

STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only



COVER PAGE

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) 14 APR -7 AM 9:47
Cashman Bob

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Wildomar
Division, Board, Department, District, if applicable
City Council
Your Position
Council Member
RECEIVED
APR 01 2014
WILDOMAR CITY CLERKS OFFICE

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

Agency: _____ Position: _____

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

- State Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of Wildomar 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 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. [Redacted]

I have used all reasonable diligence in preparing this statement and herein and in any attached schedules is true and complete. I acknowledge and certify under penalty of perjury under the laws of the State of California that the information provided is true and correct.

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

SCHEDULE D
Income – Gifts

Name
Bob Cashman

▶ NAME OF SOURCE *(Not an Acronym)*
Interwest Group
 ADDRESS *(Business Address Acceptable)*
15061 Springdale St Ste 205, Huntington Beach CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Municipal Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 13 / 13</u>	<u>\$ 200.00</u>	<u>WRCOG Event</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>
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Comments: _____