

Date Initial Filing Received
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Filed Date: 02/12/2024 03:22 PM SAN: 031300016-STH-0016

| NAME OF FILER (LAST) | (FIRST) | (MIDDLE) |
|-------------------------------|--|---|
| Strongman | Kenneth | |
| 1. Office, Agency, or | r Court | |
| Agency Name (Do not a | use acronyms) | |
| City of Walnut Cre | ek | |
| Division, Board, Departm | nent, District, if applicable | Your Position |
| Planning Commiss | sion | Planning Commissioner |
| | ositions, list below or on an attachment. (Do r | |
| Agency: | | Position: |
| 2. Jurisdiction of O | ffice (Check at least one box) | |
| State | , | Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) |
| Multi-County | | County of |
| ■ City of Walnut C | | Other |
| 3. Type of Statemer | nt (Check at least one box) | |
| Annual: The period December | d covered is January 1, 2023, through r 31, 2023. | Leaving Office: Date Left/(Check one circle.) |
| | d covered is/, thrown 31, 2023. | ough 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 o | f Election and office s | sought, if different than Part 1: |
| 4. Schedule Summa | ary (required) ► Total nur | mber of pages including this cover page: 3 |
| Schedules attac | hed | |
| Schedule A-1 - | Investments – schedule attached | Schedule C - Income, Loans, & Business Positions - schedule attached |
| × Schedule A-2 - | Investments – schedule attached | Schedule D - Income - Gifts - schedule attached |
| Schedule B - Re | eal Property - schedule attached | Schedule E - Income - Gifts - Travel Payments - schedule attached |
| -or- | reportable interests on any schedule | |
| 5. Verification | eportable interests on any senedule | |
| MAILING ADDRESS | | TY STATE ZIP CODE |
| (Business or Agency Address I | Recommended - Public Document) | /alnut Creek CA 94596 |
| DAYTIME TELEPHONE NUME | | EMAIL ADDRESS |
| () | | |
| | ole diligence in preparing this statement. I have ned schedules is true and complete. I acknow | e reviewed this statement and to the best of my knowledge the information contained vledge this is a public document. |
| I certify under penalty | of perjury under the laws of the State of C | alifornia that the foregoing is true and correct. |
| Date Signed 0 | 2/12/2024 03:22 PM | Signature Kenneth Strongman |
| | (month day year) | (File the originally signed paper statement with your filing official) |

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

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Kenneth Strongman

| ► 1. BUSINESS ENTITY OR TRUST | ► 1. BUSINESS ENTITY OR TRUST |
|--|---|
| Law Office Of Kenneth Strongman | |
| Name 2950 Buskirk Ave. Suite 300, Walnut Creek, CA 94597 | 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 Law Practice | GENERAL DESCRIPTION OF THIS BUSINESS |
| FAIR MARKET VALUE IF APPLICABLE, LIST DATE: | 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 ☐ Other Other | NATURE OF INVESTMENT Partnership Sole Proprietorship Other |
| YOUR BUSINESS POSITION Sole Propritor | 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 | \$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.) | ➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) |
| X None or ☐ Names listed below | 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 <u>or</u> City or Other Precise Location of Real Property |
| FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 J_23 J_23 DISPOSED Over \$1,000,000 Over \$1 | FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INTEREST |
| NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership | Property Ownership/Deed of Trust Stock Partnership |
| Leasehold Other | Leasehold Other |
| Check box if additional schedules reporting investments or real property are attached | Check box if additional schedules reporting investments or real property are attached |

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

| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION | | |
|---|--|--|
| Name | | |
| Kenneth Strongman | | |

| NAME OF SOURCE OF INCOME | NAME OF SOURCE OF INCOME |
|---|--|
| APRIO LLP | Law Office of Kenneth Strongman |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) |
| 5 CONCOURSE PKWY STE 1000 Alanta, GA 30328 | 2950 Buskirk Ave. Suite 300, Walnut Creek, CA 94597 |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| Accountancy | Law Practice |
| YOUR BUSINESS POSITION | YOUR BUSINESS POSITION |
| None - Spouse's Employer | Sole Propritor |
| GROSS INCOME RECEIVED | GROSS INCOME 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 |
| | |
| (2) | (0.11) |
| (Describe) | (Describe) |
| (Describe) Other(Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING | Other fees paid by clients (Describe) |
| Other | Other fees paid by clients (Describe) PERIOD 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's |
| Other | Other fees paid by clients (Describe) PERIOD 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's |
| Other | Other fees paid by clients (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's ws: INTEREST RATE None None |
| Other | Other fees paid by clients (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's ws: INTEREST RATE TERM (Months/Years) |
| * You are not required to report loans from a commercial 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) | TERM (Months/Years) None SECURITY FOR LOAN |
| * You are not required to report loans from a commercia 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 follown NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER | Term Security Security Street address Security Security Street address |
| | Other fees paid by clients (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's ws: INTEREST RATE TERM (Months/Years) ——————————————————————————————————— |
| Cother (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING * You are not required to report loans from a commercia 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 | Term Security Security Street address Security Security Street address |



STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Filing Official Use Only **COVER PAGE**

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Filed Date: 02/14/2024 05:39 PM SAN: 031300016-STH-0016

| Please type or print in ink | c . | | | |
|--------------------------------|---|--|--|---|
| NAME OF FILER (LAST) | (FIRST) | | (MIDD | LE) |
| Andersson | Brandt | <u>t </u> | | |
| 1. Office, Agency, o | r Court | | | |
| Agency Name (Do not | use acronyms) | | | |
| City of Walnut Cre | eek | | | |
| Division, Board, Departr | ment, District, if applicable | | Your Position | |
| Planning Commis | sion | | Planning Commission | er |
| ► If filing for multiple p | ositions, list below or on an attachme | nt. (Do not use acrony | ıms) | |
| Agency: | | | Position: | |
| 2. Jurisdiction of C | Office (Check at least one box) | | | |
| State | | | Judge, Retired Judge, Pro T (Statewide Jurisdiction) | Tem Judge, or Court Commissioner |
| Multi-County | | | County of | |
| ■ City of Walnut C | Creek | | 7 | |
| 3. Type of Stateme | nt (Check at least one box) | | | |
| Decembe | od covered is January 1, 2023, througer 31, 2023. | h \square | | ck one circle.) |
| | od covered is// er 31, 2023. | , through | The period covered is of leaving office. | January 1, 2023, through the date |
| Assuming Office: | Date assumed/ | | The period covered is the date of leaving office | /, through |
| Candidate: Date | of Election an | d office sought, if differ | ent than Part 1: | |
| 4. Schedule Summ | ary (required) ► To | otal number of pag | ges including this cove | er page: 3 |
| Schedules attac | ched | | | |
| Schedule A-1 - | Investments – schedule attached | Schee | dule C - Income, Loans, & Bu | usiness Positions - schedule attached |
| Schedule A-2 - | Investments - schedule attached | Ш | dule D - Income - Gifts - sch | |
| Schedule B - R | Peal Property – schedule attached | Sched | dule E - Income – Gifts – Tra | vel Payments – schedule attached |
| -or- □ <i>None</i> - <i>No</i> | reportable interests on any sch | hedule | | |
| 5. Verification | , | | | |
| MAILING ADDRESS | STREET Recommended - Public Document) | CITY | STATE | ZIP CODE |
| 1666 North Main | • | Walnut Cree | k CA | 94596 |
| DAYTIME TELEPHONE NUM | | | DDRESS | |
| (925) 943-5899 | 9 | | | |
| | ble diligence in preparing this statement hed schedules is true and complete. | | | my knowledge the information contained |
| • | of perjury under the laws of the S | _ | | orrect. |
| Date Signed C | 02/14/2024 05:39 PM | Signatur | a Bran | dt Andersson |
| Date digited | (month, day, year) | Jigilatul | * | paper statement with your filing official.) |

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

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

(Ownership Interest is 10% or Greater)

Brandt Andersson

| ► 1. BUSINESS ENTITY OR TRUST | ► 1. BUSINESS ENTITY OR TRUST |
|--|---|
| Law Offices of Andersson & Andersson PC | KBS Strategic Opportunity REIT |
| Name 1600 S. Main St., Suite 325, Walnut Creek, CA 94596 | Name 430 W. 7th Street, Kansas City, MO 64105 |
| 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 Legal Services (estate planning and tax law) | GENERAL DESCRIPTION OF THIS BUSINESS Real Estate Investment |
| FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 / | FAIR MARKET VALUE IF APPLICABLE, LIST DATE: |
| NATURE OF INVESTMENT Partnership Sole Proprietorship Professional Corpor'n Other | NATURE OF INVESTMENT ☐ Partnership ☐ Sole Proprietorship ☒ Real Estate Inv't Trust Other |
| YOUR BUSINESS POSITION Shareholder | YOUR BUSINESS POSITION Shareholder |
| ➤ 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 \$500 - \$1,000 \$V OVER \$100,000 | |
| ■ 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 |
| Cindy Ernst Joan Michele Trust | |
| Van de Poel, Levy, Thomas, LLP | |
| ► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: | ➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: |
| ☐ INVESTMENT ☐ REAL PROPERTY | ☐ 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 or City or Other Precise Location of Real Property | Description of Business Activity or City or Other Precise Location of Real Property |
| FAIR MARKET VALUE IF APPLICABLE, LIST DATE: | FAIR MARKET VALUE IF APPLICABLE, LIST DATE: |
| \$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000 | \$2,000 - \$10,000 \$10,001 - \$100,000 |
| \$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000 | \$100,001 - \$1,000,000 ACQUIRED DISPOSED 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 | 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 |
| | |

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

| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION | | |
|---|--|--|
| Name | | |
| Brandt Andersson | | |

| NAME OF SOURCE OF INCOME | NAME OF SOURCE OF INCOME |
|---|---|
| Law Offices of Andersson &Andersson PC | Law Offices of Andersson &Andersson PC |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) |
| 1600 S. Main St., Suite 325, Walnut Creek, CA 94596 | 1600 S. Main St., Suite 325, Walnut Creek, CA 94596 |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| Legal Services (estate planning and tax law) | Legal Services (estate planning and tax law) |
| YOUR BUSINESS POSITION | YOUR BUSINESS POSITION |
| Principal Attorney | Principal Attorney |
| 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 Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) | CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) |
| Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) | 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) |
| (Describe) | (Describe) |
| (Describe) Other(Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING | Other(Describe) |
| * 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 follows: | 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's ws: |
| 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's ws: INTEREST RATE TERM (Months/Years) |
| * 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. NAME 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' ws: |
| * 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. NAME 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's ws: |
| * 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 official regular course of business must be disclosed as followable 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 followable of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, 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's ws: 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 followable of Lender* Address (Business Address Acceptable) | Other |
| | Other |
| Cother | Other |
| | Other |



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Date Initial Filing Received
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Filed Date: 03/26/2024 01:51 PM SAN: 031300016-STH-0016

Please type or print in ink.

| NAME OF FILER (LAST | (FIRST) | (MIDDLE) |
|---|---|---|
| Clopp | Molly | Pfau |
| . Office, Agend | cy, or Court | |
| Agency Name (D | Oo not use acronyms) | |
| City of Walnu | ut Creek | |
| Division, Board, D | Department, District, if applicable | Your Position |
| Planning Con | nmission | Planning Commissioner |
| ► If filing for mul | tiple 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, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) |
| Multi-County | | County of |
| City of Wal | | Other |
| 3. Type of Stat | tement (Check at least one box) | |
| De | e period covered is January 1, 2023, through cember 31, 2023. | Leaving Office: Date Left//(Check one circle.) |
| | e period covered is/, cember 31, 2023. | , through The period covered is January 1, 2023, through the date of leaving office. |
| ★ Assuming O | Office: Date assumed 03 05 2024 | |
| Candidate: | Date of Election and offi | fice sought, if different than Part 1: |
| l. Schedule Su | ımmary (required) ► Total | number of pages including this cover page: |
| Schedules a | • ` • / | |
| Schedule | A-1 - Investments – schedule attached | Schedule C - Income, Loans, & Business Positions – schedule attached |
| | A-2 - Investments – schedule attached | Schedule D - Income – Gifts – schedule attached |
| | B - Real Property - schedule attached | Schedule E - Income - Gifts - Travel Payments - schedule attached |
| | | |
| | No reportable interests on any schedu | ule |
| 5. Verification | | |
| MAILING ADDRESS (Business or Agency) | STREET Address Recommended - Public Document) | CITY STATE ZIP CODE |
| 1666 North N | | Walnut Creek CA 94596 |
| DAYTIME TELEPHON | NE NUMBER | EMAIL ADDRESS |
| () | aconable diligence in preparing this statement. I | I have reviewed this statement and to the best of my knowledge the information contained |
| | astrached schedules is true and complete. I ack | |
| I certify under p | enalty of perjury under the laws of the State | of California that the foregoing is true and correct. |
| Date Signed | 03/26/2024 01:51 PM | Signature Molly Pfau Clopp |
| Date Orgineu | (month, day, year) | (File the originally signed paper statement with your filing official.) |



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Filing Official Use Only

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OCUMENT Filed Date: 03/23/2024 03:11 PM SAN: 031300016-STH-0016

| NAME OF FILER (LAS | T) (FIRST) | | (MIDDLE) | |
|---------------------|---|------------------------|---|---------------------------------------|
| Kwok | Steven | | | |
| 1. Office, Agen | ncy, or Court | | | |
| Agency Name (| (Do not use acronyms) | | | _ |
| City of Waln | - , | | | |
| | Department, District, if applicable | | Your Position | |
| Planning Co | mmission | | Planning Commissioner | |
| | ultiple positions, list below or on an attachment. | (Do not use acro | | |
| Agency: | | | Position: | |
| , igoey: | | | | |
| 2. Jurisdiction | of Office (Check at least one box) | | | |
| State | | [| Judge, Retired Judge, Pro Tem (Statewide Jurisdiction) | Judge, or Court Commissioner |
| Multi-County | | | County of | |
| | | | | |
| 3. Type of Sta | itement (Check at least one box) | | | |
| Annual: Th | ne period covered is January 1, 2023, through ecember 31, 2023. | | Leaving Office: Date Left(Check of | / one circle.) |
| | ne period covered is/ecember 31, 2023. | _, through | The period covered is Jan of leaving office.-or- | uary 1, 2023, through the date |
| × Assuming | Office: Date assumed 03 / 05 / 2024 | | | /, through |
| Candidate: | Date of Election and o | ffice sought, if diffe | erent than Part 1: | |
| 4. Schedule S | ummary (required) ► Total | l number of p | ages including this cover p | page: 4 |
| Schedules | • ' ' | mambor or p | agoo molaamg ano oovor p | |
| Schedul | e A-1 - Investments – schedule attached | Sch | edule C - Income, Loans, & Busin | ess Positions – schedule attached |
| Schedul | e A-2 - Investments – schedule attached | Sch | edule D - Income - Gifts - schedu | ıle attached |
| Schedul | e B - Real Property - schedule attached | Sch | edule E - Income - Gifts - Travel | Payments - schedule attached |
| -or- ✓ None | - No reportable interests on any scheo | lulo | | |
| 5. Verification | - No reportable interests on any soned | uie | | |
| MAILING ADDRESS | | CITY | STATE | ZIP CODE |
| (Business or Agency | Address Recommended - Public Document) Main Street | Walnut Cre | ek CA | 94596 |
| DAYTIME TELEPHO | | | . ADDRESS | 34000 |
| () | | | | |
| | easonable diligence in preparing this statement. | | | knowledge the information contained |
| | ny attached schedules is true and complete. I are penalty of perjury under the laws of the State | - | • | ect. |
| | . , , , , , | | | |
| Date Signed | 03/23/2024 03:11 PM | Signatu | ···· | en Kwok |
| _ | (month, day, year) | | (File the originally signed paper | statement with your filing official.) |



Date Initial Filing Received
Filing Official Use Only

A PUBLIC DOCUMENT

Filed Date: 02/10/2024 11:34 AM SAN: 031300016-STH-0016

| Please type or print in ink | c. | | | 2, 5516 | |
|---|--|---------------------------|---|----------------------------|---------------------------------------|
| NAME OF FILER (LAST) | (FIRST) | | (MII | DDLE) | |
| Ward | Melissa | a | | | |
| 1. Office, Agency, o | r Court | | | | |
| Agency Name (Do not | use acronyms) | | | | |
| City of Walnut Cre | • , | | | | |
| | ment, District, if applicable | | Your Position | | |
| Planning Commiss | sion | | Planning Commission | oner | |
| ► If filing for multiple p | ositions, list below or on an attachmer | nt. (Do not use acror | nyms) | | |
| Agency: | | | Position: | | |
| 2. Jurisdiction of C | Office (Check at least one box) | | | | |
| State | | | Judge, Retired Judge, Pro (Statewide Jurisdiction) | Tem Judge, or | Court Commissioner |
| Multi-County | | | County of | | |
| ■ City of Walnut C | | | ¬ ••• | | |
| 3. Type of Stateme | nt (Check at least one box) | | | | |
| Annual: The period December | od covered is January 1, 2023, through | h [| Leaving Office: Date L | eft/_ heck one circle.) | |
| | od covered is/// er 31, 2023. | , through | The period covered in of leaving office.-or- | s January 1, 202 | 23, through the date |
| Assuming Office: | Date assumed/ | | The period covered in the date of leaving or | | /, through |
| Candidate: Date of | of Election and | d office sought, if diffe | rent than Part 1: | | |
| 4. Schedule Summ | ary (required) ► To | tal number of pa | nges including this co | ver page: | 14 |
| Schedules attac | ched | | | _ | |
| Schedule A-1 - | Investments - schedule attached | × Sche | edule C - Income, Loans, & | Business Positio | ns – schedule attached |
| Schedule A-2 - Investments – schedule attached Schedule D - Income – Gifts – schedule attached | | | | | |
| ⋉ Schedule B - R | leal Property - schedule attached | Sche | edule E - Income - Gifts - 7 | ravel Payments | schedule attached |
| -or- □ None - No | reportable interests on any sch | nedule | | | |
| 5. Verification | Toportubio interests on any sen | ioduio | | | |
| MAILING ADDRESS | STREET | CITY | STAT | E | ZIP CODE |
| (Business or Agency Address 1666 N. Main Stre | Recommended - Public Document) | Walnut Cre | ek CA | A 9459 | 6 |
| DAYTIME TELEPHONE NUM | | | ADDRESS | 1 3409 | |
| (925) 943-5899 | | | | | |
| I have used all reasonal | ble diligence in preparing this statementhed schedules is true and complete. | | | of my knowledge | the information contained |
| • | of perjury under the laws of the St | _ | | correct. | |
| | 00/40/0004 44:04 054 | | | Antinna NA/- | |
| Date Signed | 02/10/2024 11:34 AM (month, day, year) | Signatu | re(File the originally signe | Melissa Ward | |

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

Melissa Ward

| ► NAME OF BUSINESS ENTITY | ► NAME OF BUSINESS ENTITY |
|--|--|
| ADOBE SYSTEMS INCORPORATED COM | ALPHABET INC CAP STK CL A |
| GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS |
| Information Technology - Software &Services | Communication Services - Media &Entertainment |
| 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 Stock Other | NATURE OF INVESTMENT Stock Other |
| (Describe) Partnership Oncome Received of \$0 - \$499 Oncome Received of \$500 or More (Report on Schedule C) | (Describe) Partnership Income Received of \$0 - \$499 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 |
| ADVANCED MICRO DEVICES INC COM | AMAZON COM INC COM |
| GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS |
| Information Technology - SemiConduct &SemiEquip | Consumer Discretionary - Retailing |
| 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 Schedule C) | Partnership |
| | |
| IF APPLICABLE, LIST DATE: | IF APPLICABLE, LIST DATE: |
| , , 23 , , , 23 | , , 23 , , , 23 |
| ACQUIRED DISPOSED | ACQUIRED DISPOSED |
| ► NAME OF BUSINESS ENTITY | ► NAME OF BUSINESS ENTITY |
| ALCON AG ORD SHS | AMERICAN INTL GROUP INC |
| GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS |
| Health Care - Health Care Equipment &Services | Financials - Insurance |
| FAIR MARKET VALUE | FAIR MARKET VALUE |
| x \$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 Corporate Bonds |
| Stock Non-US Common Stock (Describe) | Stock X Other Corporate Borius (Describe) |
| Partnership Oncome Received of \$0 - \$499 Oncome 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 12 / 31 / 23 |
| ACQUIRED DISPOSED | ACQUIRED DISPOSED |
| ' | 1 |

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 Melissa Ward

| ► NAME OF BUSINESS ENTITY | ► NAME OF BUSINESS ENTITY |
|--|--|
| AMERICAN TOWER CORP NEW COM | APPLE INC COM |
| GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS |
| Real Estate Investment Trust | Information Technology - Technology Hardware &Equipment |
| FAIR MARKET VALUE | FAIR 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 | S100,001 - \$1,000,000 Over \$1,000,000 |
| NATURE OF INVESTMENT | NATURE OF INVESTMENT |
| Stock Other (Describe) | Stock Other(Describe) |
| Partnership Income Received of \$0 - \$499 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 |
| AMGEN INC COM | APPLIED MATERIALS INC COM |
| GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS |
| Health Care - Pharma &Biotechnology | Information Technology - SemiConduct &SemiEquip |
| 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 | S100,001 - \$1,000,000 Over \$1,000,000 |
| NATURE OF INVESTMENT | NATURE OF INVESTMENT |
| Stock Other(Describe) | X 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) | ☐ 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 |
| ANALOG DEVICES INC COM | APTIV PLC SHS |
| GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS |
| Information Technology - SemiConduct &SemiEquip | Consumer Discretionary - Automobiles &Components |
| 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 Stock Other | NATURE OF INVESTMENT Stock Other Non-US Common Stock |
| 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: |
| | |
| ACQUIRED DISPOSED | ACQUIRED DISPOSED |
| ' | • |

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

Melissa Ward

| • | NAME OF BUSINESS ENTITY | • | NAME OF BUSINESS ENTITY |
|----------|--|------------|--|
| | BANK OF AMERICA CORPORATION | | BOOKING HOLDINGS INC COM |
| | GENERAL DESCRIPTION OF THIS BUSINESS | | GENERAL DESCRIPTION OF THIS BUSINESS |
| | Financials - Banks | | Consumer Discretionary - Retailing |
| | 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 | | \$100,001 - \$1,000,000 Over \$1,000,000 |
| | NATURE OF INVESTMENT | | NATURE OF INVESTMENT |
| | Stock Other Corporate Bonds (Describe) | | X Stock Other(Describe) |
| | Partnership | | Partnership |
| | IF APPLICABLE, LIST DATE: | | IF APPLICABLE, LIST DATE: |
| | | | |
| | ACQUIRED DISPOSED | | ACQUIRED DISPOSED |
| - | NAME OF BUSINESS ENTITY | | NAME OF BUSINESS ENTITY |
| | BERKSHIRE HATHAWAY INC DEL CL B NEW | | BP CAP MKTS PLC |
| | GENERAL DESCRIPTION OF THIS BUSINESS | | GENERAL DESCRIPTION OF THIS BUSINESS |
| | Financials - Diversified Financials | | Energy |
| | 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 | I . | NATURE OF INVESTMENT Non-US Corporate Bonds |
| | 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 12 , 31 , 23 |
| | ACQUIRED DISPOSED | | |
| <u> </u> | NAME OF BUSINESS ENTITY | | NAME OF BUSINESS ENTITY |
| | BLACKROCK INC COM | | BRISTOL-MYERS SQUIBB CO COM |
| | GENERAL DESCRIPTION OF THIS BUSINESS | | GENERAL DESCRIPTION OF THIS BUSINESS |
| | | | |
| | Financials - Diversified Financials | 1 . | Health Care - Pharma &Biotechnology |
| | 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 X Stock Other |
| | (Describe) | ' | (Describe) |
| | Partnership Oncome Received of \$0 - \$499 Oncome 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: |
| | / / 23 / / 23 | 1 | , , 23 , , , 23 |
| | ACQUIRED DISPOSED | 1 | ACQUIRED DISPOSED |
| | ' | • | |

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 Melissa Ward

| ► NAME OF BUSINESS ENTITY | ► NAME OF BUSINESS ENTITY |
|---|--|
| CAPITAL ONE FINL CORP SR GI | BL NOTES CISCO SYS INC COM |
| GENERAL DESCRIPTION OF THIS BUSINES | GENERAL DESCRIPTION OF THIS BUSINESS |
| Financials - Banks | Information Technology - Technology Hardware &Equipment |
| FAIR MARKET VALUE | FAIR MARKET VALUE |
| × \$2,000 - \$10,000 | 100,000 |
| \$100,001 - \$1,000,000 Over \$1,00 | 0,000 S100,001 - \$1,000,000 Over \$1,000,000 |
| NATURE OF INVESTMENT | . NATURE OF INVESTMENT |
| Stock X Other Corporate Bo | The state of the s |
| (Description of \$0 - \$4 Partnership Income Received of \$0 - \$4 Income Received of \$500 o | 9 Partnership O Income Received of \$0 - \$499 |
| IF APPLICABLE, LIST DATE: | IF APPLICABLE, LIST DATE: |
| | |
| ACQUIRED DISPOSED | ACQUIRED DISPOSED |
| ► NAME OF BUSINESS ENTITY | ► NAME OF BUSINESS ENTITY |
| CHEVRON CORP NEW COM | CITIGROUP |
| GENERAL DESCRIPTION OF THIS BUSINE | |
| Energy | Financials - Banks |
| FAIR MARKET VALUE | FAIR MARKET VALUE |
| \$2,000 - \$10,000 X \$10,001 - | II <u> </u> |
| \$100,001 - \$1,000,000 Over \$1,00 | |
| | |
| NATURE OF INVESTMENT Stock Other | NATURE OF INVESTMENT Corporate Bonds |
| X Stock Other(Desc | |
| Partnership O Income Received of \$0 - \$4 | |
| ○ Income Received of \$500 o | More (Report on Schedule C) |
| IF APPLICABLE, LIST DATE: | IF APPLICABLE, LIST DATE: |
| | <u></u> |
| ACQUIRED DISPOSED | ACQUIRED DISPOSED |
| ► NAME OF BUSINESS ENTITY | ► NAME OF BUSINESS ENTITY |
| CHUBB LIMITED COM | CITIGROUP INC COM NEW |
| | |
| GENERAL DESCRIPTION OF THIS BUSINES | GENERAL DESCRIPTION OF THIS BUSINESS |
| Financials - Insurance | Financials - Banks |
| FAIR MARKET VALUE | FAIR MARKET VALUE |
| \$2,000 - \$10,000 X \$10,001 - | |
| \$100,001 - \$1,000,000 Over \$1,00 | 0,000 S100,001 - \$1,000,000 Over \$1,000,000 |
| NATURE OF INVESTMENT Stock Stock Non-US Con | NATURE OF INVESTMENT |
| Stock Other NOTI-US COTI | |
| Partnership O Income Received of \$0 - \$4 | Partnership Olncome Received of \$0 - \$499 |
| IF APPLICABLE, LIST DATE: | IF APPLICABLE, LIST DATE: |
| , , 23 , , , 23 | |
| ACQUIRED DISPOSED | ACQUIRED DISPOSED |
| 2.3. 3329 | 11 |
| | |

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

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

| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION |
|---|
| Name |
| Melissa Ward |

| ► NAME OF BUSINESS ENTITY | ► NAME OF BUSINESS ENTITY |
|--|--|
| CITIGROUP INC COM NEW | COMCAST CORP NEW CL A |
| GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS |
| Financials - Banks | Communication Services - Media &Entertainment |
| 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 | \$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 Income Received of \$500 or More (Report on Schedule C) | Partnership |
| IF APPLICABLE, LIST DATE: | IF APPLICABLE, LIST DATE: |
| , , 23 , , 23 | , , 23 , , 23 |
| ACQUIRED DISPOSED | ACQUIRED DISPOSED |
| ► NAME OF BUSINESS ENTITY | ► NAME OF BUSINESS ENTITY |
| CMS ENERGY CORP COM | COMCAST CORP NEW SR NT |
| GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS |
| Utilities | Information Technology - Software &Services |
| 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 | MATURE OF INVESTMENT |
| | NATURE OF INVESTMENT Corporate Bonds Stock Other |
| Stock Other (Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C) | (Describe) Partnership |
| IF APPLICABLE, LIST DATE: | IF APPLICABLE, LIST DATE: |
| , , 23 , , , 23 | , , 23 , , , 23 |
| ACQUIRED DISPOSED | ACQUIRED DISPOSED |
| ► NAME OF BUSINESS ENTITY | ► NAME OF BUSINESS ENTITY |
| COCA COLA CO COM | CONSTELLATION BRANDS INC CL A |
| GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS |
| | |
| Consumer Staples - Food Beverage &Tobacco | Consumer Staples - Food Beverage &Tobacco |
| FAIR MARKET VALUE | FAIR MARKET VALUE |
| <u>\$2,000 - \$10,000</u> <u>\$10,001 - \$100,000</u> | \$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 |
| 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 , , , 23 |
| 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 Melissa Ward

| ► NAME OF BUSINESS ENTITY | ► NAME OF BUSINESS ENTITY |
|--|--|
| COSTCO WHSL CORP NEW COM | ELECTRONIC ARTS INC COM |
| GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS |
| Consumer Staples - Food &Staples Retailing | Communication Services - Media &Entertainment |
| 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 | 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: |
| <u></u> | |
| ACQUIRED DISPOSED | ACQUIRED DISPOSED |
| ► NAME OF BUSINESS ENTITY | ► NAME OF BUSINESS ENTITY |
| DISNEY WALT CO COM | ELEVANCE HEALTH INC COM |
| GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS |
| Communication Services - Media &Entertainment | Health Care - Health Care Equipment &Services |
| FAIR MARKET VALUE | FAIR MARKET VALUE |
| x \$2,000 - \$10,000 | ■ \$2,000 - \$10,000 |
| 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) | 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 |
| ECOLAB INC COM | EVERSOURCE ENERGY COM |
| GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS |
| Materials | Utilities |
| FAIR MARKET VALUE | FAIR MARKET VALUE |
| | \(\times \) \$2,000 - \$10,000 \(\times \) \$10,001 - \$100,000 \(\times \) \$100,000 \(\times \) Over \$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) | Income Received of \$500 or More (Report on Schedule C) |
| IF APPLICABLE, LIST DATE: | IF APPLICABLE, LIST DATE: |
| | |
| ACQUIRED DISPOSED | ACQUIRED DISPOSED |
| | |

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

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

| | IA FORM 700 PRACTICES COMMISSION |
|------|----------------------------------|
| Name | |
| Me | elissa Ward |

| ► NAME OF BUSINESS ENTITY | ► NAME OF BUSINESS ENTITY |
|--|--|
| FORTIVE CORP COM | GRAINGER WW INC COM |
| GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS |
| Industrials - Capital Goods | Industrials - Capital Goods |
| 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 X Stock Other | NATURE OF INVESTMENT Stock Other |
| (Describe) Partnership | (Describe) Partnership |
| IF APPLICABLE, LIST DATE: | IF APPLICABLE, LIST DATE: |
| | |
| ► NAME OF BUSINESS ENTITY | NAME OF BUSINESS ENTITY |
| GOLDMAN SACHS GROUP INC | |
| GENERAL DESCRIPTION OF THIS BUSINESS | HOME DEPOT INC SR GLBL NT GENERAL DESCRIPTION OF THIS BUSINESS |
| Financials - Diversified Financials | Consumer Discretionary - Retailing |
| FAIR MARKET VALUE | FAIR MARKET VALUE |
| \$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 Corporate Bonds | NATURE OF INVESTMENT Corporate Bonds |
| (Describe) | (Describe) |
| Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C) | Partnership O Income Received of \$0 - \$499 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 |
| GOLDMAN SACHS GROUP INC COM | HONEYWELL INTL INC COM |
| GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS |
| Diversified Financials | Industrials - Capital Goods |
| FAIR MARKET VALUE | FAIR MARKET VALUE |
| \$2,000 - \$10,000 | \$2,000 - \$10,000 |
| | |
| NATURE OF INVESTMENT | NATURE OF INVESTMENT Stock Other |
| Describe (Describe) | Partnership Olncome Received of \$0 - \$499 Olncome 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 |
| | 11 |

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION |
|---|
| Name |
| Melissa Ward |

NAME OF BUSINESS ENTITY ► NAME OF BUSINESS ENTITY **HUNT J B TRAN SVCS INC COM** JP MORGAN CHASE &CO GENERAL DESCRIPTION OF THIS BUSINESS GENERAL DESCRIPTION OF THIS BUSINESS Industrials - Transportation Financials - Banks FAIR MARKET VALUE FAIR MARKET VALUE X \$10,001 - \$100,000 \$2,000 - \$10,000 **X** \$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 Corporate Bonds X Other _ × Stock Other Stock (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: / / 23 / / 23
ACQUIRED DISPOSED / / 23 12 / 31 / 23 DISPOSED NAME OF BUSINESS ENTITY NAME OF BUSINESS ENTITY **ILLUMINA INC COM** JPMORGAN CHASE &CO COM GENERAL DESCRIPTION OF THIS BUSINESS GENERAL DESCRIPTION OF THIS BUSINESS Health Care - Pharma &Biotechnology Financials - Banks FAIR MARKET VALUE FAIR MARKET VALUE **×** \$10,001 - \$100,000 \$10,001 - \$100,000 × \$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 Other _ Other _ × Stock × Stock (Describe) (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: 12 / 31 / 23 DISPOSED _/___<u>/__23</u> NAME OF BUSINESS ENTITY ► NAME OF BUSINESS ENTITY **JOHNSON & JOHNSON COM** LILLY ELI &CO COM GENERAL DESCRIPTION OF THIS BUSINESS GENERAL DESCRIPTION OF THIS BUSINESS Health Care - Pharma &Biotechnology Health Care - Pharma &Biotechnology FAIR MARKET VALUE FAIR MARKET VALUE \$10,001 - \$100,000 \$10,001 - \$100,000 × \$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 NATURE OF INVESTMENT Other Other × Stock × Stock 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:

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

Investments must be itemized.

| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION |
|---|
| Name |
| Melissa Ward |

Do not attach brokerage or financial statements.

| ► NAME OF BUSINESS ENTITY | ► NAME OF BUSINESS ENTITY |
|--|---|
| LINDE PLC SHS | MCDONALDS CORP COM |
| GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS |
| Materials | Consumer Discretionary - Consumer Services |
| 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 |
| Stock Other Non-US Common Stock | Stock Other |
| (Describe) Partnership | (Describe) Partnership Oncome Received of \$0 - \$499 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 |
| LOWES COS INC COM | MEDTRONIC PLC SHS |
| GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS |
| Consumer Discretionary - Retailing | Health Care - Health Care Equipment &Services |
| FAIR MARKET VALUE | FAIR MARKET VALUE |
| X \$10,000 X \$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 Non U.S. Common Stock |
| Stock Other (Describe) | NATURE OF INVESTMENT Stock Non-US Common Stock (Describe) |
| Partnership | 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 | |
| ACQUIRED DISPOSED | ACQUIRED DISPOSED |
| ► NAME OF BUSINESS ENTITY | NAME OF BUSINESS ENTITY |
| MASTERCARD INCORPORATED CL A | MICROSOFT CORP COM |
| GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS |
| Information Technology - Software &Services | Information Technology - Software &Services |
| 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) 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: |
| , , 23 , , , 23 | / / 23 / / 23 |
| ACQUIRED DISPOSED | ACQUIRED DISPOSED |
| | 11 |
| Comments: | |

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

Investments must be itemized.

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

Melissa Ward

| Do not attach brokerage | e or financial statements. |
|---|---|
| ► NAME OF BUSINESS ENTITY | ► NAME OF BUSINESS ENTITY |
| MONDELEZ INTL INC CL A | SCHWAB CHARLES CORP COM |
| GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS |
| Consumer Staples - Food Beverage &Tobacco | Financials - Diversified Financials |
| 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) | 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 | , , 23 , , , 23 |
| ACQUIRED DISPOSED | ACQUIRED DISPOSED |
| ► NAME OF BUSINESS ENTITY | ► NAME OF BUSINESS ENTITY |
| NORTHROP GRUMMAN CORP COM | TJX COS INC NEW COM |
| GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS |
| Industrials - Capital Goods | Consumer Discretionary - Retailing |
| FAIR MARKET VALUE | FAIR MARKET VALUE |
| X \$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) | 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 |
| PROCTOR AND GAMBLE CO COM | T-MOBILE US INC COM |
| GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS |
| Consumer Staples - Household &Personal Products | Communication Services - Telecommunication Services |
| 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 | 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: |
| | |
| ACQUIRED DISPOSED | ACQUIRED DISPOSED |
| · | • |

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

Investments must be itemized.

Do not attach brokerage or financial statements.

| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION |
|---|
| Name |
| Melissa Ward |

| | NAME OF BUSINESS ENTITY | ► NAME OF BUSINESS ENTITY |
|---------|--|---|
| | UNITED PARCEL SERVICE INC CL B | VERIZON COMMUNICATIONS INC |
| | GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS |
| | Industrials - Transportation | Communication Services - Telecommunication Services |
| | 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 | Stock Corporate Bonds |
| | (Describe) | (Describe) |
| | Partnership Oncome Received of \$0 - \$499 Oncome Received of \$500 or More (Report on Schedule C) | 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 | |
| | ACQUIRED DISPOSED | ACQUIRED DISPOSED |
| _ | NAME OF BUSINESS ENTITY | NAME OF BUSINESS ENTITY |
| | UNITEDHEALTH GROUP INC COM | VICI PPTYS INC COM |
| | GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS |
| | | |
| | Health Care - Health Care Equipment &Services | Real Estate Investment Trust |
| | 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) Partnership Olecome Received of \$0, \$400 | 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 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 BUOINESS ENTITY | NAME OF BURINESS ENTITY |
| | NAME OF BUSINESS ENTITY | ► NAME OF BUSINESS ENTITY |
| | V F CORP COM | |
| | GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS |
| | Consumer Discretionary - Consumer Durables & Apparel | |
| | 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 () 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 | , , 23 , , , 23 |
| | ACQUIRED DISPOSED | ACQUIRED DISPOSED |
| | | |
| _ | | |
| CO | mments: | |

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION Name Melissa Ward

| ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 1692 Parkside Drive CITY Walnut Creek | ► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS |
|---|---|
| CITY | |
| | |
| Walnut Creek | CITY |
| | |
| FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \ | FAIR MARKET VALUE S2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED |
| | |
| You are not required to report loans from a commercial business on terms available to members of the public w loans received not in a lender's regular course of business. | ithout regard to your official status. Personal loans and |
| business on terms available to members of the public w loans received not in a lender's regular course of business. | ithout regard to your official status. Personal loans and |
| business on terms available to members of the public w loans received not in a lender's regular course of busine NAME OF LENDER* | ithout regard to your official status. Personal loans and ess must be disclosed as follows: |
| business on terms available to members of the public w loans received not in a lender's regular course of busines NAME OF LENDER* ADDRESS (Business Address Acceptable) | ithout regard to your official status. Personal loans and ess must be disclosed as follows: NAME OF LENDER* |
| business on terms available to members of the public w loans received not in a lender's regular course of busines NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER | ithout regard to your official status. Personal loans and ess must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) |
| business on terms available to members of the public w loans received not in a lender's regular course of busines 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 \$1,001 - \$10,000 | ithout regard to your official status. Personal loans and ess must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) ——————————————————————————————————— |
| business on terms available to members of the public w loans received not in a lender's regular course of busines NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) Mone HIGHEST BALANCE DURING REPORTING PERIOD | ithout regard to your official status. Personal loans and ess must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) ——————————————————————————————————— |

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

| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION |
|---|
| Name |
| Melissa Ward |

| ME OF SOURCE OF INCOME DRESS (Business Address Acceptable) SINESS ACTIVITY, IF ANY, OF SOURCE FUR BUSINESS POSITION |
|--|
| SINESS ACTIVITY, IF ANY, OF SOURCE |
| SINESS ACTIVITY, IF ANY, OF SOURCE |
| UR BUSINESS POSITION |
| UR BUSINESS POSITION |
| |
| |
| |
| |
| OSS INCOME RECEIVED No Income - Business Position Or |
| \$500 - \$1,000 \$1,001 - \$10,000 |
| \$10,001 - \$100,000 OVER \$100,000 |
| NSIDERATION FOR WHICH INCOME WAS RECEIVED |
| Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) |
| Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) |
| Sale of |
| (Real property, car, boat, etc.) |
| Loan repayment |
| Commission or Rental Income, list each source of \$10,000 or more |
| (Describe) |
| Other |
| (Describe) |
| g institution, or any indebtedness created as part o er's regular course of business on terms available |
| Personal loans and loans received not in a lender TEREST RATE TERM (Months/Years) |
| Personal loans and loans received not in a lender |
| Personal loans and loans received not in a lender TEREST RATE TERM (Months/Years) |
| Personal loans and loans received not in a lender TEREST RATE TERM (Months/Years) |
| Personal loans and loans received not in a lender TEREST RATE TERM (Months/Years) Whene CURITY FOR LOAN None Personal residence |
| Personal loans and loans received not in a lender TEREST RATE TERM (Months/Years) When the company of the com |
| Personal loans and loans received not in a lender TEREST RATE TERM (Months/Years) |
| Personal loans and loans received not in a lender TEREST RATE TERM (Months/Years) |
| Personal loans and loans received not in a lender TEREST RATE TERM (Months/Years) Whome CURITY FOR LOAN None Personal residence Real Property Street address City |
| Personal loans and loans received not in a lender TEREST RATE TERM (Months/Years) Which is a lender TERM (Months/Years) Which is a lender TERM (Months/Years) Which is a lender Street address |
| |



Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Date Initial Filing Received
Filing Official Use Only

A PUBLIC DOCUMENT

Filed Date: 03/31/2024 09:29 PM SAN: 031300016-STH-0016

| NAME OF FILER (LAS | T) (FIRST) | | (MIDDLE) | |
|--|--|---|--|---------------------------------------|
| Nieting | Pamela | | | |
| 1. Office, Agen | cy, or Court | | | |
| Agency Name (| Do not use acronyms) | | | |
| City of Waln | ut Creek | | | |
| Division, Board, | Department, District, if applicable | Y | our Position | |
| Planning Co | mmission | 1 | Planning Commissioner | |
| ► If filing for mu | ultiple positions, list below or on an attachment. | (Do not use acronyr | ns) | |
| Agency: | | | Position: | |
| | 4.040 | | | |
| 2. Jurisdiction | of Office (Check at least one box) | | | |
| State | | | Judge, Retired Judge, Pro Tem (Statewide Jurisdiction) | Judge, or Court Commissioner |
| Multi-County | | | County of | |
| City of Wa | Inut Creek | | 0.11 | |
| 3. Type of Sta | tement (Check at least one box) | | | |
| De | ne period covered is January 1, 2023, through ecember 31, 2023. | | Leaving Office: Date Left(Check of | one circle.) |
| | ne period covered is//ecember 31, 2023. | _, through | The period covered is January of leaving office. | uary 1, 2023, through the date |
| Assuming (| Office: Date assumed/ | | - | /, through |
| Candidate: | Date of Election and o | ffice sought, if differe | nt than Part 1: | |
| 4. Schedule S | ummary (required) ► Tota | I number of pag | es including this cover p | page: 3 |
| Schedules | attached | , • | | |
| × Schedule | e A-1 - Investments – schedule attached | Schede Sc | ıle C - Income, Loans, & Busine | ess Positions – schedule attached |
| Schedule | e A-2 - Investments – schedule attached | Sched | ıle D - Income - Gifts - schedu | lle attached |
| Schedule | B - Real Property - schedule attached | Sched | ıle E - Income – Gifts – Travel | Payments - schedule attached |
| _ " | | | | |
| | - No reportable interests on any sched | lule | | |
| 5. Verification | 0.707.77 | 0/7/ | | 710.0005 |
| MAILING ADDRESS (Business or Agency | STREET Address Recommended - Public Document) | CITY | STATE | ZIP CODE |
| 1666 North | | Walnut Creek | | 94596 |
| DAYTIME TELEPHO | NE NUMBER | EMAIL AD | DRESS | |
| () | opposable diligence in preserving this statement | I have reviewed this | ptatament and to the heat of | knowledge the information contained |
| | easonable diligence in preparing this statement. y attached schedules is true and complete. I a | | | knowledge the information contained |
| l certify under p | penalty of perjury under the laws of the State | of California that t | he foregoing is true and corre | ect. |
| Date Signed | 03/31/2024 09:29 PM | Signature | Pamel | a Nieting |
| _ | (month_day_vear) | J | (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

Pamela Nieting

| • | NAME OF BUSINESS ENTITY | ► NAME OF BUSINESS ENTITY | |
|----------|--|---|----|
| | Nieting Development LLC | | |
| | GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS | _ |
| | consulting | | |
| | 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 UNIVESTMENT | MATURE OF INVESTMENT | |
| | NATURE OF INVESTMENT Stock Other my IIc | NATURE OF INVESTMENT Stock Other | |
| | (Describe) | (Describe) | |
| | Partnership Oncome Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C) | Partnership | C) |
| | IF APPLICABLE, LIST DATE: | IF APPLICABLE, LIST DATE: | |
| | 09 / 25 / 23 / / 23 | / / 23 / / 23 | |
| | ACQUIRED DISPOSED | ACQUIRED DISPOSED | |
| _ | NAME OF BUSINESS ENTITY | ► NAME OF BUSINESS ENTITY | _ |
| | TWINE OF BOOMESO ENTITY | I William of Bookingso Elemin | |
| | GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS | _ |
| | GENERAL DESCRIPTION OF THIS BUSINESS | CENERAL BESSELL THAT OF THIS BOSINESS | |
| | | | _ |
| | 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 | |
| | | | |
| | (Describe) | (Describe) | |
| | Partnership Oncome Received of \$0 - \$499 Oncome 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 |
| | C modified recognition of the position of the contraction of | The sine reserved of the server of more properties. | 0) |
| | IF APPLICABLE, LIST DATE: | IF APPLICABLE, LIST DATE: | |
| | | | |
| | | | |
| | ACQUIRED DISPOSED | ACQUIRED DISPOSED | |
| <u></u> | NAME OF BUSINESS ENTITY | ► NAME OF BUSINESS ENTITY | _ |
| | | | |
| | GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS | _ |
| | CENERAL DESCRIPTION OF THIS BOOMESS | GENERAL BESCHI TION OF THIS BOSINESS | |
| | | | |
| | 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 | S100,001 - \$1,000,000 Over \$1,000,000 | |
| | NATURE OF INVESTMENT | NATURE OF INVESTMENT | |
| | Stock Other (Describe) | Stock Other (Describe) | |
| | Partnership () Income Received of \$0 - \$499 | Partnership () 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></u> | | |
| | | | |
| | ACQUIRED DISPOSED | ACQUIRED DISPOSED | |
| | | | |
| Co | omments: | | _ |

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION |
|---|
| Name |
| Pamela Nieting |

| 1. INCOME RECEIVED | ► 1. INCOME RECEIVED |
|---|--|
| NAME OF SOURCE OF INCOME | NAME OF SOURCE OF INCOME |
| Nieting Development LLC | Trumark Homes |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) |
| 812 Trotter Court | 3001 Bishop Drive #100 |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| consulting | salary |
| YOUR BUSINESS POSITION | YOUR BUSINESS POSITION |
| founder | employee |
| 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 OVER \$100,000 | ☐ \$10,001 - \$100,000 X OVER \$100,000 |
| CONSIDERATION FOR WHICH INCOME WAS RECEIVED Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) | CONSIDERATION FOR WHICH INCOME WAS RECEIVED Solution 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) |
| 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: INTEREST RATE TERM (Months/Years) |
| TAINE OF LEADER | TERM (Mondis, reals) |
| ADDRESS (Business Address Acceptable) | SECURITY FOR LOAN |
| BUSINESS ACTIVITY, IF ANY, OF LENDER | None Personal residence |
| | Real Property |
| HIGHEST BALANCE DURING REPORTING PERIOD | |
| \$500 - \$1,000 | |
| \$1,001 - \$10,000 | City |
| \$10,001 - \$100,000 | |
| OVER \$100,000 | |
| | · |
| Comments: | Guarantor |



Date Initial Filing Received
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| NAME OF FILER (LAST |) (FIRST) | | (MIDDLE) |
|---|---|----------------|--|
| Reiser | Mark | | Stephen |
| 1. Office, Agend | cy, or Court | | |
| Agency Name (D | Oo not use acronyms) | | |
| City of Walnu | · ' | | |
| Division, Board, D | Department, District, if applicable | | Your Position |
| Planning Con | nmission | | Planning Commissioner |
| | tiple positions, list below or on an attachment. | (Do not use | |
| Agency: | | | Position: |
| | | | |
| 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 Wall | | | Other |
| 3. Type of Stat | ement (Check at least one box) | | |
| De | e period covered is January 1, 2023, through cember 31, 2023. | | Leaving Office: Date Left//(Check one circle.) |
| | e period covered is/ cember 31, 2023. | _, through | The period covered is January 1, 2023, through the date of leaving office. |
| Assuming O | office: Date assumed/ | | The period covered is/, through the date of leaving office. |
| Candidate: | Date of Election and o | office sought, | ; if different than Part 1: |
| 4. Schedule Summary (required) ► Total number of pages including this cover page: 7 | | | |
| Schedules a | - · · · · · | | |
| ▼ Schedule | A-1 - Investments – schedule attached | × | Schedule C - Income, Loans, & Business Positions – schedule attached |
| | A-2 - Investments – schedule attached | | Schedule D - Income – Gifts – schedule attached |
| <u>=</u> | B - Real Property – schedule attached | | Schedule E - Income - Gifts - Travel Payments - schedule attached |
| | | | |
| -or- □ None | No reportable interests on any scheen | dule | |
| 5. Verification | | | |
| MAILING ADDRESS (Business or Agency A | STREET Address Recommended - Public Document) | CITY | STATE ZIP CODE |
| 1666 North N | • | Walnut | ut Creek CA 94596 |
| DAYTIME TELEPHON | IE NUMBER | | EMAIL ADDRESS |
| () | | | |
| | asonable diligence in preparing this statement. attached schedules is true and complete. I a | | ewed this statement and to the best of my knowledge the information contain this is a public document. |
| • | enalty of perjury under the laws of the Stat | _ | · |
| | 00/04/0004 40 04 504 | | Marila Otracha a Datasa |
| Date Signed | 03/31/2024 12:24 PM (month, day, year) | Si | Signature Mark Stephen Reiser (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 Mark Reiser

| Do not attach brokeray | C of illiancial statements. |
|---|---|
| NAME OF BUSINESS ENTITY | ► NAME OF BUSINESS ENTITY |
| Airbnb, Inc | |
| GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS |
| Online Travel Platform | |
| 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 | 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: |
| | |
| ACQUIRED DISPOSED | ACQUIRED DISPOSED |
| NAME OF BUSINESS ENTITY | ► NAME OF BUSINESS ENTITY |
| AMADEUS IT GROUP | |
| GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS |
| Travel 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 | Stock Other |
| (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: |
| | |
| 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 \$10,001 - \$100,000 | \$2,000 - \$10,000 \$10,001 - \$100,000 |
| \$100,001 - \$1,000,000 Over \$1,000,000 | \$100,001 - \$1,000,000 Over \$1,000,000 |
| NATURE OF INVESTMENT | NATURE OF INVESTMENT |
| Stock Other | Stock Other (Describe) |
| (Describe) Partnership (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 |
| | 1 1 |

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name

(Ownership Interest is 10% or Greater)

Mark Reiser

| ▶ 1. BUSINESS ENTITY OR TRUST | ► 1. BUSINESS ENTITY OR TRUST |
|---|---|
| Mark Stephen Reiser Revocable Trust | Shuey Avenue Properties |
| Name 1860 Shuey Ave, Walnut Creek, CA 94596 | Name 1860 Shuey Ave, Walnut Creek, CA 94596 |
| 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 |
| | Real Estate Sales & Short-term Rental (Airbnb) |
| FAIR MARKET VALUE IF APPLICABLE, LIST DATE: | FAIR MARKET VALUE IF APPLICABLE, LIST DATE: |
| \$0 - \$1,999 | □ \$0 - \$1,999 |
| \$2,000 - \$10,000 | \$2,000 - \$10,000 |
| \$100,001 - \$1,000,000 | \$100,001 - \$1,000,000 |
| Over \$1,000,000 | Over \$1,000,000 |
| NATURE OF INVESTMENT | NATURE OF INVESTMENT |
| Partnership Sole Proprietorship Other | Partnership Sole Proprietorship Other |
| YOUR BUSINESS POSITION | YOUR BUSINESS POSITION Managing Partner |
| | |
| ➤ 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 | \$0 - \$499 \text{\$10,001} - \$100,000 |
| \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000 | \$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 | X None or ☐ Names listed below |
| | |
| | |
| | |
| ► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR | ➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR |
| LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST | LEASED BY THE BUSINESS ENTITY OR TRUST |
| Check one box: | Check one box: INVESTMENT REAL PROPERTY |
| ☐ INVESTMENT ☐ REAL PROPERTY 1854-60 Shuey Ave Walnut Creek, CA 94596 | 1854-1858 Shuey Ave, Walnut Creek, CA 94596 |
| 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 |
| 178120090 Description of Rusiness Activity or | 178120090 Description of Business Activity or |
| 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: | FAIR MARKET VALUE IF APPLICABLE, LIST DATE: |
| \$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000 | \$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000 |
| \$10,001 - \$100,000 | \$10,001 - \$100,000 ACQUIRED DISPOSED |
| Over \$1,000,000 | Over \$1,000,000 |
| NATURE OF INTEREST | NATURE OF INTEREST |
| Property Ownership/Deed of Trust Stock Partnership | Property Ownership/Deed of Trust Stock Partnership |
| Leasehold Other | Leasehold Other |
| Yrs. remaining Check box if additional schedules reporting investments or real property | Yrs. remaining Check box if additional schedules reporting investments or real property |
| are attached | are attached |
| | 1 |

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

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name

Mark Reiser

| ▶ 1. BUSINESS ENTITY OR TRUST | ► 1. BUSINESS ENTITY OR TRUST |
|---|--|
| Steve Reiser, REALTOR (The Reiser Group) | |
| Name 1451 Danville Boulevard, Suite 202 Alamo, CA 94507 | Name |
| Address (Business Address Acceptable) | Address (Business Address Acceptable) |
| Check one | Check one |
| ☐ Trust, go to 2 ■ Business Entity, complete the box, then go to 2 | ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2 |
| GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS |
| Real Estate Sales | |
| FAIR MARKET VALUE IF APPLICABLE, LIST DATE: | FAIR MARKET VALUE IF APPLICABLE, LIST DATE: |
| \$0 - \$1,999 \$2,000 - \$10,000 \$2,000 - \$10,000 \$1,23 | \$0 - \$1,999 \$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 | NATURE OF INVESTMENT |
| Partnership Sole Proprietorship Other | Partnership Sole Proprietorship Other |
| YOUR BUSINESS POSITION | 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 \times \$10,001 - \$100,000 \\ \$500 - \$1,000 \times | \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 |
| \$1,001 - \$10,000 | \$1,001 - \$10,000 |
| ➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF | ➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF |
| INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or X Names listed below | INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below |
| Thomas James Homes (Real Estate Sales)` | |
| , | |
| | |
| | |
| ▶ 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 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 | \$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 |
| Check box if additional schedules reporting investments or real property | Check box if additional schedules reporting investments or real property |
| are attached | are attached |
| l | |

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION Name Mark Reiser

| | ► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS |
|--|--|
| 1860 Shuey Ave | 2100 N Village Dr |
| CITY | CITY |
| Walnut Creek | Truckee, CA |
| FAIR MARKET VALUE S2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED | FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 |
| | |
| | al 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: |
| business on terms available to members of the public | without regard to your official status. Personal loans and |
| business on terms available to members of the public loans received not in a lender's regular course of busi | without regard to your official status. Personal loans and ness must be disclosed as follows: |
| business on terms available to members of the public loans received not in a lender's regular course of busi | without regard to your official status. Personal loans and ness must be disclosed as follows: NAME OF LENDER* |
| business on terms available to members of the public loans received not in a lender's regular course of busi NAME OF LENDER* ADDRESS (Business Address Acceptable) | without regard to your official status. Personal loans and ness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) |
| business on terms available to members of the public loans received not in a lender's regular course of business NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER | without regard to your official status. Personal loans and ness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER |
| business on terms available to members of the public loans received not in a lender's regular course of business Name of Lender* Address (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE Mone None | without regard to your official status. Personal loans and ness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) |
| business on terms available to members of the public loans received not in a lender's regular course of business NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) | without regard to your official status. Personal loans and ness must be disclosed as follows: NAME OF LENDER* |
| business on terms available to members of the public loans received not in a lender's regular course of business received not in a lender's regular course of business name of Lender* Address (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) Mone HIGHEST BALANCE DURING REPORTING PERIOD | without regard to your official status. Personal loans and ness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) ——————————————————————————————————— |

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION | |
|---|--|
| Name | |
| Mark Reiser | |

| 1. INCOME RECEIVED | ► 1. INCOME RECEIVED |
|--|--|
| NAME OF SOURCE OF INCOME | NAME OF SOURCE OF INCOME |
| Carmel Candle Power LTD | Carmel-SL Investors |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) |
| San Carlos St. Carmel-By-The-Sea, CA 93923 | 4th & San Carlos St, Carmel, CA 93923 |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| Hotel/Hospitality | Hotel/Hospitality |
| YOUR BUSINESS POSITION | YOUR BUSINESS POSITION |
| Limited Partner | Limited Partner |
| GROSS INCOME RECEIVED | GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$1,001 - \$100,000 \$10,001 - \$100,000 OVER \$100,000 |
| CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) | CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) |
| Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) | 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) ▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P | (Describe) |
| a retail installment or credit card transaction, made in the tomembers of the public without regard to your official regular course of business must be disclosed as follows: NAME OF LENDER* | 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: INTEREST RATE Months/Years) None |
| ADDRESS (Business Address Acceptable) | SECURITY FOR LOAN |
| BUSINESS ACTIVITY, IF ANY, OF LENDER | ☐ None ☐ Personal residence |
| HIGHEST BALANCE DURING REPORTING PERIOD | Real Property |
| \$500 - \$1,000 | City |
| \$1,001 - \$10,000 | · |
| \$10,001 - \$100,000 | Guarantor |
| OVER \$100,000 | Other(Describe) |
| Comments: | |

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION | |
|---|--|
| Name | |
| Mark Reiser | |

| 1. INCOME RECEIVED | ► 1. INCOME RECEIVED |
|---|---|
| NAME OF SOURCE OF INCOME | NAME OF SOURCE OF INCOME |
| Coastal Inns, LLC | Laurel-Reiser Family Partnership |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) |
| 407 Miracle Rd Half Moon Bay, CA 94019 | 444 Presidio Ave San Francisco, CA 94115 |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| Hotel/Hospitality | Hotel/Hospitality |
| YOUR BUSINESS POSITION | YOUR BUSINESS POSITION |
| Limited Partner | Managing Partner |
| GROSS INCOME RECEIVED | GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED |
| Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) | 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) |
| a retail installment or credit card transaction, made in the | lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender's: INTEREST RATE TERM (Months/Years) None |
| 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 | City |
| \$1,001 - \$10,000 | Guarantor |
| \$10,001 - \$100,000 | |
| OVER \$100,000 | Other(Describe) |
| Comments: | |