

ANW73

STATEMENT OF ECONOMIC INTERESTS

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FAIR POLITICAL
PRACTICES COMMISSION
COVER PAGE

TN

2-19-14

SH

2014 FEB 26 PM 1:30

Please type or print in ink.

NAME OF FILER (LAST) Crew (FIRST) Patrick (MIDDLE) G.

1. Office, Agency, or Court

Agency Name (Do not use acronyms) City of Jackson
Division, Board, Department, District, if applicable City Council
Your Position councilman/Mayor

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

Agency: Amador LAFCO Position: CITY MEMBER

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

- State Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of AMADOR
- City of Jackson, Ca Other _____

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

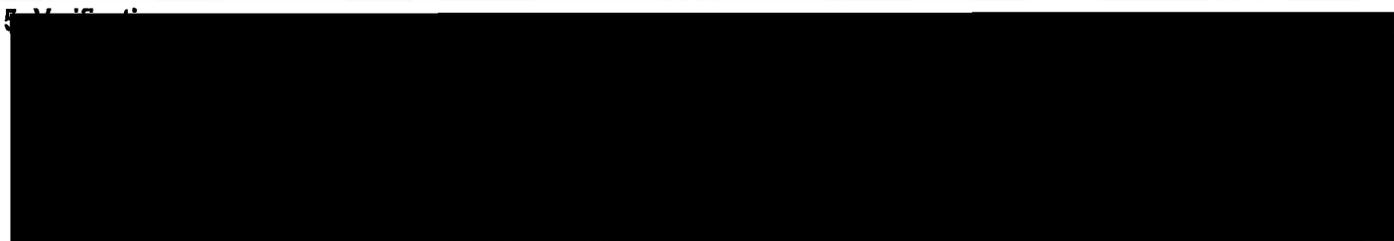
- Annual: The period covered is January 1, 2013, through December 31, 2013. Leaving Office: Date Left ____/____/____ (Check one)
- or- The period covered is ____/____/____, through December 31, 2013. The period covered is January 1, 2013, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____ 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: 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



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

Date Signed 02/19/2014 (month, day, year)

SCHEDULE D
Income - Gifts

Name
PATRICK CREW

▶ NAME OF SOURCE (Not an Acronym)
B B AND K LAW OFFICES

ADDRESS (Business Address Acceptable)
500 CAPITAL MALL SACRAMENTO, CA. 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
MUNICIPALITIES LEGAL FIRM

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 09 / 12 / 13 | \$ 92.00 | DINNER OUTING |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ NAME OF SOURCE (Not an Acronym)
ROSE ANNE CHAMBERLAIN/AMADOR LAFCO

ADDRESS (Business Address Acceptable)
810 COURT STREET

BUSINESS ACTIVITY, IF ANY, OF SOURCE
JACKSON, CA. 9564209

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 09 / 11 / 13 | \$ 97.00 | DINNER OUTING |
| 09 / 12 / 13 | \$ 27.00 | WINE TASTING |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ 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) |
|-----------------|----------|------------------------|
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ 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) |
|-----------------|----------|------------------------|
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

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BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

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BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

Comments: _____