

FEB 09 2011

ADMN/CITYMGR

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Please type or print in ink.

NAME OF FILER (LAST) ASHBECK (FIRST) Lynne (MIDDLE) AYERS

1. Office, Agency, or Court

Agency Name Clovis City Council Your Position Councilmember
Division, Board, Department, District, if applicable _____

► If filing for multiple positions, list below or on an attachment.
Agency: CA Partnership for the San Joaquin Valley / Board member Position: Member
Integrated Waste Mgmt Local #4

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

State (CPSJV) Judge (Statewide Jurisdiction)
 Multi-County _____ County of Fresno (Integrated waste mgmt)
 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 12/31/10 (CPSJV) Leaving Office: Date Left _____ (Check one)
 Candidate: Election Year _____ Office sought, if different than Part 1: _____
 The period covered is January 1, 2010, through the date of leaving office.
 The period covered is _____ through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."
 Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached
 Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached
 Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached
-or-
 None - No reportable interests on any schedule

► Total number of pages including this cover page: 6



herein and in any attached schedules is true and complete. I acknowledge this is
I certify under penalty of perjury under the laws of the State of California that

Date Signed February 7, 2011
(month, day, year)

Signature

**SCHEDULE A-1
Investments**

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

Do not attach brokerage or financial statements.

<p>CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION</p> <p>Name <u>Asubun</u></p>

▶ NAME OF BUSINESS ENTITY
Premier Valley Bank

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Banking

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 10 10 / 1 / 10
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
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 Partnership Income Received of \$0 - \$499
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NATURE OF INVESTMENT
 Stock Other _____
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 Partnership Income Received of \$0 - \$499
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 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 10 / / 10
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name
Asubek

▶ STREET ADDRESS OR PRECISE LOCATION
4727 E. ALAMOS #101A

CITY
Fresno CA 93726

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED 10/10 DISPOSED 10/10

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

▶ STREET ADDRESS OR PRECISE LOCATION

CITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED 10/10 DISPOSED 10/10

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE _____ TERM (Months/Years) _____
 _____% None

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE _____ TERM (Months/Years) _____
 _____% None

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: _____

SCHEDULE D
Income – Gifts

Name
ASHBECK

▶ NAME OF SOURCE
CSUFRESNO

ADDRESS (Business Address Acceptable)
5741 N. MAPLE, FRESNO

BUSINESS ACTIVITY, IF ANY, OF SOURCE
STATE UNIVERSITY

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8, 1, 10</u>	<u>\$ 150</u>	<u>Parking Permit</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
AT&T

ADDRESS (Business Address Acceptable)
5555 E. OLIVE AVE #B-162, FRESNO

BUSINESS ACTIVITY, IF ANY, OF SOURCE
TELECOMMUNICATIONS

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10, 16, 10</u>	<u>\$ 120</u>	<u>Football tix</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
DOWNTOWN CLUB

ADDRESS (Business Address Acceptable)
2120 KERN ST, FRESNO CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Dining / MTG FACILITY

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1, 1, 10</u>	<u>\$ 100</u>	<u>Comp membership</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
Meridian Pacific

ADDRESS (Business Address Acceptable)
1801 Tiburon Blvd #800, Tiburon

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Commercial developers

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12, 15, 10</u>	<u>\$ 50</u>	<u>Holiday fruit basket</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
CLOVIS RODEO ASSN

ADDRESS (Business Address Acceptable)
PO Box 217 Clovis CA 93613

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Professional Rodeo

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4, 15, 10</u>	<u>\$ 80</u>	<u>Rodeo tix</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>

Comments: _____