

Date Received
Official Use Only
JAN 23 2013
Administration

Please type or print in ink.

2013 APR -2 AM 11:29



NAME OF FILER (LAST) (FIRST) (MIDDLE)
Andoe Howard Gordon

1. Office, Agency, or Court

Agency Name
City of Oroville
Division, Board, Department, District, if applicable
City Council
Your Position
Council Member

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

Agency: Supplemental Benefits Fund Steering Comm. Position: Committee Member

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

- State
- Multi-County _____
- City of Oroville
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

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

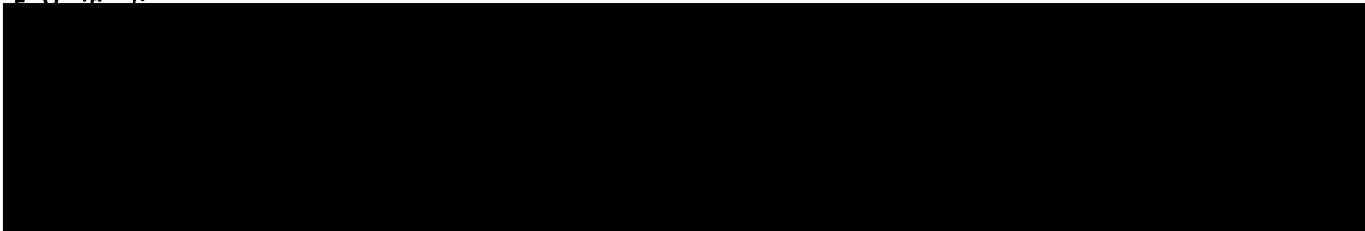
- Annual:** The period covered is January 1, 2012, through December 31, 2012.
- or-
- The period covered is _____, through December 31, 2012.
- Assuming Office:** Date assumed _____
- Candidate:** Election year _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left _____ (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: 4

- 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**



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

Date Signed 01/18/2013
(month, day, year)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Received
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NAME OF FILER (LAST) (FIRST) (MIDDLE)
Andoe Howard Gordon

1. Office, Agency, or Court

Agency Name
City of Oroville
Division, Board, Department, District, if applicable
Oversight Board
Your Position
Board Member

► 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 Oroville
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

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

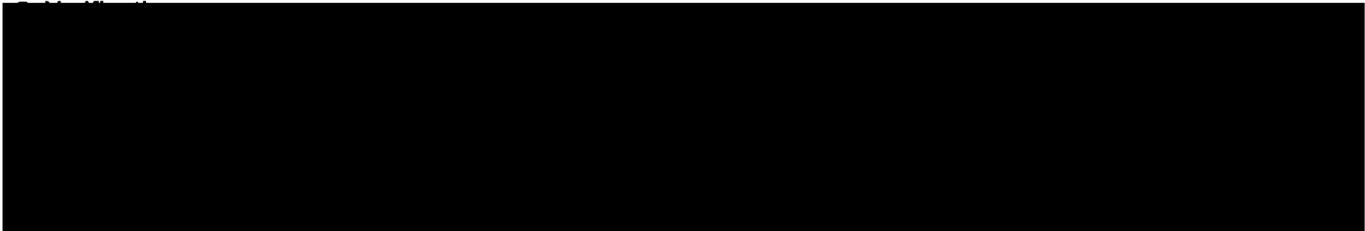
- Annual:** The period covered is January 1, 2012, through December 31, 2012.
- or-
- The period covered is ____/____/____, through December 31, 2012.
- Assuming Office:** Date assumed ____/____/____
- Candidate:** Election year _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left ____/____/____
(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: _____

- 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**



herein and in any attached schedules is true and complete. I am

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

Date Signed 01/18/2013
(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

Andoe, H.G.

▶ NAME OF BUSINESS ENTITY
Morgan Chase

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
401k

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT 401k
 Stock Other (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 12 / / 12
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 12 / / 12
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
American Fund

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
401k

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT 401k
 Stock Other (Describe)
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 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
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Comments: _____

