

STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only

RECEIVED
FAIR POLITICAL PRACTICES COMMISSION

RECEIVED MAR 18 2014

2014 MAR 28 PM 1:51

Please type or print in ink.

NAME OF FILER (LAST) ARBUCKLE (MIDDLE) LOUISE (FIRST) JANET

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

GRASS VALLEY CITY COUNCIL

Division, Board, Department, District, if applicable

Your Position

COUNCIL MEMBER

If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Oversight Board Grass Valley Successor Agency

Position: CHAIR

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

- State, Multi-County, City of GRASS VALLEY, Judge or Court Commissioner, County of, Other

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

- Annual: The period covered is January 1, 2013, through December 31, 2013. Leaving Office: Date Left, The period covered is January 1, 2013, through the date of leaving office. Assuming Office: Date assumed, The period covered is through the date of leaving office. Candidate: Election year and office sought, if different than Part 1.

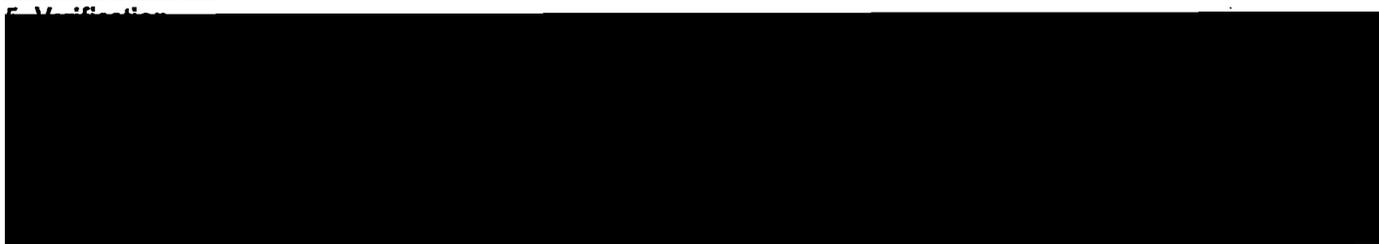
4. Schedule Summary

Check applicable schedules or "None."

Total number of pages including this cover page:

- Schedule A-1 - Investments, Schedule A-2 - Investments, Schedule B - Real Property, Schedule C - Income, Loans, & Business Positions, Schedule D - Income - Gifts, Schedule E - Income - Gifts - Travel Payments

None - No reportable interests on any schedule



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

Date Signed 03-18-14 (month, day, year)

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name _____

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)
LEAGUE OF CALIFORNIA CITIES

ADDRESS (Business Address Acceptable)
1400 K STREET

CITY AND STATE
SACRAMENTO, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Advocacy for cities and their residents

DATE(S): 02, 08, 13 - 12, 31, 13 AMT: \$ 1,545.41
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Travel, meals and lodging for volunteer services as a member of the League Board of Directors

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): _____ - _____ AMT: \$ _____
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): _____ - _____ AMT: \$ _____
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): _____ - _____ AMT: \$ _____
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

Comments: _____