

MAR 28 2013

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PRACTICES COMMISSION

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2013 APR 15 PM 4:08

CITY MANAGERS OFFICE

(MIDDLE)

Harris

Dilenna

Ann

1. Office, Agency, or Court

Agency Name

City of Vacaville

Division, Board, Department, District, if applicable

City Council

Your Position

Vice Mayor

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

Agency: See Attachment

Position: See Attachment

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

State

Multi-County Yolo and Solano

City of Vacaville

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 01 / 01 / 2013

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: _____

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

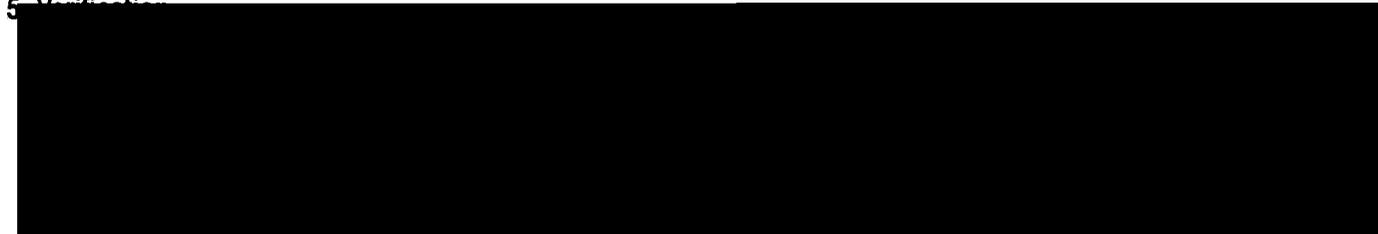
Schedule D - Income - Gifts - schedule attached

Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

5. Verification



herein and in any attached schedules is true and complete. I acknowledge that I am responsible for the accuracy of the information provided.

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

Date Signed 03/29/2013

(month, day, year)

SCHEDULE D
Income - Gifts

Name
 Harris

▶ NAME OF SOURCE (Not an Acronym)
NorthBay Healthcare

ADDRESS (Business Address Acceptable)
 4500 Business Center Drive, Fairfield, Ca. 94534

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Hospital

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|--------|------------------------|
| 02 / 25 / 12 | \$ 75 | Hospice Dinner |
| 04 / 27 / 12 | \$ 150 | Wine & Food Jubilee |
| 06 / 29 / 12 | \$ 125 | Golf Tournament |

▶ NAME OF SOURCE (Not an Acronym)
Kaiser Permanente

ADDRESS (Business Address Acceptable)
 1 Quality Drive, Vacaville, Ca 95688

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Hospital / Foundation

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| 04 / 25 / 12 | \$ 35 | Luncheon |
| 11 / 14 / 12 | \$ 35 | Reception |
| / / | \$ | |

▶ NAME OF SOURCE (Not an Acronym)
Soroptimist of Vacaville

ADDRESS (Business Address Acceptable)
 560 Main Street, Vacaville, Ca. 95688

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Service Club

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| 03 / 21 / 12 | \$ 45 | Award Dinner |
| / / | \$ | |
| / / | \$ | |

▶ NAME OF SOURCE (Not an Acronym)
Sandy Person

ADDRESS (Business Address Acceptable)
 360 Campus Lane, Suite 102, Fairfield, Ca. 94534

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Museum Board Member

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|--------|------------------------|
| 05 / 05 / 12 | \$ 200 | Museum Dinner |
| 11 / 10 / 12 | \$ 150 | Museum Dinner |
| / / | \$ | |

▶ NAME OF SOURCE (Not an Acronym)
Northern Solano County Association of Realtors

ADDRESS (Business Address Acceptable)
 3690 Hilborn Road, Fairfield, Ca 94534

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Real Estate

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| 03 / 29 / 12 | \$ 20 | Reception |
| 12 / 05 / 12 | \$ 20 | Reception |
| / / | \$ | |

▶ NAME OF SOURCE (Not an Acronym)
Tom Egidio

ADDRESS (Business Address Acceptable)
 590 Ridgewood Drive, Vacaville, Ca. 95688

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Consulting

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|--------|------------------------|
| 06 / 18 / 12 | \$ 150 | Golf Tournament |
| / / | \$ | |
| / / | \$ | |

Comments: _____

SCHEDULE D
Income - Gifts

▶ NAME OF SOURCE (Not an Acronym)
Potrero Hills Landfill

ADDRESS (Business Address Acceptable)
3675 Potrero Hills Lane, Fairfield, Ca 94533

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Landfill

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 09 / 07 / 12 | \$ 150 | Golf Tournament |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ NAME OF SOURCE (Not an Acronym)
Fuso Restaurant

ADDRESS (Business Address Acceptable)
535 Main Street, Vacaville, Ca 95688

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Restaurant

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 12 / 10 / 12 | \$ 50 | open house |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ NAME OF SOURCE (Not an Acronym)
Blake Austin College

ADDRESS (Business Address Acceptable)
1679 East Monte Vista Ave., Vacaville, Ca. 95688

BUSINESS ACTIVITY, IF ANY, OF SOURCE
College

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 11 / 01 / 12 | \$ 50 | Gift Basket |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ NAME OF SOURCE (Not an Acronym)
C.C. Yin

ADDRESS (Business Address Acceptable)
185 Butcher Road, Vacaville, Ca 95688

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Restaurant

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 12 / 12 / 12 | \$ 50 | Dinner Presentation |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ NAME OF SOURCE (Not an Acronym)
Festival of Trees

ADDRESS (Business Address Acceptable)
107 Peabody Road, Vacaville, Ca. 95687

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-profit

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 11 / 26 / 12 | \$ 150 | Fundraising Dinner |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

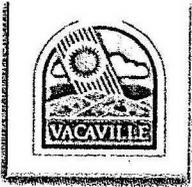
▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

Comments: _____



City of Vacaville Council Assignments Form 700 - Expanded Statement

**Dilenna Harris, Vice Mayor
City of Vacaville**

| Name of Agency | Position | Jurisdiction | Type of Statement |
|--|---|-------------------------|--------------------------|
| Oversight Board to the Vacaville Successor Agency (File with Vacaville City Clerk) | Vice Chair | County of Solano | Annual |
| Solano County Water Agency 810 Vaca Valley Parkway, Suite 203 Vacaville CA 95688 | Alternate Member, Board of Directors | County of Solano | Assuming Office |
| Solano Water Authority c/o Solano Irrigation Dist 810 Vaca Valley Parkway Suite 201 Vacaville CA 95688 | Alternate Member, Board of Directors | County of Solano | Assuming Office |
| Solano Transportation Authority Attn: Johanna Masiclat One Harbor Center, Suite 130 Suisun City, CA 94585 | Alternate Member, Board of Directors | County of Solano | Assuming Office |
| Vacaville/Dixon Greenbelt Authority City of Dixon File with Vacaville City Clerk | Member, Board of Directors | Cities/County of Solano | Annual |
| Yolo-Solano Air Quality Management Dist. 1947 Galileo Court, Suite 103 Davis, CA 95616 | Member, Board of Directors | Multi-County | Annual |