

STATEMENT OF ECONOMIC INTERESTS

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FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE

TN

FEB 22 2013

Please type or print in ink.

2013 APR 18 PM 1:17

NAME OF FILER (LAST) BATCHELOR (FIRST) Jack (MIDDLE) CITY OF DIXON

1. Office, Agency, or Court

Agency Name

City Council

Mayor

Division, Board, Department, District, if applicable

Your Position

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

Agency: See Attached list

Position:

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County Solano / Yolo

County of

City of

Other

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

Annual: The period covered is January 1, 2012, through December 31, 2012.

Leaving Office: Date Left / / (Check one)

-or-

The period covered is / / through December 31, 2012.

The period covered is January 1, 2012, through the date of leaving office.

Assuming Office: Date assumed / /

The period covered is / / through the date of leaving office.

Candidate: Election year and office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

Total number of pages including this cover page: 5

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

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

Date Signed 2-25-13 2-25-13 (month, day, year)

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name _____

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1250-1252 Weyand Way

CITY
Dixon

FAIR MARKET VALUE
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 _____ / _____ / 12 _____ / _____ / 12
 ACQUIRED DISPOSED

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ _____
 Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None
T. Davis
Vecovill Housing Authority

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
540 West D Street North

CITY
Dixon

FAIR MARKET VALUE
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 _____ / _____ / 12 _____ / _____ / 12
 ACQUIRED DISPOSED

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ _____
 Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None
M.A. Batchelor

* You are not required to report loans from commercial lending institutions 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*
Wells Fargo Mortgage

ADDRESS (Business Address Acceptable)
P.O. Box 14411
Des Moines, IA 50306-3411

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
4.75 % None 30 yrs

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

NAME OF LENDER*
Wells Fargo Mortgage

ADDRESS (Business Address Acceptable)
P.O. Box 14411
Des Moines, IA 50306-3411

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
4.75 % None 30

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: _____

SCHEDULE D
Income - Gifts

Name _____

▶ NAME OF SOURCE (Not an Acronym)
Dixon Lions Club
 ADDRESS (Business Address Acceptable)
P.O. Box 511, Dixon, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Service Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4 / / 12</u>	<u>\$ 375.00</u>	<u>50/50 Raffle Prize</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Jelly Belly Candy Company
 ADDRESS (Business Address Acceptable)
2400 N. Watney, Fairfield, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Candy Manufacturing

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 17 / 12</u>	<u>\$ 423</u>	<u>Floor Towe for 9 guests</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

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___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: _____

Expanded Statement covers the following agencies for Jack Batchelor, Jr.:

- Dixon Successor Agency to the Dixon Redevelopment Agency
- Dixon Public Finance Authority
- Dixon Public Improvement Corporation
- ✓ Dixon Regional Watershed Joint Powers Authority
- Dixon Solano Water Authority
- Solano Water Authority
- Solano County Water Agency
- Solano Transportation Authority
- ✓ Yolo/Solano Air Quality Management District
- Local Agency Formation Commission
- Association of Bay Area Governments – Executive Board Alternate
- Capitol Corridor Joint Powers Authority