

COVER PAGE

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CITY CLERK'S OFFICE

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NAME OF FILER DeLaney (LAST) Lara (FIRST) CITY OF MARTINEZ CITY CLERK'S OFFICE (ADDLE) E.  
By APR 08 2013 FPPC

1. Office, Agency, or Court

Agency Name  
Contra Costa County  
Division, Board, Department, District, if applicable  
County Administrator's Office  
Your Position  
Interim Senior Deputy County Administrator

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

Agency: City of Martinez Position: City Council Member

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

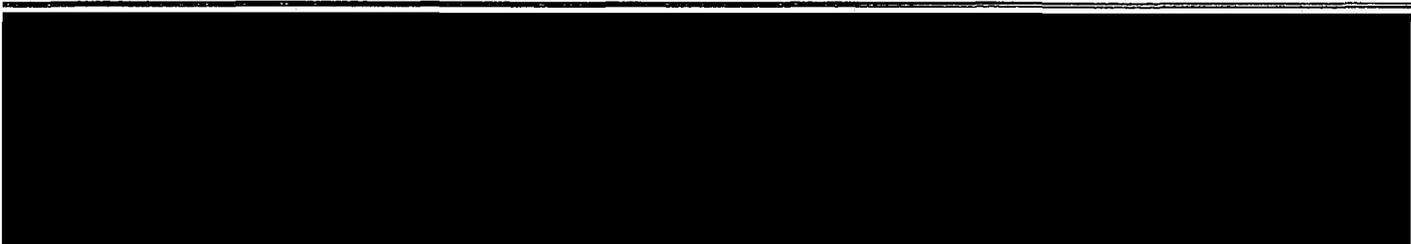
- State  Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County  County of Contra Costa
- City of Martinez  Other

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: 2**
- 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 that I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/31/2013  
(month, day, year)

**SCHEDULE D  
 Income - Gifts**

▶ NAME OF SOURCE (Not an Acronym)  
**Allied Waste Services**

ADDRESS (Business Address Acceptable)  
**441 N. Buchanan Circle, Pacheco CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Waste Management**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 26 / 12	\$ 150.00	2 Dinner tix CCUSA
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)  
**Pacific Gas & Electric**

ADDRESS (Business Address Acceptable)  
**Po Box 7442 San Francisco, CA 94120**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Utility**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 21 / 24	\$ 80.00	tickets to County Fair
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)  
**League of California Cities**

ADDRESS (Business Address Acceptable)  
**1400 K Street, Sacramento CA 95814**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Organization of city officials**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 20 / 12	\$ 30.00	lunch at policy meeting
03 / 30 / 12	\$ 30.00	lunch at policy meeting
___ / ___ / ___	\$ _____	_____

▶ 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: \_\_\_\_\_