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Date Received JAN 02 2012

CITY CLERKS OFFICE CITY OF TULARE



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) Gowin Shea Anne

1. Office, Agency, or Court

Agency Name Tulare City Council
Division, Board, Department, District, if applicable District 1
Your Position Council 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 Tulare, Judge or Court Commissioner, County of, Other

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

- Annual, Leaving Office, Assuming Office, Candidate

4. Schedule Summary

- Schedule A-1, A-2, B, C, D, E, None - No reportable interests on any schedule

5. Verification

(d)(5) [Redacted Signature Area]

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

Date Signed 12/31/12

(d)(5) [Redacted Signature]

