

RECEIVED
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 Audria Chichey, Deputy
 CITY CLERK, City of Fairfield

Please type or print in ink.

NAME OF FILER (LAST) Mraz (FIRST) John (MIDDLE) J
 2013 APR -3 P 16

1. Office, Agency, or Court

Agency Name
 Fairfield 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
- Multi-County _____
- City of City of Fairfield
- 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 01 / 01 / 2012, through December 31, 2012.
- Assuming Office:** Date assumed _____
- Candidate:** Election year _____ and office sought, if different than Part 1: _____
- 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."

► Total number of pages including this cover page: 5

- 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 _____

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

3)
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SCHEDULE A-1

Investments

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

Do not attach brokerage or financial statements.

Name

John Mraz

NAME OF BUSINESS ENTITY: John Mraz Insurance Agency
GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Insurance Agency
FAIR MARKET VALUE: Over \$1,000,000
NATURE OF INVESTMENT: Real Estate
ACQUIRED: / / 12
DISPOSED: / / 12

NAME OF BUSINESS ENTITY:
GENERAL DESCRIPTION OF BUSINESS ACTIVITY:
FAIR MARKET VALUE:
NATURE OF INVESTMENT:
ACQUIRED: / / 12
DISPOSED: / / 12

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ACQUIRED: / / 12
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ACQUIRED: / / 12
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ACQUIRED: / / 12
DISPOSED: / / 12

NAME OF BUSINESS ENTITY:
GENERAL DESCRIPTION OF BUSINESS ACTIVITY:
FAIR MARKET VALUE:
NATURE OF INVESTMENT:
ACQUIRED: / / 12
DISPOSED: / / 12

Comments:

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
John Mraz

▶ 1. BUSINESS ENTITY OR TRUST

John Mraz Insurance Agency
Name
1000-A N Texas Street, Fairfield, CA 94533
Address (Business Address Acceptable)
Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Insurance

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/Agent

▶ 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

Jamie Mraz Insurance Services
Name
1000 N Texas Street, Fairfield, CA 94533
Address (Business Address Acceptable)
Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Insurance

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/Agent

▶ 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

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

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Comments: _____

