

Date Received  
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11 APR -6 PM 12:13

CITY OF ANTIOCH  
CITY CLERK

TP Please type or print in ink.

NAME OF FILER (LAST) (FIRST)

Rocha Mary Helen

1. Office, Agency, or Court

Agency Name

City of Antioch

Division, Board, Department, District, if applicable

Your Position

City Council

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

Agency:

Development Agency

Position:

Member

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

State

Judge (Statewide Jurisdiction)

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

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

City of

Antioch

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 1/1/2010 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: 2

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

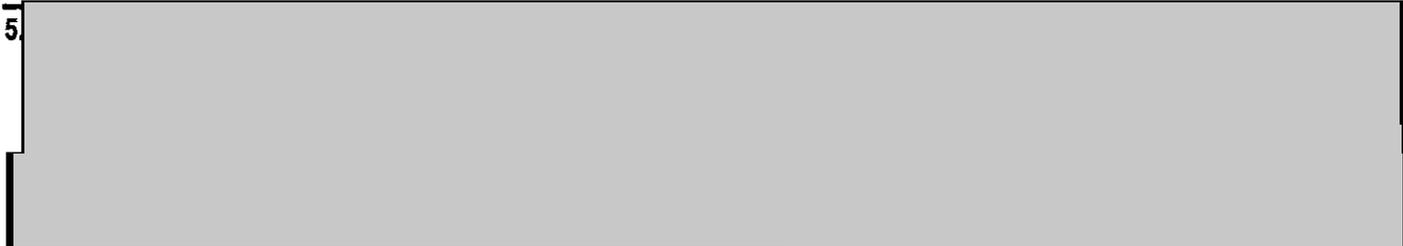
Schedule B - Real Property - schedule attached

Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

5.



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

Date Signed

3/17/2011  
(month, day, year)

Signature

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
**AMENDMENT**

RECEIVED  
FAIR POLITICAL PRACTICES COMMISSION  
**STATEMENT OF ECONOMIC INTERESTS**  
11 MAY 19 AM 11:51  
**COVER PAGE**  
*A Public Document*

Date Received  
Official Use Only

**RECEIVED**  
MAY 18 2011

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) CITY OF ANTIOCH CITY CLERK  
Rocha Mary Helen

**1. Office, Agency, or Court**

Agency Name  
City of Antioch  
Division, Board, Department, District, if applicable  
Your Position  
City Council Member

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

Agency: Antioch Development Agency Position: Board Member

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

State  Judge (Statewide Jurisdiction)  
 Multi-County  County of \_\_\_\_\_  
 City of Antioch  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: 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  
-or-  
 None - No reportable interests on any schedule

**5. Verification**

(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 5/16/2011 Signature (d)(5)

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

Name  
Mary Helen Roche

▶ NAME OF SOURCE  
Pacific Gas Electric  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Hispanic Chamber Alameda  
 DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  
10/29/2010 \$ 150<sup>00</sup> 2 dinners  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

▶ 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  
American Israel Public Affairs  
 ADDRESS (Business Address Acceptable)  
PO Box 207 San Francisco Ca 94104  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_  
 DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  
12/13/2010 \$ 190<sup>00</sup> 2 dinners  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

▶ 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  
Hispanic Chamber of Contra Costa  
 ADDRESS (Business Address Acceptable)  
1515 Locust St Walnut Creek Ca  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 94596  
 \_\_\_\_\_  
 DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  
12/18/2010 \$ 180<sup>00</sup> 2 dinners  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

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

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

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

**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Brighter Beginnings

ADDRESS (Business Address Acceptable)  
512 West 5th Street, Antioch, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
early childhood development

YOUR BUSINESS POSITION  
Coordinator

GROSS INCOME RECEIVED  
 \$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  
 Loan repayment     Partnership  
 Sale of \_\_\_\_\_  
(Property, car, boat, etc.)  
 Commission or     Rental Income, list each source of \$10,000 or more  
 Other \_\_\_\_\_  
(Describe)

**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED  
 \$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  
 Loan repayment     Partnership  
 Sale of \_\_\_\_\_  
(Property, car, boat, etc.)  
 Commission or     Rental Income, list each source of \$10,000 or more  
 Other \_\_\_\_\_  
(Describe)

Comments: I inadvertently forgot to include this page with my prior filing. 1

**2. LOAN RECEIVED**

You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, 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	INTEREST RATE	TERM (Months/Years)
ADDRESS (Business Address Acceptable)	_____ % <input type="checkbox"/> None	_____
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> Real Property _____	<small>Street address</small>
<input type="checkbox"/> \$1,001 - \$10,000	_____	<small>City</small>
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Other _____	<small>(Describe)</small>

**Verification**

Print Name Mary Helen Rocha      Office, Agency or Court City of Antioch/Antioch Develop. Agency

Statement Type     2010/2011 Annual     \_\_\_\_\_ Annual     Assuming     Leaving     Candidate  
(yr)

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

Date Signed 5/16/2011      Signature \_\_\_\_\_  
(month, day, year)      (d)(5)

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

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
*Mary Helen Procha*

▶ NAME OF SOURCE  
*Pacific Gas & Electric*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
*Hispanic Chamber of Commerce*

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>10/29/2010</i>	<i>\$ 150<sup>00</sup></i>	<i>2 dinners</i>
	\$	
	\$	

▶ 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  
*American Israel Public Affairs*

ADDRESS (Business Address Acceptable)  
*PO Box 207 San Francisco Ca 94107*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>12/13/2010</i>	<i>\$ 190<sup>00</sup></i>	<i>2 dinners</i>
	\$	
	\$	

▶ 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  
*Hispanic Chamber of Central Costa*

ADDRESS (Business Address Acceptable)  
*1515 Locust St Walnut Creek Ca 94596*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>12/18/2010</i>	<i>\$ 180<sup>00</sup></i>	<i>2 dinners</i>
	\$	
	\$	

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

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