

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**

Date Received  
 CITY OF OXNARD  
 CITY CLERK

11 MAR 15 AM 10:01

Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
MacDonald		Bryan	A

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

Agency Name  
Oxnard City Council

Division, Board, Department, District, if applicable  
 \_\_\_\_\_

Your Position  
Councilman

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

Agency: Economic Development of Oxnard Position: Boardmember

RECEIVED  
 FAIR POLITICAL  
 PRACTICES COMMISSION  
 11 APR 20 PM 1:43

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

<input type="checkbox"/> State	<input type="checkbox"/> Judge (Statewide Jurisdiction)
<input type="checkbox"/> Multi-County _____	<input type="checkbox"/> County of _____
<input checked="" type="checkbox"/> City of <u>Oxnard</u>	<input type="checkbox"/> Other _____

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

<input checked="" type="checkbox"/> Annual: The period covered is January 1, 2010, through December 31, 2010. -or- The period covered is ____/____/____, through December 31, 2010.	<input type="checkbox"/> Leaving Office: Date Left ____/____/____ (Check one) <input type="radio"/> The period covered is January 1, 2010, through the date of leaving office. <input type="radio"/> The period covered is ____/____/____, through the date of leaving office.
<input type="checkbox"/> Assuming Office: Date ____/____/____	
<input type="checkbox"/> Candidate: Election Year _____ Office sought, if different than Part 1: _____	

**4. Schedule Summary**

Check applicable schedules or "None."

<input type="checkbox"/> Schedule A-1 - Investments - schedule attached	<input checked="" type="checkbox"/> Schedule C - Income, Loans, & Business Positions - schedule attached
<input type="checkbox"/> Schedule A-2 - Investments - schedule attached	<input checked="" type="checkbox"/> Schedule D - Income - Gifts - schedule attached
<input type="checkbox"/> Schedule B - Real Property - schedule attached	<input type="checkbox"/> Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

► Total number of pages including this cover page: 3



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

Date Signed March 7, 2011 Signature \_\_\_\_\_  
 (month, day, year)



**SCHEDULE D**  
**Income – Gifts**

Name  
 Bryan MacDonald

▶ NAME OF SOURCE  
Herzog Winery

ADDRESS (Business Address Acceptable)  
3201 Camino Del Sol, Oxnard

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Alcohol Producer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 01 / 10</u>	<u>\$ 75.00</u>	<u>Martini Set w/alcohol</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE  
 \_\_\_\_\_

ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

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

▶ NAME OF SOURCE  
 \_\_\_\_\_

ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

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

▶ NAME OF SOURCE  
 \_\_\_\_\_

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BUSINESS ACTIVITY, IF ANY, OF SOURCE  
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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
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 \_\_\_\_\_

ADDRESS (Business Address Acceptable)  
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BUSINESS ACTIVITY, IF ANY, OF SOURCE  
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<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

Comments: \_\_\_\_\_