

TP

Please type or print in ink.

11 APR -8 PM 3:21

CITY OF CAPITOLA

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
TERMINI	MICHAEL	V.

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

Agency Name  
CITY OF CAPITOLA

Division, Board, Department, District, if applicable  
CITY COUNCIL / PLANNING COMMISSION

Your Position  
Council Member/Planning Commissioner

► 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 \_\_\_\_\_  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 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

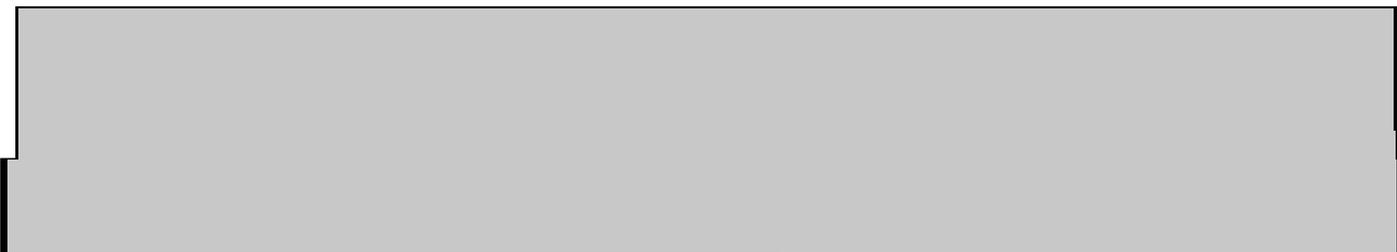
Schedule A-1 - Investments - schedule attached  Schedule C - Income, Loans, & Business Positions - schedule attached

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

Date Signed 4/1/11  
(month, day, year)

Signature



