at	ttached X Sche	edule C - Income, Loans, & Business Positions - schedule attached	
Schedule A-2 - Investments – schedule at		edule D - Income - Gifts - schedule attached	
Schedule B - Real Property - schedule at	tached Sche	dule E - Income - Gifts - Travel Payments - schedule attached	
an D Nama N			
-or- None - No reportable interests on any schedule			
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document	CITY ()	STATE ZIP CODE	
3675 Mt Diablo Blvd Ste 210	Lafayette	CA 94549-3793	
DAYTIME TELEPHONE NUMBER	EMAIL	ADDRESS	
(925) 299-3210	nie statement. I have reviewed this	s statement and to the best of my knowledge the information contained	
herein and in any attached schedules is true and	ns statement. I have reviewed thi complete. I acknowledge this is	is statement and to the best of my knowledge the information contained a public document.	
I certify under penalty of perjury under the law	s of the State of California tha	t the foregoing is true and correct.	
)			
Date Signed 02/25/2024 02:09 PN	1 Signatu	Gregory Mason	

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION Name

Gregory Mason

▶ 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
LSMA, Inc.	
Name P.O.Box 2035, Walnut Creek CA 94595	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 Civil engineering	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Partnership Sole Proprietorship Corporation Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION President	YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
\$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000	\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000
3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 10,001 - \$100,000 100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

Comments: ____

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name	
Gregory Mason	

► 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
West Coast Code Consultants	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
5000 Executive Parkwayb Suite 510	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Engineering/consulting	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Senior Structural Engineer	
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
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
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, cer, 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 PE	RIOD
a retail installment or credit card transaction, made in the	tatus. Personal loans and loans received not in a lender's
	w
ADDRESS (Business Address Acceptable)	%
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
HIGHEST BALANCE DURING REPORTING PERIOD	Real PropertyStreet address
\$500 - \$1,000	
\$1,001 - \$10,000	City
	Guarantor
<u> </u> \$10,001 - \$100,000	
U OVER \$100,000	Other
Y.	(Describe)
Comments:	

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received

Filed Date: 03/27/2024 06:55 PM

SAN: FPPC

2. Jurisdiction of Office (Check at least one box) State State Multi-County Lafayette 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2023, through December 31, 2023. The period covered is	SAN.TIT C
1. Office, Agency, or Court Agency Name (Do not use acronyms) City of Lafayette Division, Board, Department, District, if applicable Planning Commis Position: 2. Jurisdiction of Office (Check at least one box) State State State County of County of County of Annual: The period covered is January 1, 2023, through December 31, 2023. Or- The period covered is January 1, 2023, through December 31, 2023. Or- Assuming Office: Date assumed Assuming Office: Date assumed Candidate: Date of Election and office sought, if different than Part 1: Schedule Summary (required) Schedules attached Schedule A-1 - Investments - schedule attached Schedule B - Real Property - schedule attached Schedule B - Real Property - schedule attached Schedule B - Real Property - schedule attached None - No reportable interests on any schedule None - No reportable interests on any schedule CITY (Russness or Agency Address Recommended - Public Document) 3675 Mt Diablo Blvd Ste 210 Lafayette	(MIDDLE)
Agency Name (Do not use acronyms) City of Lafayette Division, Board, Department, District, if applicable Planning Commis Planning Commis Planning 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, Retired Judge, (Statewide Jurisdiction) Multi-County County of County of Annual: The period covered is January 1, 2023, through December 31, 2023. The period covered is	
City of Lafayette Division, Board, Department, District, if applicable Planning Commis ▶ 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, Retired Judge, (Statewide Jurisdiction Multi-County County of X City of Lafayette 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2023, through December 31, 2023. The period covered is	
Division, Board, Department, District, if applicable Planning Commis ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency:	
Planning Commis ▶ 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	
Agency:	
Agency:	sioner
Agency:	Sioner
2. Jurisdiction of Office (Check at least one box) State State State State State State in Judge, Retired Judge, (Statewide Jurisdiction County of County of Other 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2023, through December 31, 2023. The period covered is O3 , 30 , 2023 through December 31, 2023. The period covered is December 31, 2023. Assuming Office: Date assumed	
State Judge, Retired Judge, (Statewide Jurisdiction Multi-County County of	
State Judge, Retired Judge, (Statewide Jurisdiction Multi-County County of City of Lafayette Other	
(Statewide Jurisdiction Multi-County County of	Pro Tom Judgo, or Court Commissioner
X City of Lafayette Other 3. Type of Statement (Check at least one box) X Annual: The period covered is December 31, 2023. Leaving Office: Date December 31, 2023. -or- The period covered is December 31, 2023. The period covered is Of leaving office. Assuming Office: Date assumed	
X City of Lafayette Other 3. Type of Statement (Check at least one box) X Annual: The period covered is December 31, 2023. Leaving Office: Date December 31, 2023. -or- The period covered is December 31, 2023. The period covered is Of leaving office. Assuming Office: Date assumed	
3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2023, through December 31, 2023. The period covered is December 3	
Annual: The period covered is January 1, 2023, through December 31, 2023. The period covered is December 31, 2023. The period covered is December 31, 2023. The period covered is December 31, 2023. Assuming Office: Date assumed January 1, 2023, through Office: Office. Assuming Office: Date assumed January 1, 2023, through Office: Office. The period covered is December 31, 2023. The period covered is	
December 31, 2023. The period covered is	
The period covered is December 31, 2023. Substituting December 31, 2023. The period cover of leaving office. Assuming Office: Date assumed	e Left/(Check one circle.)
December 31, 2023. Assuming Office: Date assumed	ed is January 1, 2023, through the date
the date of leavin Candidate: Date of Election and office sought, if different than Part 1:	
A. Schedule Summary (required) ► Total number of pages including this Schedules attached Schedule A-1 - Investments – schedule attached Schedule C - Income, Loans Schedule A-2 - Investments – schedule attached Schedule D - Income – Gifts Schedule B - Real Property – schedule attached Schedule E - Income – Gifts Or- None - No reportable interests on any schedule MAILING ADDRESS STREET CITY (Business or Agency Address Recommended - Public Document) 3675 Mt Diablo Blvd Ste 210 Lafayette	ed is/, through g office.
Schedules attached Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts Schedule B - Real Property - schedule attached Schedule E - Income - Gifts Or- None - No reportable interests on any schedule None - No reportable interests on any schedule Nailing Address Street City (Business or Agency Address Recommended - Public Document) 3675 Mt Diablo Blvd Ste 210 Lafayette	
Schedules attached Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts Schedule B - Real Property - schedule attached Schedule E - Income - Gifts Or- None - No reportable interests on any schedule None - No reportable interests on any schedule Nailing Address Street City (Business or Agency Address Recommended - Public Document) 3675 Mt Diablo Blvd Ste 210 Lafayette	COVOR DOGO!
Schedule A-1 - Investments – schedule attached Schedule C - Income, Loans, Schedule D - Income – Gifts Schedule B - Real Property – schedule attached Schedule E - Income – Gifts Or- □ None - No reportable interests on any schedule MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) 3675 Mt Diablo Blvd Ste 210 Schedule C - Income, Loans, Schedule C - Income, Loans, Schedule C - Income, Loans, Schedule D - Income – Gifts City Schedule B - Income – Gifts Schedule E - Income – Gifts City Schedule B - Income – Gifts Lafayette	cover page: 2
Schedule A-2 - Investments – schedule attached Schedule D - Income – Gifts Schedule B - Real Property – schedule attached Schedule E - Income – Gifts Or- None - No reportable interests on any schedule Verification MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) 3675 Mt Diablo Blvd Ste 210 Lafayette	& Business Positions – schedule attached
Schedule B - Real Property – schedule attached Schedule E - Income – Gifts Or- None - No reportable interests on any schedule None - No reportable interests on any schedule Note - No reportable interests on any schedule Note - No reportable interests on any schedule CITY (Business or Agency Address Recommended - Public Document) 3675 Mt Diablo Blvd Ste 210 Lafayette	
-Or- None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET CITY (Business or Agency Address Recommended - Public Document) 3675 Mt Diablo Blvd Ste 210 Lafayette	- Travel Payments - schedule attached
MAILING ADDRESS STREET CITY (Business or Agency Address Recommended - Public Document) 3675 Mt Diablo Blvd Ste 210 Lafayette	
MAILING ADDRESS STREET CITY (Business or Agency Address Recommended - Public Document) 3675 Mt Diablo Blvd Ste 210 Lafayette	
(Business or Agency Address Recommended - Public Document) 3675 Mt Diablo Blvd Ste 210 Lafayette	
3675 Mt Diablo Blvd Ste 210 Lafayette	TATE ZIP CODE
	CA 94549-3793
	CA 94049-0790
(925) 299-3210	
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the behave 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	est of my knowledge the information contained
02/07/2004 00:55 554	
Date Signed 03/27/2024 06:55 PM Signature (File the originally signature)	

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

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

John McCormick

Name

▶ 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Lamorinda Music, Inc	
Name	Name
81 Lafayette Circle, Lafayette CA 95459 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
Music Instrument Store, Repairs, Lessons	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$0 - \$1,999 \$2,000 - \$10,000 / /23 / /23	\$0 - \$1,999 \$2,000 - \$10,000 \$2,000 - \$10,000 \$2,000 - \$10,000
\$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 Partnership Sole Proprietorship S-Corporation Other	NATURE OF INVESTMENT
Partnership Sole Proprietorship X Other	Partnership Sole Proprietorship Other
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 TO THE ENTITY/TRUST)
■ \$0 - \$499 ■ \$10,001 - \$100,000	□ \$0 - \$499 □ \$10,001 - \$100,000
S500 - \$1,000 OVER \$100,000	\$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 (Attach a separate sheet if necessary.)
None or Names listed below	None or Names listed below
1	
▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:	LEASED BY THE BUSINESS ENTITY OR TRUST 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
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:
\$10,001 - \$100,000	\$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	\$100,001 - \$1,000,000 ACQUIRED DISPOSED 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
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
ı	I

Comments: ___



Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

A PUBLIC DOCUMENT

Date Initial Filing Received

Filed Date: 02/20/2024 11:43 AM SAN: FPPC

VAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Radonich	Anna	
1. Office, Agency	, or Court	
Agency Name (Do	not use acronyms)	
City of Lafayet	<u> </u>	
	partment, District, if applicable	Your Position
		Planning Commissioner
► If filing for multin	ole positions, list below or on an attachment.	
P II IIIII 9 101 III IIII	no positione, not below of on an attachment.	(DO NOT BOO GOTON) INC.
Agency:		Position:
2 Jurisdiction o	f Office (Check at least one box)	
	Office (Check at least one box)	
State		Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County		·
	otto	
City of Lafay	eue	Other
3. Type of State	ment (Check at least one box)	
Dece	period covered is January 1, 2023, through mber 31, 2023.	Leaving Office: Date Left/(Check one circle.)
	period covered is/	through The period covered is January 1, 2023, through the date of leaving office.
Assuming Off	ce: Date assumed//	•
Candidate: Da	ate of Election and off	ice sought, if different than Part 1:
4. Schedule Sun	nmary (required) > Total	number of pages including this cover page: 3
Schedules at	tached	
□ Schedule A	-1 - Investments – schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached
_	-2 - Investments – schedule attached	Schedule D - Income - Gifts - schedule attached
	- Real Property - schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
		_
-or- □ <i>None</i> -	No reportable interests on any schedu	ıle
5. Verification		
MAILING ADDRESS	STREET iress Recommended - Public Document)	CITY STATE ZIP CODE
3675 Mt Diable	•	Lafayette CA 94549-3793
DAYTIME TELEPHONE		EMAIL ADDRESS
(925) 299-3	210	
	onable diligence in preparing this statement. I ttached schedules is true and complete. I ack	have reviewed this statement and to the best of my knowledge the information contained knowledge this is a public document.
I certify under pen	alty of perjury under the laws of the State	of California that the foregoing is true and correct.
Date Signed	02/20/2024 11:43 AM	Signature Anna Radonich
	(month, day, year)	(File the originally signed paper statement with your filing official)

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 7 FAIR POLITICAL PRACTICES COMMISSION Name Anna Radonich

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
253 Washington Street	533 Kimball Road
CITY	CITY
Red Bluff, CA	Red Bluff, CA
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	▼ Ownership/Deed of Trust
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$1,001 - \$10,000
■ S10,001 - \$100,000	■ \$10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. X None	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. None
	I lending institution made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows:
NAME OF LENDER*	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
% None	% None
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
%————————————————————————————————————	

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Anna Radonich

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Stantec Consulting Services Inc.	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1340 Treat Blvd, Suite 300, Walnut Creek, CA 94597	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Principal Planner	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \qquad \qqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqq	\$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
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, boal, etc.)
	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other	Other
(Describe)	(Describe)
➤ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P	ERIOD
a retail installment or credit card transaction, made in th	lending institution, or any indebtedness created as part of ne lender's regular course of business on terms available status. Personal loans and loans received not in a lender's s:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	%
(SSTEED (SSSTEED FINANCE FROM FINANCE)	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
BOOMEOU AONVIN, II ANI, OF LENDER	
HIGHEST DALANCE DUDING DEPORTING DEDICA	Real PropertyStreet address
HIGHEST BALANCE DURING REPORTING PERIOD	
\$500 - \$1,000	City
	Guarantor
\$10,001 - \$100,000 	
OVER \$100,000	Other
	(Describe)
Comments:	



Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received

Filed Date: 03/27/2024 01:27 PM SAN: FPPC

			10 1	
11	ME OF FILER (LAST) (FIRST)		(MIDDLE)	
St	turm Krist	ina		
1.	Office, Agency, or Court			
	Agency Name (Do not use acronyms)			
	City of Lafayette			
	Division, Board, Department, District, if applicable		Your Position	
			Planning Commissioner	
	▶ If filing for multiple positions, list below or on an attachr	ment (Do not u		
	I ming to manaple positions, not below of on an attachm	none (Do not a	ase deconymay	
	Agency:		Position:	
_	lunia diation of Office (or			
۷.	Jurisdiction of Office (Check at least one box)			
	State		 Judge, Retired Judge, Pro Tem Judge, or Court Commissionel (Statewide Jurisdiction) 	r
	Multi-County		County of	25
	☒ City of Lafayette		Other	
 3.	Type of Statement (Check at least one box)			-
υ.				
	Annual: The period covered is January 1, 2023, thro December 31, 2023.	ugh	Leaving Office: Date Left/(Check one circle.)	
)	The period covered is//	, through	The period covered is January 1, 2023, through the date of leaving officeor-	
	Assuming Office: Date assumed//		The period covered is/, through the date of leaving office.	gh
	Candidate: Date of Election	and office sough	nt, if different than Part 1:	
1.	Schedule Summary (required)	Total numbe	er of pages including this cover page:	
	Schedules attached			
	Schedule A-1 - Investments – schedule attached	Γ	Schedule C - Income, Loans, & Business Positions - schedule attact	ned
	Schedule A-2 - Investments - schedule attached	L [Schedule D - Income - Gifts - schedule attached	
	Schedule B - Real Property – schedule attached	[Schedule E - Income – Gifts – Travel Payments – schedule attached	
		_		
-C	or- 🗵 None - No reportable interests on any s	chedule		
5.	Verification		,	
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE	
	3675 Mt Diablo Blvd Ste 210	Lafay	vette CA 94549-3793	
	DAYTIME TELEPHONE NUMBER	Laray	EMAIL ADDRESS	
	(925) 299-3210			
	I have used all reasonable diligence in preparing this statem herein and in any attached schedules is true and complete		iewed this statement and to the best of my knowledge the information cont e this is a public document	ained
	I certify under penalty of perjury under the laws of the			
ì	, , , , , , , , , , , , , , , , , , , ,			
1	Date Signed 03/27/2024 01:27 PM	;	Signature Kristina Sturm	
	(month, day, year)	ā	(File the originally signed paper statement with your filing official.)	



STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Date Initial Filing Received

Please type or print in ink.

A PUBLIC DOCUMENT Filed Date: 02/25/2024 06:10 PM SAN: FPPC

1	400-			
JM	ME OF FILER (LAST)	(FIRST)		(MIDDLE)
Sı	ubramanian	Malath	у	
1.	Office, Agency, or	Court		
	Agency Name (Do not us	se acronyms)		
	City of Lafayette			
	Division, Board, Departme	nt, District, if applicable		Your Position
				City Attorney
	► If filing for multiple pos	itions, list below or on an attachmer	nt. (Do not u	
	Agency:			Position:
2.	Jurisdiction of Of	Fice (Check at least one box)		
	State			☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
				(Statewide Jurisdiction)
	Multi-County			County of
	■ City of Lafayette			Other
3.	Type of Statemen	t (Check at least one box)		
	Annual: The period December	covered is January 1, 2023, through	ı	Leaving Office: Date Left/(Check one circle.)
)	-or-	covered is/	, through	 The period covered is January 1, 2023, 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	l office sough	nt, if different than Part 1:
1	Schedule Summai	v (required) > To	tal numba	r of pages including this cover page: 4
7.	Schedules attach		tai mumbe	r or pages including this cover page:4
			,	Schodula C. Income Loops & Pusings Positions schodule attached
	_	vestments – schedule attached	l	Schedule C - Income, Loans, & Business Positions – schedule attached Schedule D - Income – Gifts – schedule attached
		vestments – schedule attached	l	Schedule E - Income – Gifts – Travel Payments – schedule attached
	Schedule B - Rea	al Property – schedule attached	l	Solication of the state of the
-(or- 🗆 None - No re	eportable interests on any sch	edule	
5.	Verification	,		(6)
	MAILING ADDRESS	STREET	CITY	STATE ZIP CODE
	(Business or Agency Address Re 2001 N Main St Ste	·	Waln	ut Creek CA 94596-7274
	DAYTIME TELEPHONE NUMBE		vvaiii	EMAIL ADDRESS
	(925) 977-3303			MSubramanian@bbklaw.com
	<u> </u>	e diligence in preparing this statemen	t. I have rev	iewed this statement and to the best of my knowledge the information contained
		d schedules is true and complete.		
	I certify under penalty o	f perjury under the laws of the St	ate of Califo	rnia that the foregoing is true and correct.
	Date Signed 02	/25/2024 06:10 PM		Signature Malathy Subramanian
	Date digited 02	(month, day, year)		(File the originally signed paper statement with your filing official.)

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

Investments must be itemized. Do not attach brokerage or financial statements. CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

Name

Malathy Subramanian

▶	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	Apple Inc.	
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	Consumer electronics company	
	FAIR MARKET VALUE	FAIR MARKET VALUE
	 \$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
	\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
	(Describe)	(Describe)
	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership Oncome Received of \$0 - \$499 Oncome Received of \$500 or More (Report on Schedule C)
	O income Necesived of \$500 of More (Nepolt on Schedule C)	O income Received of \$500 of More (Report of Scriedale C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	ACQUIRED DISPOSED	ACQUIRED DISPOSED
▶	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	Best Best & Krieger LLP	
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	Law firm	
	FAIR MARKET VALUE	FAIR MARKET VALUE
	\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
	▼ \$100,001 - \$1,000,000 ☐ Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
)	NATURE OF INVESTMENT	NATURE OF INVESTMENT
	Stock Other (Describe)	Stock Other (Describe)
	(Describe) X Partnership Income Received of \$0 - \$499	(Describe) Partnership (Income Received of \$0 - \$499)
	Solution Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	ACQUIRED DISPOSED	ACQUIRED DISPOSED
▶	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	VistaGen Therapeutics, Inc.	
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	Biopharmaceutical Company	
	FAIR MARKET VALUE	FAIR MARKET VALUE
	\$2,000 - \$10,000	\$2,000 - \$10,000 / \$10,001 - \$100,000
	\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT	NATURE OF INVESTMENT
	Stock Describe	Stock Other (Describe)
	Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
	O Income Received of \$500 or More (Report on Schedule C)	○ Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
		/ / 23 / / 23
į.	ACQUIRED DISPOSED	ACQUIRED DISPOSED
)	.1.	R2
Co	omments:	

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

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Malathy Subramanian

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
South Silver Springs Partners	ThinkForward Strategies
Name	Name
40 Adeline Dr., Walnut Creek, CA 94596 Address (Business Address Acceptable)	40 Adeline Drive, Walnut Creek, CA 94596 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
Investment partnership	Legal and health policy consulting
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
X Partnership Sole Proprietorship Other	Partnership X Sole Proprietorship Other
YOUR BUSINESS POSITION n/a	YOUR BUSINESS POSITION n/a
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
■ \$0 - \$499 ■ \$10,001 - \$100,000	□ \$0 - \$499 □ \$10,001 - \$100,000
\$500 - \$1,000 OVER \$100,000	\$500 - \$1,000 X 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 (Attach a separate sheet if necessary.)
None or Names listed below	■ None or Names listed below
▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:	LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:
INVESTMENT REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Terraboost Media LLC	
Name of Business Entity, if Investment, or	Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property Media	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 <u>or</u> 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
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 Yrs. remaining Other	Leasehold Yrs. remaining 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

Comments: ___

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Malathy Subramanian

► 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Best Best & Krieger LLP	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
2001 N. Main St., #390, Walnut Creek, CA 94596	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law firm	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Partner - Equity	
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	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boal, 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	Other
(Describe) ▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PE	(Describe)
 You are not required to report loans from a commercial lear retail installment or credit card transaction, made in the 	ending institution, or any indebtedness created as part of e lender's regular course of business on terms available status. Personal loans and loans received not in a lender's
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Rusinoss Address Assentation	% None
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN
BURNIEGO A GTWITY IF ANY OF LEVER	SECURITY FOR LOAN None Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER	relative relative
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
<u>\$500 - \$1,000</u>	City
\$1,001 - \$10,000	
 \$10,001 - \$100,000	Guarantor
OVER \$100,000	_
	Other
	, ,
Comments:	



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received

Filed Date: 03/02/2024 01:44 PM SAN: FPPC

Please type or print is	in ink.				5/111.11110
AME OF FILER (LAST)	(FIRST)			(MIDDLE)	
Srivatsa	Niroop				
1. Office, Agency	y, or Court				
	not use acronyms)				
City of Lafayet	i i				
	partment, District, if applicable		Your Position		
, green, c	ala anadelana Bakibatan a a a a	-t /D- '	City Manager		
► IT TILING for multip	ple positions, list below or on an attachmer	nt. (Do not use ac	cronyms)		
Agency: SEE A	TTACHED LIST		Position;		
2 Jurisdiction o	of Office (Check at least one box)				
_	or other foliety at least one nox)		Dide- D-F 111	. D. T	Index or Count Or and 1
State			Judge, Retired Judge (Statewide Jurisdictio		Judge, or Court Commissioner
Multi-County			County of		
□ City of Lafay					_
		=//			
3. Type of State	ement (Check at least one box)				
	period covered is January 1, 2023, through ember 31, 2023.	1	Leaving Office: Da		 one circle.)
-or-	period covered is/	through	The period cover	ered is Jani	uary 1, 2023, through the date
	ember 31, 2023.		of leaving office		
Assuming Off	fice: Date assumed//				
Candidate: D	ate of Election and	office squaht if d	lifferent than Part 1:		
4. Schedule Sun	mmary (required) ► To	tal number of	pages including this	cover p	page: 7
Schedules at	ttached				
ズ Schedule A	A-1 - Investments – schedule attached	⊠ Sc	chedule C - Income, Loan	s, & Busine	ess Positions – schedule attached
=	A-2 - Investments – schedule attached		chedule D - Income - Gift		
Schedule B	3 - Real Property - schedule attached	□ Sc	chedule E - Income – Gifts	s – Travel	Payments – schedule attached
-or- □ None -	No reportable interests on any sch	edule			
5. Verification					
MAILING ADDRESS	STREET	CITY		STATE	ZIP CODE
,	dress Recommended - Public Document)				
3675 Mt Diable	o Blvd Ste 210	Lafayette	V-177	CA	94549-3793
(925)299-3		EM	AIL ADDRESS		
		t I have reviewed	this statement and to the	noot of	knowledge the information and the
	sonable diligence in preparing this statemen attached schedules is true and complete. I			vest of my	knowleage the information contained
l certify under pen	nalty of perjury under the laws of the Sta	ate of California t	hat the foregoing is true	and corre	ct.
Date Signed	03/02/2024 01:44 PM	Signa	tura	Niroon	Srivatsa
Date Oighed	(month, day, year)	Signa			statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS COVER PAGE ATTACHMENT

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Niroop Srivatsa

EXPANDED STATEMENT LIST

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
California Statewide Communities Development Authority		Alternate Commissioner of CSCDA	Multi-county All counties except Los Angeles.	Annual	01/01/23 - 12/31/23

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

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name Niroop Srivatsa

Investments must be itemized. Do not attach brokerage or financial statements.

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
AirBnB	Apple Inc
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Hospitality	Computors
FAIR MARKET VALUE	Computers FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \times \$10,000 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT X Stock	NATURE OF INVESTMENT
(Describe)	X Stock Other (Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership Oncome Received of \$0 - \$499 Oncome Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Ali Baba Group GENERAL DESCRIPTION OF THIS BUSINESS	Chevron Corp GENERAL DESCRIPTION OF THIS BUSINESS
online commerce	Oil and Gas
FAIR MARKET VALUE	FAIR MARKET VALUE
▼ \$2,000 - \$10,000	× \$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other (Describe)	Stock Other(Describe)
Partnership O Income Received of \$0 - \$499	Partnership Olncome Received of \$0 - \$499
○ Income Received of \$500 or More (Report on Schedule C)	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 23	/ / 23 / / 23
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Amazon, Inc.	Disney
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
online commerce	Entertainment
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 X \$10,001 - \$100,000	
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT X Stock Other
(Describe)	(Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Oncome Received of \$0 - \$499 Oncome Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 23 , , , 23	/ / 23 / / 23
ACQUIRED DISPOSED	ACQUIRED DISPOSED
J	1.1

Comments: __

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

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

Name

Niroop Srivatsa

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Duke Energy	Intercept Pharmaceuticals
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Energy	Pharma
FAIR MARKET VALUE	FAIR MARKET VALUE
x \$2,000 - \$10,000	X \$2,000 - \$10,000
\$100,001 - \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
NATURE OF INVESTMENT X Stock	NATURE OF INVESTMENT Stock Other
(Describe)	(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:
, , 23 , , , 23	, , 23 , , , 23
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Ecolab	Medtronics
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Water Hygiene and Energy Technology	Medical instruments
- Trater riggions and Energy realmonegy	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \times \$10,000	X \$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other(Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
○ Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 23 , , 23	/ / 23 / 23
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Grey Scale	Microsoft
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Finance	Software
FAIR MARKET VALUE	FAIR MARKET VALUE
X \$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other	X Stock (Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
)	
Comments:	

SCHEDULE A-1

Investments

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

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

Niroop Srivatsa

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Netflix	SalesForce
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Entertainment	Sales
FAIR MARKET VALUE	FAIR MARKET VALUE
■ \$2,000 - \$10,000	
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other (Describe)	Other(Describe)
Partnership Income Received of \$0 - \$499	Partnership (Income Received of \$0 - \$499
Income Received of \$500 or More (Report or	
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 23 , , , 23	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Nike	Tesla
	GENERAL DESCRIPTION OF THIS BUSINESS
GENERAL DESCRIPTION OF THIS BUSINESS	
Apparel	Automotive
FAIR MARKET VALUE	FAIR MARKET VALUE
X \$2,000 - \$10,000	\$2,000 - \$10,000 X \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499	Partnership Olncome Received of \$0 - \$499
O Income Received of \$500 or More (Report or	Schedule C) Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	11
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Pepsico	Twylo
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Food	Real Estate
	
FAIR MARKET VALUE	FAIR MARKET VALUE
X \$2,000 - \$10,000	X \$2,000 - \$10,000 S \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other (Describe)	X Stock Other (Describe)
Partnership O Income Received of \$0 - \$499	Partnership Olncome Received of \$0 - \$499
Income Received of \$500 or More (Report or	
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	11
ACQUIRED DISPOSED	ACQUIRED DISPOSED

Comments: _

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

Investments must be itemized. Do not attach brokerage or financial statements. CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name Niroop Srivatsa

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Verizon	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Communications	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other (Describe)	Stock Other(Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	
	► NAME OF BUSINESS ENTITY
Vertex	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Pharma	
FAID MADICET VALUE	FAID MADICET MANNE
FAIR MARKET VALUE \$2,000 - \$10,000 \$\begin{align*} \begin{align*} align*	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,000 Over \$1,000,000
	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other(Describe)
Partnership	Partnership () Income Received of \$0 - \$499
○ Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 23 , , , 23	/ / 23 / / 23
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Zoom	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Communications	
FAIR MARKET VALUE	FAIR MARKET VALUE
X \$2,000 - \$10,000 S \$10,001 - \$100,000	\$2,000 - \$10,000 \qquad \qqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqq
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other	Stock Other
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED

Comments: _

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION		
Name		
Niroop Srivatsa		

► 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Solecta	Kisan Organics LLC
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
4113 Avenida de la Plata, Oceanside, CA 92056	1330 Juanita Drive, Lafayette, CA 94595
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	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	▼ \$10,001 - \$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.)	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	Other
(Describe)	(Describe)
> 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING F	PERIOD
a retail installment or credit card transaction, made in the	l lending institution, or any indebtedness created as part of he lender's regular course of business on terms available status. Personal loans and loans received not in a lender's s:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Pusinger Address Association)	%
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN
PHOINTEGO ACTIVITY IF ANY OF LENDED	None Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER	
	Real PropertyStreet address
HIGHEST BALANCE DURING REPORTING PERIOD	5.000 5.55 5.55
\$500 - \$1,000	City
\$1,001 - \$10,000	Guarantor
\$10,001 - \$100,000	
OVER \$100,000	Other
)	(Describe)
Comments:	

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

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STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received

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Filed Date: 03/23/2024 10:51 AM SAN: FPPC

Annual: The period covered is January 1, 2023, through December 31, 2023. The period covered is	t Commissioner
Agency Name (Do not use acronyms) City of Lafayette Division, Board, Department, District, if applicable Ireasurer 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 State City of Lafayette 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2023, through December 31, 2023. The period covered is Joecember 31, 2023. Assuming Office: Date assumed Assuming Office: Date assumed Total number of pages including this cover page: 1 Schedule Summary (required) Schedule C - Income, Loans, & Business Positions – schedule attached Schedule C - Income, Loans, & Business Positions – schedule attached	t Commissioner
City of Lafayette Division, Board, Department, District, if applicable Treasurer	t Commissioner
Division, Board, Department, District, if applicable Treasurer If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: Position: Division of Office (Check at least one box) State Judge, Retired Judge, Pro Tem Judge, or Court C (Statewide Jurisdiction) Multi-County County of County of Annual: The period covered is January 1, 2023, through December 31, 2023. The period covered is, through December 31, 2023. Assuming Office: Date assumed, through December 31, 2023. Assuming Office: Date assumed, through December 31, 2023. The period covered is, through Decemb	t Commissioner
Treasurer If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency:	t Commissioner
Agency:	t Commissioner
Agency:	t Commissioner
2. Jurisdiction of Office (Check at least one box) State State Judge, Retired Judge, Pro Tem Judge, or Court County of Statewide Jurisdiction) County of County of Annual: The period covered is January 1, 2023, through December 31, 2023. The period covered is Journally Judge, Pro Tem Judge, or Court County of County of County of Leaving Office: Date Left Check one circle. The period covered is Journary 1, 2023, through December 31, 2023. The period covered is Journary 1, 2023, through December 31, 2023. The period covered is Journary 1, 2023, through Office: Date assumed The period covered is Journary 1, 2023, through of leaving office. The period covered is Journary 1, 2023, through of leaving office. The period covered is Journary 1, 2023, through of leaving office. The period covered is Journary 1, 2023, through of leaving office. The period covered is Journary 1, 2023, through of leaving office. The period covered is Journary 1, 2023, through of leaving office. The period covered is Journary 1, 2023, through of leaving office. The period covered is Journary 1, 2023, through of leaving office. The period covered is Journary 1, 2023, through of leaving office. The period covered is Journary 1, 2023, through of leaving office. The period covered is Journary 1, 2023, through of leaving office. The period covered is Journary 1, 2023, through of leaving office. The period covered is Journary 1, 2023, through of leaving office. The period covered is Journary 1, 2023, through of leaving office. The period covered is Journary 1, 2023, through of leaving office. The period covered is Journary 1, 2023, through of leaving office. The period covered is Journary 1, 2023, through of leaving office. The period covered is Journary 1, 2023, through of leaving office. The period covered is Journary 1, 2023, through of leaving office. The period covered is Journary 1, 2023, through of leaving office. The period covered is Journary 1, 2023, through of leaving office. The period covered is Jo	t Commissioner
State	
State	
Multi-County County of	
Image: Statement (Check at least one box) Image: Annual: The period covered is January 1, 2023, through December 31, 2023. Image: The period covered is January 1, 2023, through December 31, 2023. Image: The period covered is January 1, 2023, through December 31, 2023. Image: The period covered is January 1, 2023, through December 31, 2023. Image: The period covered is January 1, 2023, through December 31, 2023. Image: The period covered is January 1, 2023, through December 31, 2023. Image: The period covered is January 1, 2023, through December 31, 2023. Image: The period covered is January 1, 2023, through December 31, 2023. Image: The period covered is January 1, 2023, through December 31, 2023. Image: The period covered is January 1, 2023, through December 31, 2023. Image: The period covered is January 1, 2023, through December 31, 2023. Image: The period covered is January 1, 2023, through December 31, 2023. Image: The period covered is January 1, 2023, through December 31, 2023. Image: The period covered is January 1, 2023, through December 31, 2023. Image: The period covered is January 1, 2023, through December 31, 2023. Image: The period covered is January 1, 2023, through December 31, 2023. Image: The period covered is January 1, 2023, through December 31, 2023. Image: The period covered is January 1, 2023, through December 31, 2023. Image: The period covered is January 1, 2023, through December 31, 2023. Image: The period covered is January 1, 2023, through December 31, 2023. Image: The period covered is January 1, 2023, through December 31, 2023. Image: The	
3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2023, through December 31, 2023. -or- The period covered is/, through December 31, 2023. Assuming Office: Date assumed	=======================================
December 31, 2023. The period covered is	
The period covered is	
Assuming Office: Date assumed The period covered is the date of leaving office. Candidate: Date of Election and office sought, if different than Part 1:	rough the date
4. Schedule Summary (required) ► Total number of pages including this cover page: 1 Schedules attached Schedule A-1 - Investments – schedule attached Schedule C - Income, Loans, & Business Positions – sch	, through
Schedules attached Schedule A-1 - Investments – schedule attached Schedule C - Income, Loans, & Business Positions – sch	
Schedules attached Schedule A-1 - Investments – schedule attached Schedule C - Income, Loans, & Business Positions – sch	
	schedule attached
Concadio A 2 invocancia concadio attaciona	
Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule	edule attached
-or- None - No reportable interests on any schedule	
5. Verification	
MAILING ADDRESS STREET CITY STATE ZIP COD (Business or Agency Address Recommended - Public Document)	ODE
3675 Mt Diablo Blvd Lafayette CA 94549-3792	92
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS	
(925) 299-3227 trobinson@lovelafayette.org	
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the info herein and in any attached schedules is true and complete. I acknowledge this is a public document.	nformation contained
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Date Signed 03/23/2024 10:51 AM Signature Tracy A Robinson (month, day, year) (File the originally signed paper statement with your filing of	ng official.)



Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received Piling Official Use Only

COVER PAGE

Filed Date: 03/25/2024 04:20 PM SAN: FPPC

A	ME OF FILER (LAST)	(FIRST)	(MIDDLE)
	Robinson	Tracy	A
1.	Office, Agency, or Court		
	Agency Name (Do not use acronyms)		
	City of Lafayette		
	Division, Board, Department, District, if applicable	Your Position	
		Treasurer	
	▶ If filing for multiple positions, list below or on	an attachment. (Do not use acronyms)	
	Agency:	Position:	
2.	Jurisdiction of Office (Check at least	ne box)	
	State	·	l Judge, Pro Tem Judge, or Court Commissioner isdiction)
	Multi-County	County of	
	⊠ City of	Other	
3.	Type of Statement (Check at least one	box	
٠.	Annual: The period covered is January 1, 2		ce: Date Left/
	December 31, 2023.	CZO, UNOUGH	(Check one circle.)
)	The period covered is/ December 31, 2023.	of leaving	d covered is January 1, 2023, through the date office.
	Assuming Office: Date assumed	O p	d covered is/, through of leaving office.
	Candidate: Date of Election		
4.	Schedule Summary (required)	► Total number of pages including	g this cover page:4
	Schedules attached		
	➤ Schedule A-1 - Investments – schedule	attached Schedule C - Income	e, Loans, & Business Positions – schedule attached
	Schedule A-2 - Investments – schedule		e - Gifts - schedule attached
	Schedule B - Real Property - schedule	attached Schedule E - Income	e - Gifts - Travel Payments - schedule attached
-0	or-		
	■ None - No reportable interests on a	ny schedule	
5.	Verification		
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docume	CITY	STATE ZIP CODE
	3675 Mt Diablo Blvd	Lafayette	CA 94549-3792
	DAYTIME TELEPHONE NUMBER (925) 299-3227	E-MAIL ADDRESS	afavotto ora
		trobinson@lovela	to the best of my knowledge the information contained
		complete. I acknowledge this is a public docume	
	I certify under penalty of perjury under the la	vs of the State of California that the foregoing i	is true and correct.
)	Date Signed03/25/2024 04:20 PM	Signature	Tracy A Robinson
	(month, day, year)		originally signed paper statement with your filing official.)

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

Investments must be itemized.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

1	Do not attach brokerage or	r financial statements.	
-	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY	
	CROWDSTRIKE	SUNCOKE ENERGY	
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS	
	INFORMATION TECHNOLOGY	ENERGY	
	FAIR MARKET VALUE	FAIR MARKET VALUE	
	\$2,000 - \$10,000	\$2,000 - \$10,000	
	\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000	
	NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other	
	(Describe)	(Describe)	
	Partnership Oncome Received of \$0 - \$499 Oncome Received of \$500 or More (Report on Schedule C)	Partnership Olncome Received of \$0 - \$499 Olncome Received of \$500 or More (Report on Schedule C)	
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:	
	ACQUIRED DISPOSED	ACQUIRED DISPOSED	
	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY	
	TECNOGLASS	DUOLINGO	
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS	
	GLASS / INSULATION	LANGUAGE ONLINE LEARNING	
	FAIR MARKET VALUE	FAIR MARKET VALUE	
)	▼ \$2,000 - \$10,000	\$2,000 - \$10,000 X \$10,001 - \$100,000	
	\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000	
	NATURE OF INVESTMENT	NATURE OF INVESTMENT	
	Stock Other (Describe)	Stock Other (Describe)	
	Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499	
	☐ Income Received of \$500 or More (Report on Schedule C)	☐ Income Received of \$500 or More (Report on Schedule C)	
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:	
	, , 23 , , , 23	, , 23 , , , 23	
	ACQUIRED DISPOSED	ACQUIRED DISPOSED	
>	NAME OF BUSINESS ENTITY	Filer's Verification	
	QUALYS	Print Name Tracy Robinson	
	GENERAL DESCRIPTION OF THIS BUSINESS		
	INFORMATION TECHNOLOGY	Office, Agency City of Lafayette	
	FAIR MARKET VALUE \$2,000 - \$10,000	Statement Type X2023/2024 Annual Assuming Leaving	
	\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	Annual Candidate	
	NATURE OF INVESTMENT	I have used all reasonable diligence in preparing this statement. I have	
	X Stock ☐ Other(Describe)	reviewed this statement and to the best of my knowledge the information	
	Partnership O Income Received of \$0 - \$499	contained herein and in any attached schedules is true and complete.	
	O Income Received of \$500 or More (Report on Schedule C)	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
	IF APPLICABLE, LIST DATE:	Date Signed03/25/2024 04:20 PM	
		(month, day, year)	
)	ACQUIRED DISPOSED	Tracy A Robinson	
1		Filer's Signature Tracy A Robinson	
٥-	n mantat		

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

Investments must be itemized.



Do not attach brokerage o	r tinancial statements.
► NAME OF BUSINESS ENTITY DOUBLEVERIFY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
INFORMATION TECHNOLOGY	
FAIR MARKET VALUE	FAIR MARKET VALUE
× \$2,000 - \$10,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock ☐ Other	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership Oncome Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
	A NAME OF BUILDINGS FUTITY
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000	
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	(Describe) Partnership Oncome Received of \$0 - \$499 Oncome Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	Filer's Verification
GENERAL DESCRIPTION OF THIS BUSINESS	Print Name
	Office, Agency or Court City of Lafayette
FAIR MARKET VALUE	oi court.
_	Statement Type 2023/2024 Annual Assuming Leaving
\$2,000 - \$10,000	Annual Candidate
NATURE OF INVESTMENT	I have used all reasonable diligence in preparing this statement. I have
NATURE OF INVESTMENT Stock Other (Describe)	reviewed this statement and to the best of my knowledge the information
Partnership O Income Received of \$0 - \$499	contained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of
○ Income Received of \$500 or More (Report on Schedule C)	California that the foregoing is true and correct.
IF APPLICABLE, LIST DATE:	Date Signed03/25/2024 04:20 PM
	(month, day, year)
ACQUIRED DISPOSED	Filer's SignatureTracy A Robinson
	The Solyhature
Communitar	
Comments:	

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A M E N D M E N T

(Ownership Interest is 10% or Greater)

▶ 1. BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
MICHAEL ROBINSON AND ASSOCIATES LLC	LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:
Name 6522 FARALLON WAY OAKLAND CA 94611	☐ INVESTMENT ☐ REAL PROPERTY
Address (Business Address Acceptable) Check one Trust, go to 2 Business Entity, complete the box, then go to 2	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
GENERAL DESCRIPTION OF THIS BUSINESS FINANCIAL JOURNALIST	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 J_J_23 J_J_23 J_J_23 J_J_23 J_J_23 S100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 23 23 23
NATURE OF INVESTMENT Partnership Sole Proprietorship Other YOUR BUSINESS POSITION	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) □ \$0 - \$499 □ \$10,001 - \$100,000 □ \$500 - \$1,000 ☑ OVER \$100,000 □ \$1,001 - \$10,000	Leasehold Other Check box if additional schedules reporting investments or real property are attached
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 ROUNDTABLE FINANCIAL	Comments:
Filer's Verification	
Print Name	
Office, Agency or Court City of Lafayette	
Statement Type 🗵 2023/2024 Annual 🔲 Annual 🔲 As:	suming Leaving Candidate
I have used all reasonable diligence in preparing this statement. I have rev contained herein and in any attached schedules is true and complete.	iewed this statement and to the best of my knowledge the information
I certify under penalty of perjury under the laws of the State of Ca	alifornia that the foregoing is true and correct.
Date Signed03/25/2024 04:20 PM Filer's S	Signature Tracy A Robinson