

STATEMENT OF ECONOMIC INTERESTS

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MAR 15 2011

CITY CLERKS OFFICES COVER PAGE

City Clerks Office

Please type or print in ink.

2011 MAR 25 AM 1:43

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Holloway Marshall Glen

1. Office, Agency, or Court

Agency Name
City of Ridgecrest
Division, Board, Department, District, if applicable
Your Position
Council Member

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

Agency: East Kern Air Pollution District Position: Director

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

- State Judge (Statewide Jurisdiction)
- Multi-County County of
- City of Ridgecrest Other Eastern Kern County Air District

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.
- 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.
- Assuming Office: Date
- 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



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 2/28/2011
(month, day, year)

Signature

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
Holloway

- **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
League of Cal. Cities

ADDRESS (Business Address Acceptable)
1400 K St.

CITY AND STATE
Sacramento, Ca.

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

DATE(S): 01 / 01 / 10 - 12 / 31 / 10 AMT: \$ 2458.67
(if applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: Travel, Meals and Lodging for volunteer services as a member of league board of directors.

▶ 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: _____

▶ NAME OF SOURCE
League of Cal. Cities

ADDRESS (Business Address Acceptable)
1400 K St.

CITY AND STATE
Sacramento, Ca.

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

Meals for volunteering to serve on League

DATE(S): 01 / 01 / 10 - 12 / 31 / 10 AMT: \$ 285
(if applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: Meals for volunteering to serve on League Policy Committees

▶ 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: _____