

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE



Please type or print in ink.

NAME OF FILER (LAST) Fleck (FIRST) Lorraine

1. Office, Agency, or Court

Agency Name City of Etna
Division, Board, Department, District, if applicable Councilmember
Your Position

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

Agency: _____ Position: _____

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

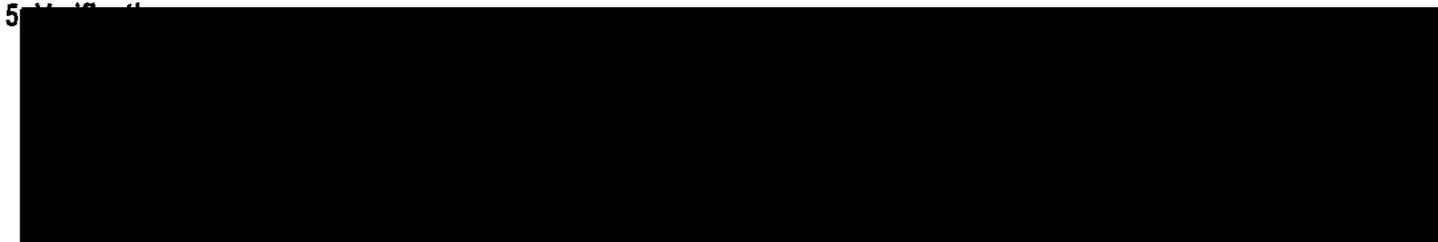
- State Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of Etna Other _____

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)
- The period covered is January 1, 2012, through the date of leaving office.
- Assuming Office: Date assumed 12, 3, 2012
- 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: _____
- 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



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

Date Signed 11-4-13
(month, day, year)

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

Name _____

- You must mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)
 Rotary International - District 5110

ADDRESS (Business Address Acceptable)
 168 Snowberry Road

CITY AND STATE
 Roseburg, OR

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

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description
Travel reimbursement

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

Comments: _____



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

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION

2014 MAR 28

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT
PM 1:35

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE
Rotary DISTRICT 5110

ADDRESS (Business Address Acceptable)
16840 Lynwood Ave

CITY AND STATE
SISTERS, OR 97759

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

DATE(S): ___/___/___ - ___/___/___ AMT: \$ _____
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description
Travel reimbursement
only

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

DATE(S): ___/___/___ - ___/___/___ AMT: \$ _____
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

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DATE(S): ___/___/___ - ___/___/___ AMT: \$ _____
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description

Filer's Verification

Print Name _____

Office, Agency or Court _____

Statement Type 2011/2012 Annual Assuming Leaving
 _____ Annual Candidate
(yr)

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 _____
(month, day, year)

Filer's Signature _____

Comments: _____

**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

AMENDMENT

▶ **NAME OF BUSINESS ENTITY**
Schwab Investments

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
457K

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 Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 11 _____ / _____ / 11
 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
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IF APPLICABLE, LIST DATE:
 _____ / _____ / 11 _____ / _____ / 11
 ACQUIRED DISPOSED

Filer's Verification

Print Name _____

Office, Agency or Court _____

Statement Type 2011/2012 Annual Assuming Leaving
 _____ Annual Candidate
(yr)

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 _____
(month, day, year)

Filer's Signature _____

Comments: _____



RECEIVED FAIR PRACTICES CALIFORNIA FORM 700 AMENDMENT 2014 MAR 28 PH 35

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

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE
Rotary District 5110

ADDRESS (Business Address Acceptable)
16840 Lynwood Ave

CITY AND STATE
SISTERS, OR 97159

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

DATE(S) / / AMT: \$
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description
Travel reimbursement only

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

DATE(S) / / AMT: \$
(if gift)

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Made a Speech/Participated in a Panel

Other - Provide Description

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ADDRESS (Business Address Acceptable)

CITY AND STATE

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

DATE(S) / / AMT: \$
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description

Filer's Verification

Print Name Lorraine Pleck

Office, Agency or Court

Statement Type 2011/2012 Annual Assuming Leaving
 Annual Candidate

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

Date Signed Mar 9, 2014

Filer's Sign

Comments:

**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

AMENDMENT

NAME OF BUSINESS ENTITY
Schwab Investments

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
457K

FAIR MARKET VALUE
 \$2,000 - \$10,000
 \$10,001 - \$100,000
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NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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 _____ / _____ / 11
 ACQUIRED DISPOSED

Filer's Verification

Print Name Lorraine Fleck

Office, Agency or Court _____

Statement Type
 2011/2012 Annual
 Assuming
 Leaving
 _____ Annual
 Candidate

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 May 9, 2014
(month, day and year)

Filer's Signature _____

Comments: