

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Faul Carol Joan

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

Agency Name  
City of Atwater  
Division, Board, Department, District, if applicable  
Your Position  
Mayor

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

Agency: MCAG, MCAA, LAFCO Position: Board Member

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

- State
- Multi-County \_\_\_\_\_
- City of Atwater
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of Merced
- Other \_\_\_\_\_

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

- Annual:** The period covered is January 1, 2012, through December 31, 2012.  
-or-  
The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2012.
- Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_
- Candidate:** Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)
  - The period covered is January 1, 2012, through the date of leaving office.
  - The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

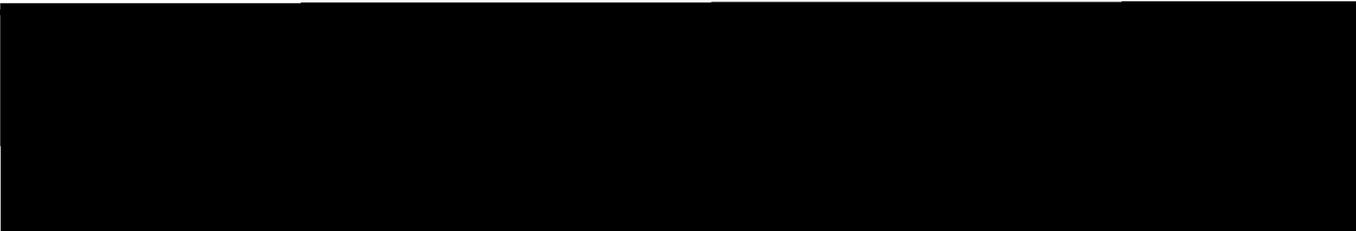
**4. Schedule Summary**

Check applicable schedules or "None."

► Total number of pages including this cover page: 3

- Schedule A-1 - Investments - schedule attached
  - Schedule A-2 - Investments - schedule attached
  - Schedule B - Real Property - schedule attached
  - Schedule C - Income, Loans, & Business Positions - schedule attached
  - Schedule D - Income - Gifts - schedule attached
  - Schedule E - Income - Gifts - Travel Payments - schedule attached
- or-  
 None - No reportable interests on any schedule

5



I have used all reasonable diligence in preparing this statement. The information herein and in any attached schedules is true and complete. I acknowledge and understand that this statement and any attached schedules are public documents.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed Feb 27, 2013  
(month, day, year)



**SCHEDULE D**  
**Income - Gifts**

Name  
**Carol Joan Faul**

▶ NAME OF SOURCE *(Not an Acronym)*  
**Gallo Farms**

ADDRESS *(Business Address Acceptable)*  
**P. O. Box 775 Atwater, CA 95301**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 19 / 12	\$ 75	Cheese gift pack
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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

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