

**FEB 25 2013**

**CITY OF FORT BRAGG**  
**CITY CLERK**

Please type or print in ink.

2013 APR -4 PM 1:33

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
**HAMMERSTROM DOUGLAS J**

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

Agency Name  
**City of Fort Bragg**  
Division, Board, Department, District, if applicable  
**City Council**  
Your Position  
**City Councilmember**

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

Agency: see attached list Position: see attached list

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

- State
- Multi-County \_\_\_\_\_
- City of Fort Bragg
- 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.
- Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)
- Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_
- Candidate:** Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- Multi-County:** \_\_\_\_\_
- County of:** \_\_\_\_\_
- Other:** \_\_\_\_\_
- 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: 6

- 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
- None - No reportable interests on any schedule**

5. [Redacted Signature Area]

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 2/21/13  
(month, day, year)

List of Additional Agency Positions for Councilmember Doug Hammerstrom

Agency	Position
Fort Bragg Municipal Improvement District	Board Member
Fort Bragg Redevelopment Successor Agency	Agency Member
Local Agency Formation Commission	Board Member
Mendocino Council of Governments	Board Member



**Form 700 Schedule A-1 Investments 2012**

<b>name of business entity</b>	<b>business activity</b>	<b>type of investment</b>	<b>acquired</b>	<b>disposed</b>	<b>\$2-10,000</b>	<b>\$10-100,000</b>
Aflac	insurance	stock			x	
Best Buy	consumer cyclicals	stock			x	
Caterpillar	conglomerates	stock	10/4/2012			x
Chevron	oil & gas	stock	10/4/2012			x
Cisco	technology	stock	10/4/2012		x	
Costco	consumer goods	stock	10/4/2012			x
CVS Caremark	healthcare	stock	10/4/2012		x	
Health Care REIT	real estate	stock				x
Intel Corporation	technology	stock			x	
Johnson & Johnson	healthcare	stock	10/4/2012		x	
JPMorgan Chase	financial	stock	10/4/2012		x	
KBS REIT	real estate	stock	10/4/2012			x
Kyocera	technology	stock			x	
Microsoft	technology	stock	10/4/2012		x	
Pepsico	consumer goods	stock	10/4/2012			x
Proctor & Gamble Co	consumer staples	stock			x	
Qualcomm	technology	stock			x	
VISA	financial	stock				x
Wells Fargo & Co	financial	stock	10/4/2012		x	
Whole Foods Markets	consumer goods	stock	10/4/2012			x

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
 (Ownership Interest is 10% or Greater)

Name  
*Douglas J. Hammerstrom*

**▶ 1. BUSINESS ENTITY OR TRUST**

Name Diane I. Harris MD  
 Address (Business Address Acceptable) 721 River Dr. Ste A Fort Bragg

Check one  
 Trust, go to 2  Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
medical services

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999  
 \$2,000 - \$10,000      /      / 12      /      / 12  
 \$10,001 - \$100,000 ACQUIRED DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INVESTMENT  
 Partnership  Sole Proprietorship  Other

YOUR BUSINESS POSITION spouses physician

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499  \$10,001 - \$100,000  
 \$500 - \$1,000  OVER \$100,000  
 \$1,001 - \$10,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

None  
Mendocino Coast District Hospital

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT  REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property \_\_\_\_\_

Description of Business Activity or City or Other Precise Location of Real Property \_\_\_\_\_

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000      /      / 12      /      / 12  
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED  
 Over \$1,000,000

NATURE OF INTEREST  
 Property Ownership/Deed of Trust  Stock  Partnership

Leasehold \_\_\_\_\_ Yrs. remaining  Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

**▶ 1. BUSINESS ENTITY OR TRUST**

Name \_\_\_\_\_  
 Address (Business Address Acceptable) \_\_\_\_\_

Check one  
 Trust, go to 2  Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY \_\_\_\_\_

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999  
 \$2,000 - \$10,000      /      / 12      /      / 12  
 \$10,001 - \$100,000 ACQUIRED DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INVESTMENT  
 Partnership  Sole Proprietorship  Other

YOUR BUSINESS POSITION \_\_\_\_\_

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499  \$10,001 - \$100,000  
 \$500 - \$1,000  OVER \$100,000  
 \$1,001 - \$10,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

None

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT  REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property \_\_\_\_\_

Description of Business Activity or City or Other Precise Location of Real Property \_\_\_\_\_

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000      /      / 12      /      / 12  
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED  
 Over \$1,000,000

NATURE OF INTEREST  
 Property Ownership/Deed of Trust  Stock  Partnership

Leasehold \_\_\_\_\_ Yrs. remaining  Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

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

