CALIFORNIA FORM 700	STATEMENT OF ECC COVER	ONOMIC INTE R PAGE	RESTS Date Initial Filing Receive Filing Official Use Only		
Please type or print in ink.	A PUBLIC I	DOCUMENT	Filed Date: 03/26/2021 01:35 PM SAN: 031300016-STH-0016		
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)		
Buckshi	Daniel		P		
1. Office, Agency, or Court					
Agency Name (Do not use acronyms)					
City of Walnut Creek					
Division, Board, Department, District, if applicable	e	Your Position			
City Manager's Office		City Manager			
 If filing for multiple positions, list below or on 					
SEE ATTACHED LIST					
Agency: SEE ATTACHED LIST		Position:			
2. Jurisdiction of Office (Check at least	one box)				
State		Judge, Retired Judge (Statewide Jurisdictior	e, Pro Tem Judge, or Court Commissioner n)		
Multi-County		County of			
City of Walnut Creek					
3. Type of Statement (Check at least one	box)				
Annual: The period covered is January 1, December 31, 2020.	2020, through	-	te Left// (Check one circle.)		
The period covered is/ December 31, 2020 .	, through	 The period cover leaving office. -or- 	red is January 1, 2020 , through the date of		
Assuming Office: Date assumed/.	/	 The period cover the date of leaving 	red is/, through ng office.		
Candidate: Date of Election	and office sought, if differ	ent than Part 1:			
4. Schedule Summary (must comple	te) 🕨 Total number of pag	ges including this	cover page: 4		
Schedules attached					
Schedule A-1 - Investments – schedule	attached Sched	lule C - Income, Loans	s, & Business Positions – schedule attached		
Schedule A-2 - Investments – schedule	attached Sched	lule D - Income – Gifts	s – schedule attached		
Schedule B - Real Property – schedule	attached Sched	lule E - Income – Gifts	s - Travel Payments - schedule attached		
-or- None - No reportable interests	on any schedule				
5. Verification	-				
MAILING ADDRESS STREET	CITY		STATE ZIP CODE		
(Business or Agency Address Recommended - Public Docum 1666 North Main Street	ent) Walnut Cree	k	CA 94596		
DAYTIME TELEPHONE NUMBER		DDRESS	01 04000		
()					
I have used all reasonable diligence in preparing herein and in any attached schedules is true an			pest of my knowledge the information contained		
I certify under penalty of perjury under the la	aws of the State of California that	the foregoing is true	and correct.		
Date Signed 03/26/2021 01:35 F	M Signature		ectronic Submission		
(month, day, year)		(File the originally	v signed paper statement with your filing official.)		

FPPC Form 700 - Cover Page (2020/2021) advice@fppc.ca.gov • 866-275-3772 • www.fppc.ca.gov Page - 5

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE ATTACHMENT



EXPANDED STATEMENT LIST

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
Regional Government Services		Board Member	Other Joint Powers Authority	Annual	01/01/20 - 12/31/20

	SCHED	CALIFORNIA FORM 700		
	Invest	tments		
	Stocks, Bonds, a	and Other Interests Name		
(Ownership Interest is Less Than 10%)				
Investments must be itemized. Do not attach brokerage or financial statements.				
►	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY	-	
	Agilent Technologies	Pfizer		
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS	-	
	Medical and Test Equipment	Pharmaceutical		
	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	S100,001 - \$1,000,000 Over \$1,000,000		
	X Stock Other (Describe)	Stock Other (Describe)		
	Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (<i>Report on Schedule C</i>)	Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule of	C)	
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:		
	<u> </u>			
_	ACQUIRED DISPOSED	ACQUIRED DISPOSED		
	NAME OF BUSINESS ENTITY	 NAME OF BUSINESS ENTITY UWMC 		
	Keysight Technologies GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS	-	
	Technology	Mortgage/Finance		
	FAIR MARKET VALUE	FAIR MARKET VALUE	-	
	\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	★ \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000		
	NATURE OF INVESTMENT X Stock Other	NATURE OF INVESTMENT		
	(Describe) ☐ Partnership ◯ Income Received of \$0 - \$499	(Describe)		
	 Income Received of \$500 or More (Report on Schedule C) 	Income Received of \$500 or More (Report on Schedule of	C)	
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:		
	/ <u>/20</u> / <u>/20</u>	<u>02 / 09 / 20</u> / <u>/ 20</u>		
	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	-	
	\$2,000 - \$10,000 \$10,000 \$10,000	\$2,000 - \$10,000 \$10,000 \$10,000		
	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		
	(Describe) Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (<i>Report on Schedule C</i>)	(Describe) ☐ Partnership ○ Income Received of \$0 - \$499 ○ Income Received of \$500 or More (<i>Report on Schedule</i> 0)	C)	
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:		
	2020	2020		
	ACQUIRED DISPOSED	ACQUIRED DISPOSED		

Comments: ____

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

Name

Daniel Buckshi

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
RDs for Healthcare	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1420 W. Kettleman Ln, Suite N-5, Lodi, CA 95242	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Skilled Nursing Facility	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
N/A, Spouse's Employer	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000\$1,001 - \$10,000	\$500 - \$1,000\$1,001 - \$10,000
× \$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, <i>list each source of \$10,000 or more</i>
(Describe)	(Describe)
Other (Describe)	Other (Describe)

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

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

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
ADDRESS (Business Address Acceptable)	% 🗌 No	ne
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	Personal residence
HIGHEST BALANCE DURING REPORTING PERIOD	Real Property	Street address
□ \$500 - \$1,000 □ \$1,001 - \$10,000		City
\$10,001 - \$100,000	Guarantor	
OVER \$100,000	Other	(Describe)
Comments:		

CALIFORNIA FORM 700	STATEMENT OF ECC COVER	ONOMIC INTE R PAGE	RESTS Date Initial Filing Receive Filing Official Use Only		
Please type or print in ink.	A PUBLIC I	DOCUMENT	Filed Date: 03/26/2021 01:35 PM SAN: 031300016-STH-0016		
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)		
Buckshi	Daniel		P		
1. Office, Agency, or Court					
Agency Name (Do not use acronyms)					
City of Walnut Creek					
Division, Board, Department, District, if applicable	e	Your Position			
City Manager's Office		City Manager			
 If filing for multiple positions, list below or on 					
SEE ATTACHED LIST					
Agency: SEE ATTACHED LIST		Position:			
2. Jurisdiction of Office (Check at least	one box)				
State		Judge, Retired Judge (Statewide Jurisdictior	e, Pro Tem Judge, or Court Commissioner n)		
Multi-County		County of			
City of Walnut Creek					
3. Type of Statement (Check at least one	box)				
Annual: The period covered is January 1, December 31, 2020.	2020, through	-	te Left// (Check one circle.)		
The period covered is/ December 31, 2020 .	, through	 The period cover leaving office. -or- 	red is January 1, 2020 , through the date of		
Assuming Office: Date assumed/	/	 The period cover the date of leaving 	red is/, through ng office.		
Candidate: Date of Election	and office sought, if differ	ent than Part 1:			
4. Schedule Summary (must comple	te) 🕨 Total number of pag	ges including this	cover page: 4		
Schedules attached					
Schedule A-1 - Investments – schedule	attached Sched	lule C - Income, Loans	s, & Business Positions – schedule attached		
Schedule A-2 - Investments – schedule	attached Sched	lule D - Income – Gifts	s – schedule attached		
Schedule B - Real Property – schedule	attached Sched	lule E - Income – Gifts	s - Travel Payments - schedule attached		
-or- None - No reportable interests	on any schedule				
5. Verification	-				
MAILING ADDRESS STREET	CITY		STATE ZIP CODE		
(Business or Agency Address Recommended - Public Docum 1666 North Main Street	ent) Walnut Cree	k	CA 94596		
DAYTIME TELEPHONE NUMBER		DDRESS	01000		
()					
I have used all reasonable diligence in preparing herein and in any attached schedules is true an			pest of my knowledge the information contained		
I certify under penalty of perjury under the la	aws of the State of California that	the foregoing is true	and correct.		
Date Signed 03/26/2021 01:35 F	M Signature		ectronic Submission		
(month, day, year)		(File the originally	v signed paper statement with your filing official.)		

FPPC Form 700 - Cover Page (2020/2021) advice@fppc.ca.gov • 866-275-3772 • www.fppc.ca.gov Page - 5

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE ATTACHMENT



EXPANDED STATEMENT LIST

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
Regional Government Services		Board Member	Other Joint Powers Authority	Annual	01/01/20 - 12/31/20

	SCHED	CALIFORNIA FORM 700		
	Invest	tments		
	Stocks, Bonds, a	and Other Interests Name		
(Ownership Interest is Less Than 10%)				
Investments must be itemized. Do not attach brokerage or financial statements.				
►	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY	-	
	Agilent Technologies	Pfizer		
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS	-	
	Medical and Test Equipment	Pharmaceutical		
	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	S100,001 - \$1,000,000 Over \$1,000,000		
	X Stock Other (Describe)	Stock Other (Describe)		
	Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (<i>Report on Schedule C</i>)	Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule of	C)	
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:		
	<u> </u>			
_	ACQUIRED DISPOSED	ACQUIRED DISPOSED		
	NAME OF BUSINESS ENTITY	 NAME OF BUSINESS ENTITY UWMC 		
	Keysight Technologies GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS	-	
	Technology	Mortgage/Finance		
	FAIR MARKET VALUE	FAIR MARKET VALUE	-	
	\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	★ \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000		
	NATURE OF INVESTMENT X Stock Other	NATURE OF INVESTMENT		
	(Describe) ☐ Partnership ◯ Income Received of \$0 - \$499	(Describe)		
	 Income Received of \$500 or More (Report on Schedule C) 	Income Received of \$500 or More (Report on Schedule of	C)	
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:		
	/ <u>/20</u> / <u>/20</u>	<u>02 / 09 / 20</u> / <u>/ 20</u>		
	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	-	
	\$2,000 - \$10,000 \$10,000 \$10,000	\$2,000 - \$10,000 \$10,000 \$10,000		
	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		
	(Describe) Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (<i>Report on Schedule C</i>)	(Describe) ☐ Partnership ○ Income Received of \$0 - \$499 ○ Income Received of \$500 or More (<i>Report on Schedule</i> 0)	C)	
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:		
	2020	2020		
	ACQUIRED DISPOSED	ACQUIRED DISPOSED		

Comments: ____

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

Name

Daniel Buckshi

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
RDs for Healthcare	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1420 W. Kettleman Ln, Suite N-5, Lodi, CA 95242	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Skilled Nursing Facility	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
N/A, Spouse's Employer	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000\$1,001 - \$10,000	\$500 - \$1,000\$1,001 - \$10,000
× \$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, <i>list each source of \$10,000 or more</i>
(Describe)	(Describe)
Other (Describe)	Other (Describe)

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

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

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
ADDRESS (Business Address Acceptable)	% 🗌 No	ne
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	Personal residence
HIGHEST BALANCE DURING REPORTING PERIOD	Real Property	Street address
□ \$500 - \$1,000 □ \$1,001 - \$10,000		City
\$10,001 - \$100,000	Guarantor	
OVER \$100,000	Other	(Describe)
Comments:		

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received Filing Official Use Only

A PUBLIC DOCUMENT

Filed Date: 03/21/2021 05:50 AM SAN: 031300016-STH-0016

Please type or print in ink.			SAN	: 031300016-STH-0016
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)	
Mattas	Steve			
1. Office, Agency, or Court				
Agency Name (Do not use acronyms)				
City of Walnut Creek				
Division, Board, Department, District, if applic	cable	Your Positio	n	
City Attorney's Office		City Atto	rney	
► If filing for multiple positions, list below or	on an attachment. (Do not			
Agency:		Position:		
, gonoj				
2. Jurisdiction of Office (Check at lea	ast one box)			
State		-	tired Judge, Pro Tem Ju Jurisdiction)	udge, or Court Commissioner
Multi-County				
City of Walnut Creek				
3. Type of Statement (Check at least of	one box)			
Annual: The period covered is January December 31, 2020.	/ 1, 2020, through	Leaving	Office: Date Left (Check one	
-or- The period covered is/	/ throug	h 🔿 The r		ry 1, 2020 , through the date of
December 31, 2020 .	, (iiioug		ig office.	
Assuming Office: Date assumed		<u> </u>	period covered is ate of leaving office.	/, through
Candidate: Date of Election	and office sour	ght, if different than Pa	rt 1:	
4. Schedule Summary (must com	plete) ► Total numb	er of pages inclu	ding this cover pa	ge: 3
Schedules attached				<u> </u>
Schedule A-1 - Investments – sched	ule attached	Schedule C - Inc	ome, Loans, & Busines	s Positions – schedule attached
Schedule A-2 - Investments – sched			ome – Gifts – schedule	
Schedule B - Real Property – sched	ule attached	Schedule E - Inc	ome – Gifts – Travel Pa	ayments – schedule attached
		_		
-or- None - No reportable interes	sts on any schedule			
5. Verification				
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Do	CITY		STATE	ZIP CODE
1666 North Main Street		nut Creek	CA	94596
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
()				
I have used all reasonable diligence in prepar herein and in any attached schedules is true				owledge the information contained
I certify under penalty of perjury under th	e laws of the State of Cali	fornia that the foregoi	ing is true and correct	
Date Signed 03/21/2021 05:50	D AM	Signature	Electronic S	Submission
(month, day, year)			File the originally signed paper sta	

	SCHEDULE A-1			CALIFORNIA FORM 700
	Invest	tn	nents	FAIR POLITICAL PRACTICES COMMISSION
	Stocks, Bonds, a		Name	
	(Ownership Interes Investments m	Steve Mattas		
	Do not attach brokerage			
►	NAME OF BUSINESS ENTITY	$ \Gamma$	► NAME OF BUSINESS ENT	ΓΙΤΥ
	Meyers Nave, PLC			
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION	OF THIS BUSINESS
	Professional Law Corporation		FAIR MARKET VALUE	
	\$2,000 - \$10,000 X \$10,001 - \$100,000		\$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
				г
	X Stock Other (Describe)		Stock Other	(Describe)
	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (<i>Report on Schedule C</i>)		Partnership O Income	Received of \$0 - \$499 Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DAT	ſE:
	/ <u></u> / <u></u> / <u></u> / <u></u> / <u></u> 20		20	//_20
_	ACQUIRED DISPOSED		ACQUIRED	DISPOSED
•	NAME OF BUSINESS ENTITY		NAME OF BUSINESS ENT	III Y
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION	OF THIS BUSINESS
	FAIR MARKET VALUE		FAIR MARKET VALUE	
	\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000		\$2,000 - \$10,000 \$100,001 - \$1,000,000	☐ \$10,001 - \$100,000 ☐ Over \$1,000,000
	Stock Other (Describe)		Stock Other	(Describe)
	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (<i>Report on Schedule C</i>)		Partnership O Income	Received of \$0 - \$499 Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DAT	
	<u>/2020</u> ACQUIREDDISPOSED		//_20 ACQUIRED	//_20 DISPOSED
<u> </u>	NAME OF BUSINESS ENTITY		► NAME OF BUSINESS ENT	ΓΙΤΥ
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION	OF THIS BUSINESS
	FAIR MARKET VALUE		FAIR MARKET VALUE	
	\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000		\$2,000 - \$10,000 \$100,001 - \$1,000,000	☐ \$10,001 - \$100,000 ☐ Over \$1,000,000
			NATURE OF INVESTMEN	
	Stock Other (Describe)		Stock Other	(Describe)
	□ Partnership ○ Income Received of \$0 - \$499 ○ Income Received of \$500 or More (<i>Report on Schedule C</i>)		Partnership O Income	Received of \$0 - \$499 Received of \$500 or More (<i>Report on Schedule C</i>)
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DAT	TE:
			<u> </u>	<u> </u>
	ACQUIRED DISPOSED		ACQUIRED	DISPOSED

Comments: ____

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM	70	0
	0.000	~

AIR POLITICAL PRACTICES COMM

Name

Steve Mattas

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED		
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME		
Meyers Nave, PLC			
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
1999 Harrison Street, Ninth Floor, Oakland, CA			
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Professional Law Corporation			
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION		
Attorney			
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only		
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000		
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, car, boat, etc.)		
Loan repayment	Loan repayment		
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more		
(Describe)	(Describe)		
(
Other (Describe)	Other (Describe)		

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

NAME OF LENDER*	INTEREST RATE		TERM (Months/Years)	
ADDRESS (Business Address Acceptable)	%	None		
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LO	OAN	idence	
HIGHEST BALANCE DURING REPORTING PERIOD	Real Property _		Street address	
☐ \$500 - \$1,000	-		City	
\$1,001 - \$10,000 \$10,001 - \$100,000	Guarantor			
OVER \$100,000	Other	(Describe)	
Comments:				