

STATEMENT OF ECONOMIC INTERESTS

SR

CITY CLERK

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FEB 05 2013

YUBA CITY

COVER PAGE

RECEIVED FAIR POLITICAL PRACTICES COMMISSION

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Dukes John 2013 MAR 20 PM 1:40

1. Office, Agency, or Court

Agency Name
City of Yuba City
Division, Board, Department, District, if applicable
Your Position
City Council 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 Yuba City
Judge or Court Commissioner (Statewide Jurisdiction)
County of Sutter
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

Check applicable schedules or "None."

Total number of pages including this cover page: 3

- 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]

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

Date Signed 01/31/2013 (month, day, year)

(File the originally signed statement with your filing official.)

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name _____

John Dukes

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
<p>NAME OF SOURCE OF INCOME <u>Mutual of Omaha</u></p> <p>ADDRESS (Business Address Acceptable) <u>Mutual of Omaha Plaza, Omaha, NE 68175</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Insurance Sales</u></p> <p>YOUR BUSINESS POSITION <u>Insurance Agent</u></p> <p>GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input checked="" type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <input type="checkbox"/> Other _____ (Describe)</p>	<p>NAME OF SOURCE OF INCOME <u>NS Fitness</u></p> <p>ADDRESS (Business Address Acceptable) <u>680 N. Walton</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Repair Work</u></p> <p>YOUR BUSINESS POSITION <u>Independent Contractor</u></p> <p>GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input checked="" type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <input type="checkbox"/> Other _____ (Describe)</p>

▶ 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:

<p>NAME OF LENDER* _____</p> <p>ADDRESS (Business Address Acceptable) _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF LENDER _____</p> <p>HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000</p>	<p>INTEREST RATE _____% <input type="checkbox"/> None</p> <p>TERM (Months/Years) _____</p> <p>SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ Street address City <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ (Describe)</p>
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Comments: _____

SCHEDULE D
Income – Gifts

Name
John Dukes

▶ NAME OF SOURCE *(Not an Acronym)*
Teichert Construction

ADDRESS *(Business Address Acceptable)*
3500 American River Dr. Sacramento, CA 95863

BUSINESS ACTIVITY, IF ANY, OF SOURCE
CAP to CAP Trip

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 23 / 12	\$ 112	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
Sure West Communications

ADDRESS *(Business Address Acceptable)*
8150 Industrial Ave. Bldg. D, Roseville, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
CAP to CAP Trip

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 22 / 12	\$ 75	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
Sutter Health

ADDRESS *(Business Address Acceptable)*
2200 River Plaza Dr. Sacramento, CA 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE
CAP to CAP Trip

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 23 / 12	\$ 112	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
Frank M. Booth

ADDRESS *(Business Address Acceptable)*
PO Box R Marysville, CA 95901

BUSINESS ACTIVITY, IF ANY, OF SOURCE
100th Anniversary Dinner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 29 / 12	\$ 325	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
Kaiser Permanente

ADDRESS *(Business Address Acceptable)*
1650 Response Rd. Sacramento, CA 95815

BUSINESS ACTIVITY, IF ANY, OF SOURCE
CAP to CAP Trip

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 22 / 12	\$ 127	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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: _____