

AT/AN2013



CITY OF BERKELEY
CITY CLERK DEPT

1017901



STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

2014 APR 7 PM 4:44

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Bates, Tom

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Berkeley
Division, Board, Department, District, if applicable
Mayor and Council Department
Your Position
Mayor
► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
Agency: *SEE ATTACHED FOR ADDITIONAL POSITIONS Position:

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
2014 APR 11 PM 3:58

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

State Judge or Court Commissioner (Statewide Jurisdiction)
 Multi-County _____ County of Alameda
 City of Berkeley 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: 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-



I have used all reasonable diligence in preparing this statement. herein and in any attached schedules is true and complete. I a
I certify under penalty of perjury under the laws of the State

Date Signed 4/7/14
(month, day, year)

CITY OF BERKELEY
CITY CLERK DEPT

Section 1 Additional Agency(ies)/Position(s) for Bates, Tom:

2014 APR 17 PM 4:44

	Division, Board, Department, District	Position
Successor Agency to the Redevelopment Agency	Berkeley	President
Joint Powers Finance Authority	Berkeley	Director
Bay Conservation and Development Commission	Commission	Commissioner
Metropolitan Transportation Commission	Commission	Commissioner
Bay Area Air Quality Management District	District	Director
City of Berkeley	Mayor and Council	Mayor

AT/AN2013



Date Received

Official Use Only

CITY OF BERKELEY
CITY CLERK DEPT

2014 MAR 25 PM 3:36

1014950

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Bates, Tom

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Berkeley

Division, Board, Department, District, if applicable

Mayor and Council Department

Your Position

Mayor

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

Agency: *SEE ATTACHED FOR ADDITIONAL POSITIONS

Position:

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
2014 APR 11 PM 3:55

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County

County of Alameda

City of Berkeley

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 ____/____/____
(Check one)

-or-

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

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: 2

Schedule A-1 - Investments - schedule attached

Schedule C - Income, Loans, & Business Positions - schedule attached

Schedule A-2 - Investments - schedule attached

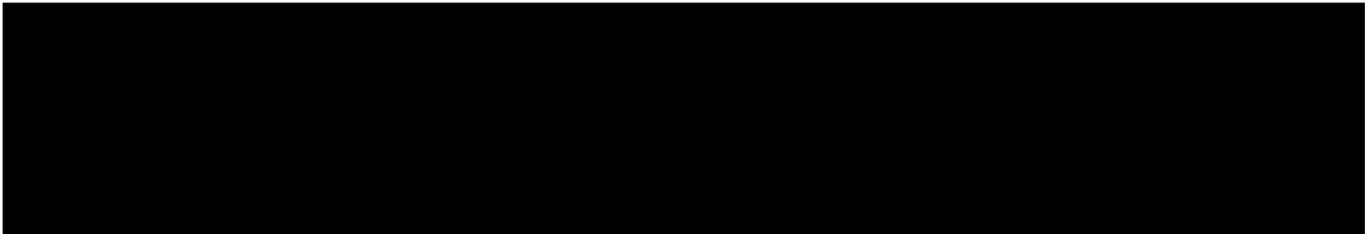
Schedule D - Income - Gifts - schedule attached

Schedule B - Real Property - schedule attached

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

-or-

None - No reportable interests on any schedule



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 3-25-14
(month, day, year)

Section 1 Additional Agency(ies)/Position(s) for Bates, Tom:

Agency	Division, Board, Department, District	Position
Berkeley Redevelopment Agency	Berkeley	President
Joint Powers Finance Authority	Berkeley	Director
Bay Conservation and Development Commission	Commission	Commissioner
Metropolitan Transportation Commission	Commission	Commissioner
Bay Area Air Quality Management District	District	Director
City of Berkeley	Mayor and Council	Mayor

AN 2013

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Received
CITY OF BERKELEY
CITY CLERK DEPT
2014 MAR 24 AM 9:52



1012633

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Bates, Thomas H.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Berkeley
Division, Board, Department, District, if applicable
Mayor and Council Department
Your Position
Mayor
► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
Agency: *SEE ATTACHED FOR ADDITIONAL POSITIONS Position:

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

State Judge or Court Commissioner (Statewide Jurisdiction)
 Multi-County _____ County of Alameda
 City of Berkeley 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: 5
 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



I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/19/14
(month, day, year)

Section 1 Additional Agency(ies)/Position(s) for Bates, Thomas H.:

Agency	Division, Board, Department, District	Position
Berkeley Redevelopment Agency	Berkeley	President
Joint Powers Finance Authority	Berkeley	Director
Bay Conservation and Development Commission	Commission	Commissioner
Metropolitan Transportation Commission	Commission	Commissioner
Bay Area Air Quality Management District	District	Director
City of Berkeley	Mayor and Council	Mayor

**SCHEDULE D
 Income – Gifts**

Name
 Bates, Thomas H.

▶ NAME OF SOURCE (Not an Acronym)
John Steinfirst
 ADDRESS (Business Address Acceptable)
 2801 Jackson Street
 San Francisco, CA 94115
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Meals on Wheels

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 26 / 13</u>	<u>\$ 250.00</u>	<u>Ticket</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
Stewart Owen
 ADDRESS (Business Address Acceptable)
 22 Noble Road
 Berkeley, CA 94705
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Chabot Space & Science Center

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 21 / 13</u>	<u>\$ 154.00</u>	<u>Ticket</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ 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)
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
Bayer Healthcare LLP
 ADDRESS (Business Address Acceptable)
 800 Dwight Way
 Berkeley, CA 94701
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Education

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 10 / 13</u>	<u>\$ 75.00</u>	<u>One Ed Fund Ticket</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
University of California
 ADDRESS (Business Address Acceptable)
 101 Sproul Hall
 Berkeley, CA 94804
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Education

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 14 / 13</u>	<u>\$ 100.00</u>	<u>Football Ticket</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ 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)
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

Comments: _____

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

Name
 Bates, Thomas H.

- You must 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)
Alliance to Save Energy
 ADDRESS (Business Address Acceptable)
1850 M Street NW, Suite 600
 CITY AND STATE
Washington, DC 20036
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Energy Education Non-Profit
 DATE(S): 12 / 06 / 13 - 12 / 13 / 13 AMT: \$ 7,769.21
 (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 _____

▶ 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: _____