

STATEMENT OF ECONOMIC INTERESTS

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COVER PAGE

MAR 17 2011

ADMN/CITYMGR

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Armstrong William H. (Harry)

1. Office, Agency, or Court

Agency Name

City of Clovis

Mayor

Division, Board, Department, District, if applicable

Your Position

City Council

If filing for multiple positions, list below or on an attachment.

Agency: Fresno Co Trans Auth / Fresno COG
Upper Kings Basin Integrated Reg Water
Position: Chairman/member
Chairman

2. Jurisdiction of Office (Check at least one box)

- State Judge (Statewide Jurisdiction)
- Multi-County County of Fresno
- City of Clovis Other

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2010, through December 31, 2010. -or-
The period covered is _____ through December 31, 2010.
- Assuming Office: Date _____
- Leaving Office: Date Left _____ (Check one)
 The period covered is January 1, 2010, through the date of leaving office.
 The period covered is _____ through the date of leaving office.
- Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

Total number of pages including this cover page: 4

- Schedule A-1 - Investments - schedule attached
- Schedule A-2 - Investments - schedule attached
- Schedule B - Real Property - schedule attached
- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - schedule attached
- Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

[Redacted Signature Area]

I certify under penalty of perjury under the laws of the State of California that

Date Signed 03-17-11 (month, day, year) Signature

SCHEDULE D
Income - Gifts

Name
William H. Armstrong

▶ NAME OF SOURCE
City of Fresno
 ADDRESS (Business Address Acceptable)
2600 Fresno St, Rm 4064, Fresno CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Transportation Dept

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3/10/10</u>	<u>\$50.00</u>	<u>Parking Permit</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
Clavis Rodeo Association
 ADDRESS (Business Address Acceptable)
748 Rodeo Dr. Clavis CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Clavis Rodeo

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4/20/10</u>	<u>\$150.00</u>	<u>Rodeo tickets</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
C.S.U.F.
 ADDRESS (Business Address Acceptable)
Maple/Shaw Fresno, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Education

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7/1/10</u>	<u>\$110.00</u>	<u>Parking Permit</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
Margaret Mimms
 ADDRESS (Business Address Acceptable)
2200 Fresno St Fresno CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Sheriff

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10/28/10</u>	<u>\$35.00</u>	<u>Nut Basket</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
Granville Homes
 ADDRESS (Business Address Acceptable)
1396 W. Herndon Fresno CA 93726
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Builder

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/15/10</u>	<u>\$100.00</u>	<u>Donation to Food Bank</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
Gordon Webster
 ADDRESS (Business Address Acceptable)
1315 Van Ness Ave Fresno CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Publisher

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10/28/10</u>	<u>\$20.00</u>	<u>See's Candy</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: _____

**SCHEDULE D
Income – Gifts**

Name
William H. Armstrong

▶ NAME OF SOURCE
Meridian Pacific
ADDRESS (Business Address Acceptable)
800 Tiburon Blvd #8 Tiburon CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Developer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/15/10</u>	<u>\$70.00</u>	<u>Fruit Basket</u>
<u> / / </u>	<u> \$ </u>	<u> </u>
<u> / / </u>	<u> \$ </u>	<u> </u>

▶ NAME OF SOURCE
BIA
ADDRESS (Business Address Acceptable)
7108 N. Fresno #305 Fresno CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Building Industry

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/17/10</u>	<u>\$35.00</u>	<u>See's Candy</u>
<u> / / </u>	<u> \$ </u>	<u> </u>
<u> / / </u>	<u> \$ </u>	<u> </u>

▶ NAME OF SOURCE
Wilson Homes
ADDRESS (Business Address Acceptable)
7550 N. Palm Fresno CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Construction / Development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/11/10</u>	<u>\$150.00</u>	<u>BIA Dinner</u>
<u> / / </u>	<u> \$ </u>	<u> </u>
<u> / / </u>	<u> \$ </u>	<u> </u>

▶ NAME OF SOURCE
League of CA Cities South San Joaquin Valley Division
ADDRESS (Business Address Acceptable)
1400 K Street, Sacramento CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
2010 Executive Board Meetings

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1/14/10</u>	<u>\$29.00</u>	<u>Meal</u>
<u>3/11/10</u>	<u>\$32.50</u>	<u>Meal</u>
<u>7/8/10</u>	<u>\$31.60</u>	<u>Meal</u>
<u> / / </u>	<u> \$ </u>	<u> </u>
<u> / / </u>	<u> \$ </u>	<u> </u>

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u> \$ </u>	<u> </u>
<u> / / </u>	<u> \$ </u>	<u> </u>
<u> / / </u>	<u> \$ </u>	<u> </u>

▶ NAME OF SOURCE
League of CA Cities South San Joaquin Valley Division
ADDRESS (Business Address Acceptable)
1400 K Street, Sacramento CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
2010 Executive Board Members

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9/9/10</u>	<u>\$35.70</u>	<u>Meal</u>
<u> / / </u>	<u> \$ </u>	<u> </u>
<u> / / </u>	<u> \$ </u>	<u> </u>

Comments: _____

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION
 Name
William H. Armstrong

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

▶ NAME OF SOURCE
League of California Cities
 ADDRESS (Business Address Acceptable)
1400 K St
 CITY AND STATE
Sacramento CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Advocacy for cities & residents
 DATE(S): 1/1/10 - 12/31/10 AMT: \$ 748.00
 (If applicable)
 TYPE OF PAYMENT: (must check one) Gift Income
 DESCRIPTION: Volunteer services as a
member of League Bd of Directors
Travel/Lodging \$120; Food \$28

▶ NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 CITY AND STATE
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 DATE(S): ____/____/____ - ____/____/____ AMT: \$____
 (If applicable)
 TYPE OF PAYMENT: (must check one) Gift Income
 DESCRIPTION: _____

▶ NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 CITY AND STATE
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 DATE(S): ____/____/____ - ____/____/____ AMT: \$____
 (If applicable)
 TYPE OF PAYMENT: (must check one) Gift Income
 DESCRIPTION: _____

▶ NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 CITY AND STATE
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 DATE(S): ____/____/____ - ____/____/____ AMT: \$____
 (If applicable)
 TYPE OF PAYMENT: (must check one) Gift Income
 DESCRIPTION: _____

Comments: _____