

Please type or print in ink.

13 APR -1 AM 10:55

TN

NAME OF FILER (LAST) FRAZIER (FIRST) BRETT (MIDDLE) FORREST

1. Office, Agency, or Court

Agency Name

CITY OF MADERA

Division, Board, Department, District, if applicable

CITY COUNCIL

Your Position

COUNCIL MEMBER

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

Agency: See attached.

Position: _____

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County _____

County of _____

City of MADERA

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: 4

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. I understand that anyone who furnishes false or misleading information on this form or who omits material or information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties).

Date Signed 4/1/13
(month, day, year)

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

Name

SCHEDULE A-2

Investments, Income, and Assets

of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

Brett Frazier

CALIFORNIA FORM

FAIR POLITICAL PRACTICES COMMISSION

Name

Form section for Schedule A-1, top row, left column. Includes fields for Name of Business Entity, General Description, Fair Market Value, Nature of Investment, and Acquisition/Disposition Date.

Form section for Schedule A-1, top row, right column. Includes fields for Name of Business Entity, General Description, Fair Market Value, Nature of Investment, and Acquisition/Disposition Date.

Form section for Schedule A-1, middle row, left column. Includes fields for Name of Business Entity, General Description, Fair Market Value, Nature of Investment, and Acquisition/Disposition Date.

Form section for Schedule A-1, middle row, right column. Includes fields for Name of Business Entity, General Description, Fair Market Value, Nature of Investment, and Acquisition/Disposition Date.

Form section for Schedule A-1, bottom row, left column. Includes fields for Name of Business Entity, General Description, Fair Market Value, Nature of Investment, and Acquisition/Disposition Date.

Form section for Schedule A-1, bottom row, right column. Includes fields for Name of Business Entity, General Description, Fair Market Value, Nature of Investment, and Acquisition/Disposition Date.

Form section for Schedule A-2, top row, left column. Includes fields for Name (Piccolo's Pizza Inc), Address (324 N. Gateway Dr), Fair Market Value, and Nature of Investment.

Form section for Schedule A-2, top row, right column. Includes fields for Name, Address, Fair Market Value, and Nature of Investment.

Form section for Schedule A-2, middle row, left column. Includes fields for Gross Income Received and Source of Income.

Form section for Schedule A-2, middle row, right column. Includes fields for Gross Income Received and Source of Income.

Form section for Schedule A-2, bottom row, left column. Includes fields for Name of Business Entity, Assessor's Parcel Number, and Fair Market Value.

Form section for Schedule A-2, bottom row, right column. Includes fields for Name of Business Entity, Assessor's Parcel Number, and Fair Market Value.

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Brett Frazier

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

:(Not an Acronym)

s Address Acceptable

Y, IF ANY, OF SOURCE

VALUE	DESCRIPTION OF GIFT(S)
\$ _____	_____
\$ _____	_____
\$ _____	_____

:(Not an Acronym)

s Address Acceptable

Y, IF ANY, OF SOURCE

VALUE	DESCRIPTION OF GIFT(S)
\$ _____	_____
\$ _____	_____
\$ _____	_____

:(Not an Acronym)

s Address Acceptable

Y, IF ANY, OF SOURCE

VALUE	DESCRIPTION OF GIFT(S)
\$ _____	_____
\$ _____	_____
\$ _____	_____

:(Not an Acronym)

s Address Acceptable

Y, IF ANY, OF SOURCE

VALUE	DESCRIPTION OF GIFT(S)
\$ _____	_____
\$ _____	_____
\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
MEDIA SOLUTIONS

ADDRESS (Business Address Acceptable)
707 Commons Dr., SACRAMENTO, CA 95825

BUSINESS ACTIVITY, IF ANY, OF SOURCE
MEDIA BUYER

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11/19/12</u>	<u>\$ 125</u>	<u>FOOTBALL TICKETS</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)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ 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)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

- 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) or the "Speech" box if you made a speech or participated in a panel. These payments are subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ 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

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

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

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description

Comments: _____

EXPANDED STATEMENT OF ECONOMIC INTERESTS
Committees / Commissions / Boards

BRETT FRAZIER

1. Community Action Partnership of Madera County – Leaving office required.
2. Madera County Economic Development Commission - Alternate
3. Madera County Transportation Commission
4. Madera County Council on Aging
5. Madera Housing Authority
6. Madera Public Financing Authority
7. Oversight Board to the Successor Agency of the Former Madera Redevelopment Agency
8. Successor Agency to the Former Madera Redevelopment Agency and Successor Housing Agency