

AN073 CCM

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
A PUBLIC DOCUMENT

**STATEMENT OF ECONOMIC INTERESTS RECEIVED**  
FAIR POLITICAL PRACTICES COMMISSION  
COVER PAGE

Date Received  
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TAN

MAR 5 2014

Please type or print in ink.

2014 MAR 10 PM 12:46

NAME OF FILER (LAST) (FIRST) CITY OF MARTINEZ (MIDDLE)  
DeLaney Lara CITY CLERK'S OFFICE  
E

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
Contra Costa County  
Division, Board, Department, District, if applicable  
County Administrator  
Your Position  
Senior Deputy County Administrator

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

Agency: City of Martinez Position: City Council Member

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

- State
- Multi-County \_\_\_\_\_
- City of Martinez
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of Contra Costa
- 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 \_\_\_\_/\_\_\_\_/\_\_\_\_
- Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- 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.

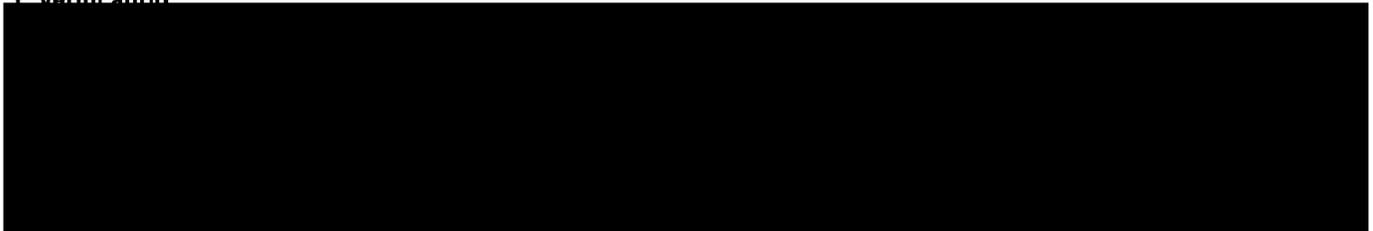
**4. Schedule Summary**

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-
- None - No reportable interests on any schedule

**5. Verification**



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

Date Signed 03/05/14  
(month, day, year)

**SCHEDULE D**  
**Income – Gifts**

Name  
**DeLaney, Lara**

▶ NAME OF SOURCE (Not an Acronym)  
**Shell Martinez Refinery**

ADDRESS (Business Address Acceptable)  
**3485 Pacheco Boulevard, Pacheco, CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 24 / 13	\$ 200.00	2 Dinner Tix CCUSA
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**Allied Waste Services**

ADDRESS (Business Address Acceptable)  
**441 N. Buchanan Circle, Pacheco, CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Waste Management**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 20 / 13	\$ 100.00	Labor to Labor Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**League of California Cities**

ADDRESS (Business Address Acceptable)  
**1400 K Street, Sacramento, CA 95814**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Organization of City Officials**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 17 / 13	\$ 30.00	Lunch-Policy Meeting
06 / 13 / 13	\$ 30.00	Lunch-Policy Meeting
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**Northern California Carpenters Regional Council**

ADDRESS (Business Address Acceptable)  
**265 Hegenberger Road, Oakland, CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 13 / 13	\$ 75.00	Moose Fee Luncheon
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**Gay Gerlack**

ADDRESS (Business Address Acceptable)  
**18 Dickson Lane, Martinez, CA 94553**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 24 / 13	\$ 250.00	Fresh Air Affair-Tickets
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: \_\_\_\_\_