

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT



Please type or print in ink.

NAME OF FILER (LAST) KASPERZAK, JR. (FIRST) (MIDDLE) MICHAEL

1. Office, Agency, or Court

Agency Name CITY COUNCIL
Division, Board, Department, District, if applicable
Your Position COUNCILMEMBER

12-13

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

Agency: BAWSCA & SF BAY AREA REG. FINANCE AUTH Position: DIRECTOR

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

- State
Multi-County SF, San Mateo, Santa Clara, Alameda
City of Mountain View
Judge or Court Commissioner (Statewide Jurisdiction)
County of
Other

3. Type of Statement (Check at least one box)

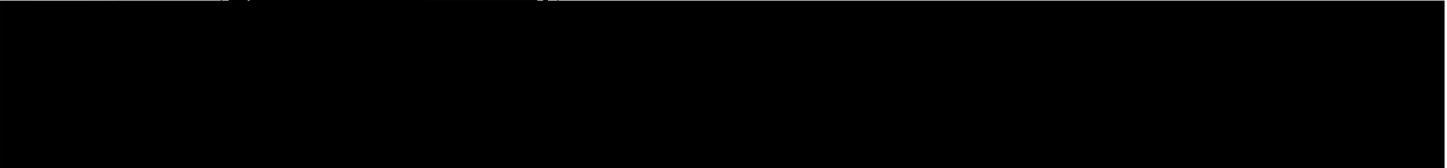
- Annual: The period covered is January 1, 2012, through December 31, 2012.
-or- The period covered is through December 31, 2012.
Assuming Office: Date assumed
Candidate: Election Year and office sought, if different than Part 1:
Leaving Office: Date Left
The period covered is January 1, 2012, through the date of leaving office.
The period covered is through the date of leaving office.

4. Schedule Summary

- 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

Total number of pages including this cover page: 2

5. Verification



I have used all reasonable diligence in preparing this statement. I have reviewed herein and in any attached schedules is true and complete. I acknowledge this I certify under penalty of perjury under the laws of the State of California.

Date Signed 12/11/2013 (month, day, year)

Signature

RECEIVED COVER PAGE  
FAIR POLITICAL PRACTICES COMMISSION  
PUBLIC DOCUMENT

FEB 26 2013

Please type or print in ink.

NAME OF FILER (LAST) 2013 MAR -1 PM 1:05 (FIRST) R. CITY (MIDDLE) MICHAEL

1. Office, Agency, or Court

Agency Name  
CITY COUNCIL  
Division, Board, Department, District, if applicable  
Your Position  
COUNCILMEMBER

► 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 MOUNTAIN VIEW  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 \_\_\_\_\_
- 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.
- 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 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

-or-  
 None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE



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 acknowledge this is a

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

Date Signed 2/26/13  
(month, day, year)

Signature [Redacted Signature]  
(File the originally signed statement with your filing official.)

**SCHEDULE D**  
**Income – Gifts**

▶ NAME OF SOURCE *(Not an Acronym)*  
IAFF LOCAL 1965  
 ADDRESS *(Business Address Acceptable)*  
MOUNTAIN VIEW, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
FIRE FIGHTERS UNION

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 20 / 12</u>	<u>\$ 60</u>	<u>HOLIDAY BASKET</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </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)
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </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)
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </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)
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </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)
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

**Filer's Verification**

Print Name R. MICHAEL KASPERZAK, JR

Office, Agency or Court MOUNTAIN VIEW CITY COUNCIL

Statement Type  2012/2013 Annual  Assuming  Leaving  
 <sup>(yr)</sup> 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 2/26/13

Filer's Signature 

Comments: Additional gift.

STATEMENT OF ECONOMIC INTERESTS

RECEIVED  
Date Received  
Official Use Only

FEB 19 2013

RECEIVED  
FAIR POLITICAL PRACTICES COMMISSION  
COVER PAGE

CITY CLERK  
MIDDLE

Please type or print in ink.

NAME OF FILER (LAST) 2013 FEB 22 (MID) 36  
KASPERZAK, JR. R. MICHAEL

1. Office, Agency, or Court

Agency Name  
CITY COUNCIL  
Division, Board, Department, District, if applicable  
Your Position  
COUNCILMEMBER

► 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 MOUNTAIN VIEW  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 \_\_\_\_\_
- 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.
- 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: 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

-or-  
 None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE



I have used all reasonable diligence in preparing this statement. I have reviewed this statement and the information contained herein and in any attached schedules is true and complete. I acknowledge this is a true and complete statement.

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

Date Signed 2/19/13 (month, day, year) Signature \_\_\_\_\_

Name  
R. MICHAEL KASPERZAK, JR.

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests  
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

<BLUE> is a required field

NAME OF BUSINESS ENTITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY	PART MARKET VALUE (Share from last report or other data - Reamortized)	NATURE OF INVESTMENT (Share from last report or other data - Reamortized)	IF APPLICABLE, LIST DATE (Reamortized)
BLACKBAUD	SOFTWARE DEVELOPER	\$2,000 - \$10,000	Stock	
VERIZON	TELECOMMUNICATIONS	\$2,000 - \$10,000	Stock	
JP MORGAN	FINANCIAL SERVICES	\$2,000 - \$10,000	Stock	
CITICORP	FINANCIAL SERVICES	\$2,000 - \$10,000	Stock	
ROBERT HALF INC.	EMPLOYMENT SERVICES	\$2,000 - \$10,000	Stock	
ABBOTT LABS	PHARMA	\$10,001 - \$100,000	Stock	
ABBVIE INC	PHARMA	\$10,001 - \$100,000	Stock	
ADOBE SYSTEMS	SOFTWARE	\$10,001 - \$100,000	Stock	
ARCELORMITTAL 9%15NOTES DUE 2/15/15	INDUSTRIAL	\$10,001 - \$100,000	Bond	
AUTONATION 6.75% 4/15/18	AUTO RETAILING	\$10,001 - \$100,000	Bond	
BARD C R	INDUSTRIAL	\$10,001 - \$100,000	Stock	
BECTON DICKINSON & CO	INDUSTRIAL	\$10,001 - \$100,000	Stock	
CITIGROUP 5.625% 8/27/12	FINANCIAL SERVICES	\$10,001 - \$100,000	Bond	
COCA COLA CO.	CONSUMER GOODS	\$10,001 - \$100,000	Stock	
COLGATE PALMOLIVE	CONSUMER GOODS	\$10,001 - \$100,000	Stock	
CONTRA COSTA CN 3.75%21REV DUE 06/01/	MUNI BONDS	\$10,001 - \$100,000	Bond	
DANA HLDG CORP 6.5% 2/15/19	INDUSTRIAL	\$10,001 - \$100,000	Bond	
DISNEY, WALT	CONSUMER GOODS	\$10,001 - \$100,000	Stock	
ECOLAB	CONSUMER GOODS	\$10,001 - \$100,000	Stock	
ENTERPRISE PRODUCT PARTNERS	INDUSTRIAL	\$10,001 - \$100,000	Partnership	
EXXON MOBIL	PETROLEUM	\$10,001 - \$100,000	Stock	
GENERAL DYNAMICS	INDUSTRIAL	\$10,001 - \$100,000	Stock	
GENERAL ELECTRIC	INDUSTRIAL	\$10,001 - \$100,000	Stock	
IBM	COMPUTER	\$10,001 - \$100,000	Stock	
JC PENNY 5.75% 2/15/18	RETAIL	\$10,001 - \$100,000	Bond	
KC SOUTHERN RAIL 8.0% 15 NOTES DUE 06/1	TRANSPORTATION	\$10,001 - \$100,000	Bond	
KELLOGG	CONSUMER GOODS	\$10,001 - \$100,000	Stock	
KINDER MORGAN	INDUSTRIAL	\$10,001 - \$100,000	Partnership	
MAGELLAN MIDSTREAM PARTNERS	INDUSTRIAL	\$10,001 - \$100,000	Partnership	
MAY DEPT STORES 8.125% 8/15/35	RETAIL	\$10,001 - \$100,000	Bond	
MCDONALDS	CONSUMER GOODS	\$10,001 - \$100,000	Stock	
MEDTRONIC	MEDICAL	\$10,001 - \$100,000	Stock	
MICROSOFT	SOFTWARE	\$10,001 - \$100,000	Stock	
MMM	INDUSTRIAL	\$10,001 - \$100,000	Stock	
MOOG INC 7.25% 18 NOTES 6/15/18	INDUSTRIAL	\$10,001 - \$100,000	Bond	
NIKE	CONSUMER GOODS	\$10,001 - \$100,000	Stock	
OMNICO GROUP	INDUSTRIAL	\$10,001 - \$100,000	Stock	
PEPSICO	CONSUMER GOODS	\$10,001 - \$100,000	Stock	
PETROHAWK ENERGY 7.785% 15 NOTES DUE	ENERGY	\$10,001 - \$100,000	Bond	
PLAINS ALL AMERICAN PIPELINE	ENERGY	\$10,001 - \$100,000	Partnership	
PROCTER & GAMBLE	CONSUMER GOODS	\$10,001 - \$100,000	Stock	
PUBLIC STORAGE 5.9% PFD	STORAGE	\$10,001 - \$100,000	Bond	
RYDER SYSTEM 6.013% 3/1/13	INDUSTRIAL	\$10,001 - \$100,000	Bond	
SOUTHWEST AIR 5.75% 12/15/16	TRANSPORTATION	\$10,001 - \$100,000	Bond	
STEELCASE 6.375% 2/15/21	INDUSTRIAL	\$10,001 - \$100,000	Bond	
STRYKER	INDUSTRIAL	\$10,001 - \$100,000	Stock	
TARGET-DAYTON HUDSON	RETAIL	\$10,001 - \$100,000	Stock	
UNION PACIFIC RES 7.05%	TRANSPORTATION	\$10,001 - \$100,000	Bond	
UNITED TECHNOLOGIES	INDUSTRIAL	\$10,001 - \$100,000	Stock	
WAL-MART	RETAIL	\$10,001 - \$100,000	Stock	

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

Name  
**R. MICHAEL KASPERZAK, JR**

**▶ 1. BUSINESS ENTITY OR TRUST**

**DISPUTE RESOLUTION SPECIALISTS**  
 Name  
**1172 MORTON COURT, MTN VIEW, CA**  
 Address (Business Address Acceptable)  
 Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**  
**MEDIATION SERVICE PROVIDER**

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

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     \_\_\_\_\_ Other

YOUR BUSINESS POSITION **OWNER**

**▶ 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                                      / / 12                      / / 12  
 \$10,001 - \$100,000                                      ACQUIRED                      DISPOSED  
 \$100,001 - \$1,000,000  
 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                                      / / 12                      / / 12  
 \$2,000 - \$10,000                                      ACQUIRED                      DISPOSED  
 \$10,001 - \$100,000  
 \$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                                      / / 12                      / / 12  
 \$10,001 - \$100,000                                      ACQUIRED                      DISPOSED  
 \$100,001 - \$1,000,000  
 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: \_\_\_\_\_

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

<b>CALIFORNIA FORM 700</b> <small>FAIR POLITICAL PRACTICES COMMISSION</small> Name <b>R. MICHAEL KASPERZAK, JR</b>
---

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
**BEYONDNINES LLC**

---

ADDRESS (Business Address Acceptable)  
**3400 188TH ST SW, SUITE 590, LYNNWOOD WA**

---

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**NON-PROFIT CONSULTING**

---

YOUR BUSINESS POSITION  
**CEO**

---

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

---

ADDRESS (Business Address Acceptable)

---

BUSINESS ACTIVITY, IF ANY, OF SOURCE

---

YOUR BUSINESS 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)

**▶ 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\*

---

ADDRESS (Business Address Acceptable)

---

BUSINESS ACTIVITY, IF ANY, OF LENDER

---

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

INTEREST RATE      TERM (Months/Years)

\_\_\_\_\_ %     None    \_\_\_\_\_

SECURITY FOR LOAN  
 None       Personal residence  
 Real Property \_\_\_\_\_  
Street address  
\_\_\_\_\_ City  
 Guarantor \_\_\_\_\_  
 Other \_\_\_\_\_  
(Describe)

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

**SCHEDULE D**  
**Income – Gifts**

Name  
**R. MICHAEL KASPERZA**

▶ NAME OF SOURCE *(Not an Acronym)*  
**LIVENATION**

ADDRESS *(Business Address Acceptable)*  
**SHORELINE AMPHITHEATER, MTN VIEW, CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**CONCERT VENUE**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 04 / 12	\$ 100	CONCERT TICKET
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*  
**MARK KROLL**

ADDRESS *(Business Address Acceptable)*  
**26 AVALON DRIVE, LOS ALTOS, CA**

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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 19 / 12	\$ 150	SPORT TICKET
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*  
**SAN DIEGO PADRES**

ADDRESS *(Business Address Acceptable)*  
**PETCO PARK, SAN DIEGO CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**BASEBALL TEAM**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 07 / 12	\$ 150	SPORT TICKET
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*  
**LOCAL GOVERNMENT COMMISSION**

ADDRESS *(Business Address Acceptable)*  
**1303 J ST, SACRAMENTO, CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**NON-PROFIT**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 04 / 12	\$ 485	SCHOLARSHIP
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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

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

Name  
**R. MICHAEL KASPERZAK, JR**

- 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)  
**LEAGUE OF CALIFORNIA CITIES**

ADDRESS (Business Address Acceptable)  
**1400 K STREET**

CITY AND STATE  
**SACRAMENTO, CA**

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

DATE(S): 01 / 01 / 12 - 12 / 31 / 12 AMT: \$ 10,922.07  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description  
**T&M FOR VOLUNTEER SERVICE AS OFFICER AND LEAGUE BOARD MEMBER**

▶ NAME OF SOURCE (Not an Acronym)  
**INSTITUTE FOR LOCAL GOVERNMENT**

ADDRESS (Business Address Acceptable)  
**1400 K STREET**

CITY AND STATE  
**SACRAMENTO, CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
**NON-PROFIT**

DATE(S): 01 / 01 / 12 - 12 / 31 / 12 AMT: \$ 345.96  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description  
**T&M FOR VOLUNTEER SERVICE AS BOARD MEMBER**

▶ 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**

- 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)  
LOCAL GOVERNMENT COMMISSION

ADDRESS (Business Address Acceptable)  
1303 J STREET

CITY AND STATE  
SACRAMENTO, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
GOOD GOVERNMENT NON-PROFIT

DATE(S): 02 / 02 / 12 - 02 / 04 / 12 AMT: \$ 485.00  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description

TRAVEL PAYMENT FOR NEW PARTNERS FOR SMART GROWTH CONFERENCE

▶ 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 R MICHAEL KASPERZAK, JR

Office, Agency or Court CITY OF MOUNTAIN VIEW & BAWSCA

Statement Type  2012/2013 Annual  Assuming  Leaving  
 \_\_\_\_\_ Annual  Candidate  
 (if)

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 12/17/2013

Filer's Signature 

Comments: ORIGINAL DISCLOSURE HAD MISTAKENLY BEEN REPORTED ON SCHEDULE D.