

STATEMENT OF ECONOMIC INTERESTS

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COVER PAGE

JAN 28 2014

A Public Document
DATE 1-28-14

CITY OF DUBLIN
CITY MANAGER'S OFFICE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
SBRANTI TIMOTHY A.

1. Office, Agency, or Court

Agency Name
City of Dublin
Division, Board, Department, District, if applicable
Your Position
Mayor

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

Agency: See attached list. Position:

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

- State Judge (Statewide Jurisdiction)
- Multi-County County of
- City of Dublin Other Jurisdiction of board or commission

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 / /
- 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: 6

- 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

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

Date Signed 1-28-14
(month, day, year)

Signature X

**Attachment to Cover Page, Form 700
TIMOTHY A. SBRANTI
Annual Statement**

1. Additional Agency Positions

| | |
|---|---------------------|
| East Bay Regional Communications Systems Authority | Board Member |
| Dougherty Regional Fire Authority | Board Member |
| Livermore Amador Valley Transit Authority | Board Member |
| Alameda County Transportation Commission | Commissioner |
| Tri-Valley Transportation Council | Board Member |
| Alameda County Local Agency Formation Com. | Board Member |

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Oakland Athletics

ADDRESS (Business Address Acceptable)
7000 Coliseum Way, #3, Oakland, CA 94621

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Baseball team

YOUR BUSINESS POSITION
None

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: Oakland A's income: \$1,162.50

▶ 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

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

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

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

SECURITY FOR LOAN
 None Personal residence
 Real Property _____
Street address
_____ City
 Guarantor _____
 Other _____
(Describe)

Verification

Print Name Timothy A. Sbranti Office, Agency or Court City of Dublin/see attached list.

Statement Type 2010/2011 Annual 10 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 1-28-14 Signature X
(month, day, year)

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

- **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**
California Teachers Association
ADDRESS (Business Address Acceptable)
1705 Murchison Drive
CITY AND STATE
Burlingame, CA 94011
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Teachers association

DATE(S): 01 / 29 / 10 - 01 / 31 / 10 AMT: \$ 396.50
(if applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: Participated in association meetings.

▶ **NAME OF SOURCE**
California Teachers Association
ADDRESS (Business Address Acceptable)
1705 Murchison Drive
CITY AND STATE
Burlingame, CA 94011
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Teachers association

DATE(S): 06 / 11 / 10 - 06 / 13 / 10 AMT: \$ 422.22
(if applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: Participated in association meetings.

▶ **NAME OF SOURCE**
California Teachers Association
ADDRESS (Business Address Acceptable)
1705 Murchison Drive
CITY AND STATE
Burlingame, CA 94011
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Teachers association

DATE(S): 03 / 26 / 10 - 03 / 28 / 10 AMT: \$ 382.24
(if applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: Participated in association meetings.

Verification

Print Name Timothy A. Sbranti

Office, Agency or Court City of Dublin/see attached list.

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

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

Date Signed 1-28-14

Signature X 

Comments: _____

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



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▶ **NAME OF SOURCE**
California Teachers Association
ADDRESS (Business Address Acceptable)
1705 Murchison Drive
CITY AND STATE
Burlingame, CA 94011
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Teachers association

DATE(S): 08 / / 10 - / / AMT: \$ 345.90
(If applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: Participated in association meetings.

▶ **NAME OF SOURCE**
California Teachers Association
ADDRESS (Business Address Acceptable)
1705 Murchison Drive
CITY AND STATE
Burlingame, CA 94011
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Teachers association

DATE(S): 07 / 19 / 10 - 07 / 23 / 10 AMT: \$ 102.00
(If applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: Participated in association meetings.

▶ **NAME OF SOURCE**
California Teachers Association
ADDRESS (Business Address Acceptable)
1705 Murchison Drive
CITY AND STATE
Burlingame, CA 94011
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Teachers association

DATE(S): 09 / 16 / 10 - / / AMT: \$ 126.81
(If applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: Participated in association meetings.

Verification

Print Name Timothy A. Sbrantl

Office, Agency or Court City of Dublin/see attached list.

Statement Type 2010/2011 Annual Assuming Leaving
 10 Annual Candidate
(of)

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 1-28-14

Signature X 

Comments: _____

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Income – Gifts
Travel Payments, Advances,
and Reimbursements

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▶ **NAME OF SOURCE**
California Teachers Association
ADDRESS (Business Address Acceptable)
1705 Murchison Drive
CITY AND STATE
Burlingame, CA 94011
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Teachers association
DATE(S): 09 / 29 / 10 - 09 / 30 / 10 **AMT: \$** 108.82
(if applicable)
TYPE OF PAYMENT: (must check one) Gift Income
DESCRIPTION: Participated in association meetings.

▶ **NAME OF SOURCE**
California Teachers Association
ADDRESS (Business Address Acceptable)
1705 Murchison Drive
CITY AND STATE
Burlingame, CA 94011
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Teachers association
DATE(S): 10 / 22 / 10 - 10 / 24 / 10 **AMT: \$** 757.69
(if applicable)
TYPE OF PAYMENT: (must check one) Gift Income
DESCRIPTION: Participated in association meetings.

▶ **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: _____

Verification
Print Name Timothy A. Sbranti
Office, Agency or Court City of Dublin/see attached list.
Statement Type 2010/2011 Annual Assuming Leaving
 10 Annual Candidate
(yr)
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Date Signed 1-28-14
Signature _____

Comments: _____

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Date Received
MAR 28 2011

CITY OF DUBLIN
CITY MANAGER'S OFFICE

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
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FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE

11 APR -7 PM 12:17

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Sbranti Timothy

1. Office, Agency, or Court

Agency Name City of Dublin Mayor
Division, Board, Department, District, if applicable City Council
Your Position

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

Agency: _____ Position: _____

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 Multi-County _____ County of _____
 City of Dublin 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 _____
 Candidate: Election Year _____ Office sought, if different than Part 1: _____
 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.

4. Schedule Summary

Check applicable schedules or "None." ▶ Total number of pages including this cover page: 1
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 Schedule A-2 - Investments - schedule attached
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 Schedule E - Income - Gifts - Travel Payments - schedule attached
-or-
 None - No reportable interests on any schedule

5. Verification

[Redacted Signature Area]

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 3-27-11
(month, day, year)

Signature [Redacted]