

2011 JAN - 7 PM 12: 52

A Public Document

CITY CLERK'S OFFICE



Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)
Singleton	Mike	I

1. Office, Agency, or Court

Name of Office, Agency, or Court:

City Council

Division, Board, District, if applicable:

Your Position:

City Council Member

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: See Attached

Position:

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

State

County of _____

City of Galt

Multi-County _____

Other _____

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

Assuming Office/Initial Date: 12 / 07 / 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: 4

► 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 01/03/2011
(month, day, year)

Signature

MIKE SINGLETON

EXPANDED STATEMENT - LIST AGENCY/POSITION:

Agency: Redevelopment Agency
Position Title: Board Member

Agency: Capital Improvement Authority
Position Title: Board Member

Agency: Public Financing Authority
Position Title: Board Member

Agency: Galt Services Authority
Position Title: Board Member

Agency: Public Safety Advisory Committee
Position Title: Committee Member

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
Singleton

▶ NAME OF BUSINESS ENTITY
Building Material Distributors

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Building Material wholesales

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 401K
(Describe)
 Partnership Income of \$0 - \$500
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
 / / 09 / / 09
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 of \$0 - \$500
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
 / / 09 / / 09
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 of \$0 - \$500
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
 / / 09 / / 09
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 of \$0 - \$500
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
 / / 09 / / 09
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 of \$0 - \$500
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
 / / 09 / / 09
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 of \$0 - \$500
 Income Received of \$500 or More *(Report on Schedule C)*

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

Comments: _____

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name _____
Singleton

▶ 1. BUSINESS ENTITY OR TRUST

SS Custom Detail

Name
129 Wagon Way, Galt, CA 95632

Address (Business Address Acceptable)
Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Auto Detail

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____/_____/09 _____/_____/09
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Sole Proprietorship Partnership _____ Other

YOUR BUSINESS POSITION 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:
 \$2,000 - \$10,000 _____/_____/09 _____/_____/09
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Sole Proprietorship Partnership _____ 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)

N/A

▶ 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 _____/_____/09 _____/_____/09
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

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

▶ 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 _____/_____/09 _____/_____/09
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

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

Comments: _____