CITY OF RIVERBANK

Date Received
Official Use Only
MAR 24 2014

RECEIVED
BY:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

(SR)

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Barber-Martinez, Darlene

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
City of Riverbank

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: _____ Position: _____

RECEIVED
FAIR POLITICAL PRACTICES COMMISSION
2014 MAY 16 PM 2:08

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

☐ State
☐ Multi-County _____
☒ City of Riverbank
☐ 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, 2013, through December 31, 2013.

-or-

The period covered is ____/____/_____, through December 31, 2013.

☐ **Assuming Office:** Date assumed ____/____/_____

☐ **Leaving Office:** Date Left ____/____/_____
(Check one)

○ The period covered is January 1, 2013, 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.

[redacted]

herein and in any attached schedules is true and complete. I ackno[redacted]

I certify under penalty of perjury under the laws of the State of [redacted]

Date Signed March 24, 2014
(month, day, year)

SCHEDULE A-2
Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Barber-Martinez, Durkee

▶ 1. BUSINESS ENTITY OR TRUST

Name: TSW Financial Tax Service

Address (Business Address Acceptable): 3218 Santa Fe St, Riverbank, CA 95367

Check one
- ☐ Trust, go to 2
- ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS: Tax Preparation, Bookkeeping, Notary Payroll,

FAIR MARKET VALUE
- ☐ $0 - $1,999
- ☒ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/13 ACQUIRED
__/__/13 DISPOSED

NATURE OF INVESTMENT
- ☒ Partnership
- ☐ Sole Proprietorship
- ☐ _____ Other

YOUR BUSINESS POSITION: Partner

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☐ $0 - $499
- ☐ $500 - $1,000
- ☒ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary.)

☐ None

N/A

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
- ☐ INVESTMENT
- ☐ REAL PROPERTY

N/A

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/13 ACQUIRED
__/__/13 DISPOSED

NATURE OF INTEREST
- ☐ Property Ownership/Deed of Trust
- ☐ Stock
- ☐ Partnership
- ☐ Leasehold _____ Yrs. remaining
- ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

---

▶ 1. BUSINESS ENTITY OR TRUST

Name: Central Valley Community Resources

Address (Business Address Acceptable): 3218 Santa Fe St, Ste B, Riverbank, CA 95367

Check one
- ☐ Trust, go to 2
- ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS: Non-Profit

FAIR MARKET VALUE
- ☐ $0 - $1,999
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/13 ACQUIRED
__/__/13 DISPOSED

NATURE OF INVESTMENT
- ☐ Partnership
- ☐ Sole Proprietorship
- ☒ ~~CEO~~ Director Other

YOUR BUSINESS POSITION: CEO

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☒ $0 - $499
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary.)

☐ None

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
- ☐ INVESTMENT
- ☐ REAL PROPERTY

N/A

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/13 ACQUIRED
__/__/13 DISPOSED

NATURE OF INTEREST
- ☐ Property Ownership/Deed of Trust
- ☐ Stock
- ☐ Partnership
- ☐ Leasehold _____ Yrs. remaining
- ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

---

Comments: _____

SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Darlene Barber-Martinez

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME: TSW Financial Tax Service 3218 Santa Fe

ADDRESS (Business Address Acceptable):

BUSINESS ACTIVITY, IF ANY, OF SOURCE: Tax Preparation, Bookkeeping, Payroll, Notary

YOUR BUSINESS POSITION: Partner

GROSS INCOME RECEIVED
- ☐ $500 - $1,000
- ☒ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- ☐ Salary
- ☐ Spouse's or registered domestic partner's income
- ☐ Loan repayment
- ☒ Partnership
- ☐ Sale of _____ (Real property, car, boat, etc.)
- ☐ Commission or
- ☐ Rental Income, *list each source of $10,000 or more*
- ☐ Other _____ (Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME: Waffle Shop Country Cooking

ADDRESS (Business Address Acceptable):

BUSINESS ACTIVITY, IF ANY, OF SOURCE: ~~Bookkeeping~~ Restaurant

YOUR BUSINESS POSITION: Bookkeeper

GROSS INCOME RECEIVED
- ☐ $500 - $1,000
- ☒ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- ☒ Salary
- ☐ Spouse's or registered domestic partner's income
- ☐ Loan repayment
- ☐ Partnership
- ☐ Sale of _____ (Real property, car, boat, etc.)
- ☐ Commission or
- ☐ Rental Income, *list each source of $10,000 or more*
- ☐ Other _____ (Describe)

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:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

INTEREST RATE: _____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN
- ☐ None
- ☐ Personal residence
- ☐ Real Property _____ Street address
- _____ City
- ☐ Guarantor _____
- ☐ Other _____ (Describe)

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: Darlene Barber-Martinez

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

- **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)*: Robert Wood Foundation

ADDRESS *(Business Address Acceptable)*: Baltimore, Maryland

CITY AND STATE:

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

DATE(S): 9/28/13 - 10/1/13 *(If gift)* AMT: $ 975

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description: Attended conference on Childhood Obesity

---

► NAME OF SOURCE *(Not an Acronym)*:

ADDRESS *(Business Address Acceptable)*:

CITY AND STATE:

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

DATE(S): ___/___/___ - ___/___/___ *(If gift)* AMT: $

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): ___/___/___ - ___/___/___ *(If gift)* AMT: $

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): ___/___/___ - ___/___/___ *(If gift)* AMT: $

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description:

Comments: