

STATEMENT OF ECONOMIC INTERESTS

RECEIVED  
Date Received  
Official Use Only

FAIR POLITICAL PRACTICES COMMISSION  
COVER PAGE

MAR 30 2011

11 APR -8 PM 3:21

CITY OF CAPITOLA

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Storey Sam

1. Office, Agency, or Court

Agency Name  
City of Capitola  
Division, Board, Department, District, if applicable  
City Council  
Your Position  
Councilmember

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

Agency: Library Joint Powers Board  
Monterey Bay Air Quality Control Board  
Position: Boardmember  
Boardmember

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

- State
- Multi-County \_\_\_\_\_
- City of Capitola
- 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.
- 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: 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

Date Signed March 30, 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.

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Sam Storey

▶ NAME OF BUSINESS ENTITY  
Bank of America

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Bank

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 Electric

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Conglomerate

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  
Alcoa Aluminium

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Aluminium

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 A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <p align="center">Sam Storey</p>
---

**▶ 1. BUSINESS ENTITY OR TRUST**

Law Offices of Sam Storey

Name  
 240 Santa Cruz Ave., Aptos, CA 95003

Address (Business Address Acceptable)

Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
Law Office	
FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input checked="" type="checkbox"/> \$2,000 - \$10,000	____/____/10    ____/____/10
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED    DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	
NATURE OF INVESTMENT	
<input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other	
YOUR BUSINESS POSITION    100% Owner	

**▶ 1. BUSINESS ENTITY OR TRUST**

Name

Address (Business Address Acceptable)

Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/10    ____/____/10
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED    DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	
NATURE OF INVESTMENT	
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other	
YOUR BUSINESS POSITION	

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499     \$10,001 - \$100,000  
 \$500 - \$1,000     OVER \$100,000  
 \$1,001 - \$10,000

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499     \$10,001 - \$100,000  
 \$500 - \$1,000     OVER \$100,000  
 \$1,001 - \$10,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

\_\_\_\_\_

\_\_\_\_\_

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

\_\_\_\_\_

\_\_\_\_\_

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT     REAL PROPERTY

Name of Business Entity or  
 Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or  
 City or Other Precise Location of Real Property

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/10    ____/____/10
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED    DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	
NATURE OF INTEREST	
<input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership	
<input type="checkbox"/> Leasehold _____ Yrs. remaining <input type="checkbox"/> Other _____	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT     REAL PROPERTY

Name of Business Entity or  
 Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or  
 City or Other Precise Location of Real Property

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/10    ____/____/10
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED    DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	
NATURE OF INTEREST	
<input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership	
<input type="checkbox"/> Leasehold _____ Yrs. remaining <input type="checkbox"/> Other _____	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

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



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

<b>CALIFORNIA FORM 700</b> <small>FAIR POLITICAL PRACTICES COMMISSION</small> Name <p align="center">Sam Storey</p>
--

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Community Bridges

ADDRESS (Business Address Acceptable)  
236 Santa Cruz Ave., Aptos, CA 95003

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Nonprofit Corporation

YOUR BUSINESS POSITION  
CEO

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  
Community Action Board

ADDRESS (Business Address Acceptable)  
406 Main Street, Ste., 207, Watsonville, CA 95076

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Nonprofit Corporation

YOUR BUSINESS POSITION  
Program Manager

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)

**▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* 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 \_\_\_\_\_%     None

TERM (Months/Years) \_\_\_\_\_

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

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

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

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <p align="center">Sam Storey</p>

- **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  
Monterey Bay Unified Air Pollution Control District

ADDRESS (Business Address Acceptable)  
23580 Silver Cloud Court

CITY AND STATE  
Monterey, CA 93940

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Air Quality Control

DATE(S): 1 / 1 / 10 - 12 / 31 / 10 AMT: \$ 441.25  
*(if applicable)*

TYPE OF PAYMENT: (must check one)  Gift  Income

DESCRIPTION: Mileage reimbursement and payment for attendance at Board meetings.

▶ NAME OF SOURCE  
Community Bridges

ADDRESS (Business Address Acceptable)  
236 Santa Cruz Ave.

CITY AND STATE  
Aptos, CA 95003

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Nonprofit corporation

DATE(S): 1 / 1 / 10 - 12 / 31 / 10 AMT: \$ 4,905.24  
*(if applicable)* 4,905.24

TYPE OF PAYMENT: (must check one)  Gift  Income

DESCRIPTION: Reimbursement for mileage and other incurred expenses.

▶ NAME OF SOURCE  
Nonprofits United Workers Compensation Group

ADDRESS (Business Address Acceptable)  
431 I Street, Suite 200

CITY AND STATE  
Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Nonprofit workers compensation risk pool.

DATE(S): 1 / 1 / 10 - 12 / 31 / 10 AMT: \$ 102.40  
*(if applicable)*

TYPE OF PAYMENT: (must check one)  Gift  Income

DESCRIPTION: Mileage reimbursement.

▶ 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: \_\_\_\_\_