

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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JAN 28 2014

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST)
SBRANTI

(FIRST)
TIMOTHY

CITY OF DUBLIN
CITY MANAGER'S OFFICE
A.

1. Office, Agency, or Court

Agency Name

City of Dublin

Division, Board, Department, District, if applicable

Your Position

Mayor

► 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

County of

City of Dublin

Other Jurisdiction of board or commission

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: 7

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

5. Verification

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

Date Signed

1-28-14

Signature

(month, day, year)

**Attachment to Cover Page, Form 700
TIMOTHY A. SBRANTI
Annual Statement**

1. Additional Agency Positions

East Bay Regional Communications Systems Authority	Board Member
Dougherty Regional Fire Authority	Board Member
Livermore Amador Valley Transit Authority	Board Member
Alameda County Transportation Commission	Commissioner
Tri-Valley Transportation Council	Board Member
Association of Bay Area Governments	Board Member (took office 11/15/12)
Alameda County Local Agency Formation Com.	Board Member

SCHEDULE B
Interests in Real Property
(Including Rental Income)

AMENDMENT

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
4243 Clarinbridge Circle

CITY
Dublin, CA

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED / / 12 DISPOSED / / 12

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

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED / / 12 DISPOSED / / 12

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

* 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* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE _____% TERM (Months/Years) _____
 None

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

Guarantor, if applicable

Comments:
 Property was principal residence of filer until December 2012. Leased for one month. (Total rent paid: \$2,000.)

Filer's Verification

Print Name TIMOTHY A. SBRANTI

Office, Agency or Court City of Dublin/See attached list.

Statement Type 2012/2013 Annual Assuming Leaving
 2012 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 1/28/14

Filer's Signature X _____

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Californians Dedicated to Education Foundation

ADDRESS (Business Address Acceptable)
5429 Madison Ave., Sacramento, CA 95841

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Nonprofit education support foundation

YOUR BUSINESS POSITION
Executive Director (part-time position)

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 Loan repayment Partnership
 Sale of _____
(Real property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

 Other _____
(Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Oakland Athletics

ADDRESS (Business Address Acceptable)
7000 Coliseum Way, #3, Oakland, CA 94621

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Baseball team

YOUR BUSINESS POSITION
None

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 Loan repayment Partnership
 Sale of _____
(Real property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

 Other _____
(Describe)

Comments: Foundation income: \$12,000. Oakland A's Income: \$1,350

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, 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*	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
BUSINESS ACTIVITY, IF ANY, OF LENDER	<input type="checkbox"/> Real Property _____	<small>Street address</small>
_____		_____
HIGHEST BALANCE DURING REPORTING PERIOD		<small>City</small>
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$1,001 - \$10,000		
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Other _____	<small>(Describe)</small>
<input type="checkbox"/> OVER \$100,000		

Filer's Verification

Print Name Timothy A. Sbranti Office, Agency or Court City of Dublin/see attached list.

Statement Type 2012/2013 Annual 2012 Annual Assuming Leaving 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 1-28-14 Filer's Signature X _____
(month, day, year)

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

AMENDMENT

- 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)
California Teachers Association

ADDRESS (Business Address Acceptable)
1705 Murchison Drive

CITY AND STATE
Burlingame, CA 94011

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

DATE(S): 01 / 27 / 12 - 01 / 29 / 12 AMT: \$ 621.90
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description
Participated in association meetings.

▶ NAME OF SOURCE (Not an Acronym)
California Teachers Association

ADDRESS (Business Address Acceptable)
1705 Murchison Drive

CITY AND STATE
Burlingame, CA 94011

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

DATE(S): 03 / / 12 - 03 / / 12 AMT: \$ 646.90
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description
Participated in association meetings.

▶ NAME OF SOURCE (Not an Acronym)
California Teachers Association

ADDRESS (Business Address Acceptable)
1705 Murchison Drive

CITY AND STATE
Burlingame, CA 94011

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

DATE(S): 03 / / 12 - 03 / / 12 AMT: \$ 119.73
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description
Participated in association meetings.

Filer's Verification

Print Name Timothy A. Sbranti

Office, Agency or Court City of Dublin/See attached list.

Statement Type 2012/2013 Annual Assuming Leaving
 2012 Annual Candidate
(or)

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 1/28/14

Filer's Signature X

Comments: _____

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

AMENDMENT

- 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)
California Teachers Association

ADDRESS (Business Address Acceptable)
1705 Murchison Drive

CITY AND STATE
Burlingame, CA 94011

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

DATE(S): 05 / 15 / 12 - 05 / 16 / 12 AMT: \$ 111.00
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description
Participated in association meetings.

▶ NAME OF SOURCE (Not an Acronym)
California Teachers Association

ADDRESS (Business Address Acceptable)
1705 Murchison Drive

CITY AND STATE
Burlingame, CA 94011

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

DATE(S): 07 / 23 / 12 - 07 / 27 / 12 AMT: \$ 155.98
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description
Participated in association meetings.

▶ NAME OF SOURCE (Not an Acronym)
California Teachers Association

ADDRESS (Business Address Acceptable)
1705 Murchison Drive

CITY AND STATE
Burlingame, CA 94011

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

DATE(S): 06 / 08 / 12 - 06 / 10 / 12 AMT: \$ 592.90
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description
Participated in association meetings.

Filer's Verification

Print Name Timothy A. Sbranti

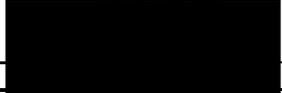
Office, Agency or Court City of Dublin/See attached list.

Statement Type 2012/2013 Annual Assuming Leaving
 2012 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 1/28/14
(month, day, year)

Filer's Signature X 

Comments: _____

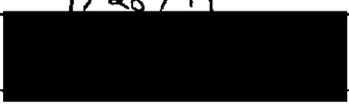
SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

- 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 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)
California Teachers Association
 ADDRESS (Business Address Acceptable)
1705 Murchison Drive
 CITY AND STATE
Burlingame, CA 94011
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Teachers association
 DATE(S): 10 / 09 / 12 - 10 / 10 / 12 AMT: \$ 111.00
 (If gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description
Participated in association meetings.

▶ 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

Filer's Verification
 Print Name Timothy A. Sbranti
 Office, Agency or Court City of Dublin/See attached list.
 Statement Type 2012/2013 Annual Assuming Leaving
 2012 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 1/28/14
 Filer's Signature X 

Comments: _____

STATEMENT OF ECONOMIC INTERESTS

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APR 01 2013

CITY OF DUBLIN
CITY MANAGER'S OFFICE

RECEIVED
POLITICAL
PRACTICES COMMISSION

2013 APR 22 AM 8:36

Please type or print in ink.

NAME OF FILER
Sbranti (LAST)

Timothy

1. Office, Agency, or Court

Agency Name

City of Dublin

Division, Board, Department, District, if applicable
City Council

Your Position
Mayor

► If filing for multiple positions, list below or on an attachment.
Agency: *see attached Addendum

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

- State
- Multi-County _____
- City of Dublin

- Judge or Court Commissioner (Statewide Jurisdiction)
- County of _____
- 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 _____

- 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."

- Schedule A-1 - Investments - schedule attached
- Schedule A-2 - Investments - schedule attached
- Schedule B - Real Property - schedule attached

► Total number of pages including this cover page: 1

- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - schedule attached
- Schedule E - Income - Gifts - Travel Payments - schedule attached

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS
(Business or Home)

[Redacted Mailing Address]

I have exercised reasonable diligence in preparing this statement. I have reviewed the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3-29-13
(month, day, year)

Signature [Redacted Signature]

(Officially signed statement with your filing official.)



CITY OF DUBLIN

100 Civic Plaza
Dublin, California 94568
Phone: (925) 833-6650
Fax: (925) 833-6651

- City Council**
(925) 833-6650
- City Manager**
(925) 833-6650
- Community Development**
(925) 833-6610
- Economic Development**
(925) 833-6650
- Finance/Admin Services**
(925) 833-6640
- Fire Prevention**
(925) 833-6606
- Human Resources**
(925) 833-6605
- Parks & Community Services**
(925) 556-4500
- Police**
(925) 833-6670
- Public Works/Engineering**
(925) 833-6630



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PRACTICES COMMISSION
2013 APR 22 AM 8:36

Timothy Sbranti | Addendum

Agency	Division, Board, Department, District	Position
City of Dublin		Mayor
Livermore Amador Valley Transit Authority (LAVTA)		Board Member
East Bay Regional Communications System Authority (EBRCSA) ✓		Board Member
Association of Bay Area Governments (ABAG)	Regional Planning Committee	Commissioner
Bay Area Air Quality Management District (BAAQMD)		Board Member
Alameda County Local Agency Formation Commission (LAFCO)		Commissioner
Dougherty Regional Fire Authority (DRFA)		Board Member
Alameda County Transportation Commission (ACTC)		Commissioner
Tri-Valley Transportation Council		Board Member