

AUG 16 2011

City of El Cerrito City Clerk

Please type or print in ink.

11 SEP 16 PM 12:28

NAME OF FILER (LAST) LYMAN (FIRST) GREGORY (MIDDLE) B

1. Office, Agency, or Court

Agency Name

El Cerrito City Council

Division, Board, Department, District, if applicable

Your Position

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

Agency: RDA, Public Finance Auth., Employee Pension Bd.

Position: Board Member

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

State

Judge (Statewide Jurisdiction)

Multi-County

County of

City of El Cerrito

Other

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

Annual: The period covered is January 1, 2010, through December 31, 2010.

Leaving Office: Date Left (Check one)

The period covered is through December 31, 2010.

The period covered is January 1, 2010, through the date of leaving office.

Assuming Office: Date

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:

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

5.



I have used all reasonable diligence in preparing this statement. I have reviewed this herein and in any attached schedules is true and complete. I acknowledge this is a

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

Date Signed August 15, 2011 (month, day, year)

Signature

AMENDMENT

COVER PAGE

A Public Document

Please type or print in ink.

SEP 16 PM 12:28

TP

NAME OF FILER (LAST) LYMAN (FIRST) GREGORY (MIDDLE) B

1. Office, Agency, or Court

Agency Name City Council
Division, Board, Department, District, if applicable
Your Position City Council member

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

Agency: Municipal Services Corporation Position: Board member

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

- State, Multi-County, City of El Cerrito, Judge (Statewide Jurisdiction), County of, Other

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

- Annual: The period covered is January 1, 2010, through December 31, 2010. Leaving Office: Date Left, The period covered is January 1, 2010, through the date of leaving office. Assuming Office: Date, 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: 3
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
None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(d)(5)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 5/16/11 (month, day, year) Signature (d)(5)

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

RECEIVED  
Official Use Only

MAR 30 2011

City of El Cerrito  
City Clerk

Please type or print in ink.

NAME OF FILER (LAST) LYMAN (FIRST) GREGORY (MIDDLE) B.

1. Office, Agency, or Court

Agency Name

City Council

Division, Board, Department, District, if applicable

Your Position

City Councilmember

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

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

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

State

Judge (Statewide Jurisdiction)

Multi-County \_\_\_\_\_

County of \_\_\_\_\_

City of El Cerrito

Other \_\_\_\_\_

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

Annual: The period covered is January 1, 2010, through December 31, 2010.

Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)

-or-  
The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2010.

The period covered is January 1, 2010, through the date leaving office.

Assuming Office: Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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: \_\_\_\_\_

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

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)

(d)(5)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/20/11  
(month, day, year)

Signature (d)(5)



**SCHEDULE D**  
**Income - Gifts**

▶ NAME OF SOURCE  
Society of Women Engineers - Golden Gate Section  
 ADDRESS (Business Address Acceptable)  
2625 Alcatraz Ave, Pub 356, Berkeley CA 94705  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Non-Profit Professional Society

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3/6/10</u>	<u>\$ 35</u>	<u>dinner</u>
<u>3/6/10</u>	<u>\$ 50</u>	<u>gift Certificate</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  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
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 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
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 ADDRESS (Business Address Acceptable)  
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▶ NAME OF SOURCE  
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 ADDRESS (Business Address Acceptable)  
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 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>   /   /   </u>	<u>\$</u>	<u>                    </u>
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<u>   /   /   </u>	<u>\$</u>	<u>                    </u>

Comments: \_\_\_\_\_