



**COVER PAGE**

**RECEIVED**  
FAIR POLITICAL PRACTICES COMMISSION

JAN 28 2013

Please type or print in ink.

NAME OF FILER (LAST) O'Loane  
Philip  
2013 APR 8 PM 1:09  
Gearhart (MIDDLE) City Clerk of San Ramon, CA

**1. Office, Agency, or Court**

Agency Name  
City of San Ramon  
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 San Ramon
- 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: 2

- 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. [Redacted Signature Area]

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

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

Date Signed 01-26-2013  
(month, day, year)

**SCHEDULE D**  
**Income – Gifts**

Name  
**PHILIP G. O'LOANE**

▶ **NAME OF SOURCE (Not an Acronym)**  
**JIM LIVINGSTONE**

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ADDRESS (Business Address Acceptable)  
**2222 CAMINO RAMON, SAN RAMON, CA 94583**

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BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**COUNCILMEMBER**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 14 12	70	A'S TICKETS
07 14 12	25	PARKING PASS
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ **NAME OF SOURCE (Not an Acronym)**

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ADDRESS (Business Address Acceptable)

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BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ **NAME OF SOURCE (Not an Acronym)**  
**SCOTT PERKINS**

---

ADDRESS (Business Address Acceptable)  
**2222 CAMINO RAMON, SAN RAMON, CA 94583**

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BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**COUNCILMEMBER**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 11 12	129	49ER TICKET
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ **NAME OF SOURCE (Not an Acronym)**

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ADDRESS (Business Address Acceptable)

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BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ **NAME OF SOURCE (Not an Acronym)**  
**SAN RAMON REGIONAL MEDICAL CENTER**

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ADDRESS (Business Address Acceptable)  
**6001 NORRIS CANYON RD., SAN RAMON, CA**

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BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**HOSPITAL**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 02 12	200	FUNDRAISER MEALS
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ **NAME OF SOURCE (Not an Acronym)**

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ADDRESS (Business Address Acceptable)

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BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: \_\_\_\_\_