

STATEMENT OF ECONOMIC INTERESTS

Date Received
RECEIVED

COVER PAGE
POLITICAL PRACTICES COMMISSION

MAR 25 2011

ARROYO GRANDE
CITY CLERK

Please type or print in ink.

2011 APR -4 PM 3:37

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Ray Caren B

1. Office, Agency, or Court

Agency Name: City of Arroyo Grande City Councilmember
Division, Board, Department, District, if applicable: Your Position

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

Agency: City of A.G. Redevelopment Agency Position: Board Member

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

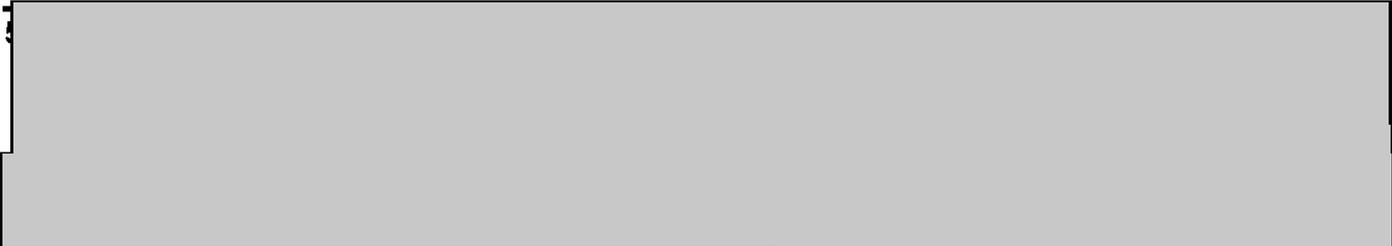
- State, Multi-County, City of Arroyo Grande, Judge (Statewide Jurisdiction), County of, Other

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

- Annual: The period covered is January 1, 2010, through December 31, 2010. -or- The period covered is through December 31, 2010. 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. Assuming Office: Date Office sought, if different than Part 1: 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



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 3/7/11 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>Caren B. Ray</u></p>

▶ NAME OF BUSINESS ENTITY
Apple, Inc.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Retail Computers/Electronics

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
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Google, Inc.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Search engine

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
 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 _____
(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

▶ 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 _____
(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

▶ 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 _____
(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

▶ NAME OF BUSINESS ENTITY

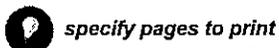
GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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 _____
(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 D
Income – Gifts

▶ NAME OF SOURCE
City of San Diego
 ADDRESS (Business Address Acceptable)
202 "C" St. San Diego, CA 92101
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
City Council

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9, 19, 10</u>	<u>\$ 369⁻</u>	<u>NFL tickets + food</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
Pacific Gas + Electric
 ADDRESS (Business Address Acceptable)
1415 L. Street, Suite 280, Sacramento
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Utility Co.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11, 21, 10</u>	<u>\$ 180⁻</u>	<u>NFL Game Ticket</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: _____

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION
 Name
Caren B. Ray

- **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
Pacific Gas & Electric
 ADDRESS (Business Address Acceptable)
1415 L. St, Suite 280,
 CITY AND STATE
Sacramento, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Public Utility Co
 DATE(S): 11/21/10 - / / AMT: \$ 20⁻
 (If applicable)
 TYPE OF PAYMENT: (must check one) Gift Income
 DESCRIPTION: portion of gasoline expense
for travel to/from NFL game

▶ 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: _____