

TP

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)
de Vera	Myrna	Lardizabal

1. Office, Agency, or Court

Name of Office, Agency, or Court:
City of Hercules
Division, Board, District, if applicable:
Council Member
Your Position:
Member
▶ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)
Agency: Hercules Redevelopment Agency
Position: Member

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

State
 County of _____
 City of Hercules
 Multi-County _____
 Other _____

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

Assuming Office/Initial Date: 12 / 14 / 10
 Annual: The period covered is January 1, 2009, through December 31, 2009.
-or-
 The period covered is ____/____/____, through December 31, 2009.
 Leaving Office Date Left: ____/____/____ (Check one)
 The period covered is January 1, 2009, through the date of leaving office.
-or-
 The period covered is ____/____/____, through the date of leaving office.
 Candidate Election Year: _____

4. Schedule Summary

▶ Total number of pages including this cover page: _____
▶ Check applicable schedules or "No reportable interests."
I have disclosed interests on one or more of the attached schedules:
Schedule A-1 Yes - schedule attached
Investments (Less than 10% Ownership)
Schedule A-2 Yes - schedule attached
Investments (10% or Greater Ownership)
Schedule B Yes - schedule attached
Real Property
Schedule C Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)
Schedule D Yes - schedule attached
Income - Gifts
Schedule E Yes - schedule attached
Income - Gifts - Travel Payments
-or-
 No reportable interests on any schedule

5. Verification

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 January 4, 2011
(month, day, year)
Signature [Signature]

RECEIVED
 FAIR POLITICAL
 ACTIVITIES
 SCHEDULE A-2
 Investments, Income, and Assets
 of Business Entities/Trusts
 (Ownership Interest is 10% or Greater)
 2011 JAN 25 PM 12:00

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION
 Name
 Myrna L. de Vera

1. BUSINESS ENTITY OR TRUST
 Myrna de Vera Insurance Agency
 Name
 2121 19th Avenue, Ste 102, San Francisco, CA 94116
 Address (Business Address Acceptable)
 Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
 Insurance Agency, sales & service for Allstate Insuranc

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 ACQUIRED _____/_____/09 DISPOSED _____/_____/09

NATURE OF INVESTMENT
 Sole Proprietorship Partnership Other

YOUR BUSINESS POSITION Agency Owner

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)

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:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 ACQUIRED _____/_____/09 DISPOSED _____/_____/09

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

1. BUSINESS ENTITY OR TRUST
 Manuel de Vera Insurance Agency
 Name
 4804 Mission Street, Ste 208 San Francisco, CA 94112
 Address (Business Address Acceptable)
 Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
 sales & service insurance agency for Allstate Insurance

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 ACQUIRED _____/_____/09 DISPOSED _____/_____/09

NATURE OF INVESTMENT
 Sole Proprietorship Partnership Other

YOUR BUSINESS POSITION Spouse of Agency Owner

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

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 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 ACQUIRED _____/_____/09 DISPOSED _____/_____/09

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

