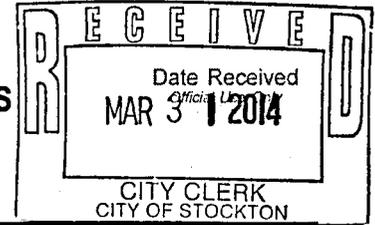


STATEMENT OF ECONOMIC INTERESTS
COVER PAGE



Please type or print in ink.

NAME OF FILER (LAST) ZAPIEN (FIRST) MOSES (MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms) CITY OF STOCKTON
Division, Board, Department, District, if applicable DISTRICT 4
Your Position COUNCIL MEMBER

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

Agency: SEE ATTACHMENT A Position: SEE ATTACHMENT A

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

- State Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of SAN JOAQUIN
- City of STOCKTON Other _____

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
2014 APR 10 PM 4:2

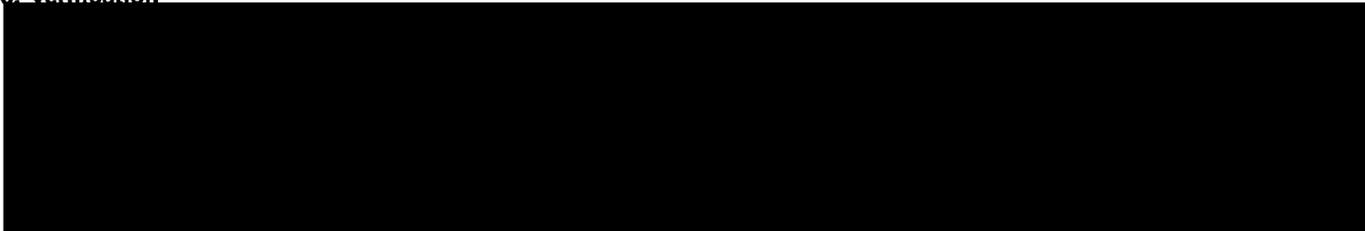
3. Type of Statement (Check at least one box)

- 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 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: 5**
- 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

5. Verification



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

Date Signed 03/31/2014
(month, day, year)

logged

**SCHEDULE D
Income – Gifts**

Name
MOSES ZAPIEN

▶ NAME OF SOURCE (Not an Acronym)
Sus Finanzas

ADDRESS (Business Address Acceptable)
3133 W. March Lane, Ste 1000, Stockton CA 95219

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Financial Literacy Non profit organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07</u> / <u>12</u> / <u>13</u>	\$ <u>60.00</u>	<u>Fundraising Dinner</u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>	<u> </u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Pacific Athletic Foundation

ADDRESS (Business Address Acceptable)
3601 Pacific Ave, Stockton, CA 95211

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Sports activity non profit organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08</u> / <u>24</u> / <u>13</u>	\$ <u>90.00</u>	<u>Fundraising Dinner</u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>	<u> </u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
John R. Vera

ADDRESS (Business Address Acceptable)
1001 W. Lincoln Rd. Stockton CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Retired

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05</u> / <u>15</u> / <u>13</u>	\$ <u>40.00</u>	<u>Fundraising Dinner</u>
<u>10</u> / <u>09</u> / <u>13</u>	\$ <u>50.00</u>	<u>Fundraising Dinner</u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Golden Bear Insurance Company

ADDRESS (Business Address Acceptable)
709 N. Center Street Stockton, CA 95202

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Insurance brokers

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03</u> / <u>21</u> / <u>13</u>	\$ <u>40.00</u>	<u>Luncheon</u>
<u>10</u> / <u>10</u> / <u>13</u>	\$ <u>60.00</u>	<u>Fundraising Dinner</u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Alan Korsgaden

ADDRESS (Business Address Acceptable)
6135 Tam O'shanter Dr. Stockton, CA. 95210

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Art licensing

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03</u> / <u>07</u> / <u>13</u>	\$ <u>150.00</u>	<u>Fundraising Dinner</u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </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>	<u> </u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>	<u> </u>

Comments: _____

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

Name
 MOSES ZAPIEN

- 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)
State Bar of California, Young Lawyers Association

ADDRESS (Business Address Acceptable)
180 Howard Street

CITY AND STATE
San Francisco, CA

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

DATE(S): 01 / 01 / 13 - 12 / 31 / 13 AMT: \$ 1,289.05
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Reimbursement for travel expenses and overnight stay to attend board meetings

▶ NAME OF SOURCE (Not an Acronym)
San Joaquin County Bar Association

ADDRESS (Business Address Acceptable)
20 N. Sutter Street

CITY AND STATE
Stockton, CA

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

DATE(S): 01 / 01 / 13 - 12 / 31 / 13 AMT: \$ 88.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Lunch provided at committee and board meetings

▶ 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: _____

Name: Moses Zapien

California FPPC Form 700

Attachment A

Agency

Position

City of Stockton Public Financing Authority

Board Member

San Joaquin Council of Governments

Board Member

City of Stockton Successor Agency Oversight Board

Board Member

Northeastern San Joaquin Co. Groundwater Banking Authority

Board Member