

STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only

RECEIVED
FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE

CITY OF MERCED

MAR 29 11 PM 12:25

Please type or print in ink.

NAME OF FILER (LAST) Rawling (FIRST) Mary-Michal (MIDDLE) Elizabeth

1. Office, Agency, or Court

Agency Name

Merced City Council, Merced Redevelopment Agency, Merced Industrial Development Authority, see attachment -
Division, Board, Department, District, if applicable

Your Position

City Council Member, 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 Merced 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 ____/____/____
-or- (Check one)
The period covered is 12 / 1 / 09, 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: _____

- 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. Verification



Date Signed 3/29/11
(month, day, year)

Signature

**STATEMENT OF ECONOMIC INTERESTS
 COVER PAGE**

Date Received
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Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Rawling		Mary-Michal	Elizabeth

1. Office, Agency, or Court

Agency Name
 Flood Hazard Control Board, Public Financing and Economic Development Authority

Division, Board, Department, District, if applicable
 Your Position
 City Council Member, Board member

► 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 Merced 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 12 / 1 / 09, 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."
 -or-
 None - No reportable interests on any schedule

► Total number of pages including this cover page: _____

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

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)

(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 3/29/11
 (month, day, year)

Signature (d)(5)

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
 Mary-Michal Rawling

1. INCOME RECEIVED	1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>Golden Valley Health Centers</u>	NAME OF SOURCE OF INCOME <u>Merced College</u>
ADDRESS (Business Address Acceptable) <u>737 W. Childs Ave., Merced, CA 95341</u>	ADDRESS (Business Address Acceptable) <u>3600 M Street</u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Health Center</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Education</u>
YOUR BUSINESS POSITION <u>Community Health Program Manager</u>	YOUR BUSINESS POSITION <u>Assistant Volleyball Coach</u>
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input checked="" type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <input type="checkbox"/> Other _____ <small>(Describe)</small>	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <input checked="" type="checkbox"/> Other <u>Coach Stipend</u> <small>(Describe)</small>

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*	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
BUSINESS ACTIVITY, IF ANY, OF LENDER	<input type="checkbox"/> Real Property _____	<small>Street address</small>
_____		_____
HIGHEST BALANCE DURING REPORTING PERIOD		<small>City</small>
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$1,001 - \$10,000		
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Other _____	<small>(Describe)</small>
<input type="checkbox"/> OVER \$100,000		

Comments: _____

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

CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small> Name Mary-Michal Rawling

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>Schneider Electric</u>	NAME OF SOURCE OF INCOME _____
ADDRESS (Business Address Acceptable) <u>3500 Pelco Way, Clovis, CA 93612</u>	ADDRESS (Business Address Acceptable) _____
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Energy Management</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE _____
YOUR BUSINESS POSITION <u>N/A</u>	YOUR BUSINESS POSITION _____
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <input type="checkbox"/> Other _____ <small>(Describe)</small>	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <input type="checkbox"/> Other _____ <small>(Describe)</small>

▶ 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* _____	INTEREST RATE _____ % <input type="checkbox"/> None	TERM (Months/Years) _____
ADDRESS (Business Address Acceptable) _____	SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ <small>Street address</small> <small>City</small> <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ <small>(Describe)</small>	
BUSINESS ACTIVITY, IF ANY, OF LENDER _____		
HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000		

Comments: _____

SCHEDULE D
Income – Gifts

Name
Mary-Michal Rawling

▶ NAME OF SOURCE
Jessica Casey
 ADDRESS (Business Address Acceptable)
3500 M Street Merced, CA 95348
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9 / 12 / 10</u>	<u>\$ 70.00</u>	<u>Baby play mat</u>
<u>9 / 18 / 10</u>	<u>\$ 40.00</u>	<u>Baby clothes</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Eloise Souders
 ADDRESS (Business Address Acceptable)
738 W. 26th Street Merced, CA 95340
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9 / 10 / 10</u>	<u>\$ 90.00</u>	<u>Baby Pack n play</u>
<u>9 / 12 / 10</u>	<u>\$ 20.00</u>	<u>Baby clothes</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Janna Rodriguez
 ADDRESS (Business Address Acceptable)
515 W. Main Street #201 Merced, CA 95340
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9 / 18 / 10</u>	<u>\$ 105.00</u>	<u>Baby carrier</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Christine Noguera
 ADDRESS (Business Address Acceptable)
737 W. Childs Ave. Merced, CA 95341
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9 / 17 / 10</u>	<u>\$ 50.00</u>	<u>Babies R Us gift card</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Amanda Day
 ADDRESS (Business Address Acceptable)
737 W. Childs Ave. Merced, CA 95341
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9 / 17 / 10</u>	<u>\$ 37.00</u>	<u>Baby art, blankets</u>
<u>9 / 18 / 10</u>	<u>\$ 30.00</u>	<u>Baby clothes, toy</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Allyson Holman
 ADDRESS (Business Address Acceptable)
737 W. Childs Ave. Merced, CA 95341
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9 / 17 / 10</u>	<u>\$ 60.00</u>	<u>Baby clothes, toys</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Mary-Michal Rawling

▶ NAME OF SOURCE
 Susan Walsh
 ADDRESS (Business Address Acceptable)
 3500 M Street Merced, CA 95348
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 1 / 10	\$ 20.00	Baby clothes, gift card
12 / 1 / 10	\$ 30.00	Baby blanket
12 / 1 / 10	\$ 75.00	Baby announcements

▶ 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
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE
 Riley & Dee Wells
 ADDRESS (Business Address Acceptable)
 3259 Princeton Ave Stockton, CA 95204
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9 / 12 / 10	\$ 100.00	Check for baby gift
/ /	\$	
/ /	\$	

▶ 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
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: _____