

AN 2013

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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

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COVER PAGE
POLITICAL PRACTICES COMMISSION

ARROYO GRANDE
CITY CLERK

Please type or print in ink.

NAME OF FILER (LAST) FERRARA (FIRST) TONY (MIDDLE)
2014 MAR 03 AM 10:33

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CITY OF ARROYO GRANDE

Division, Board, Department, District, if applicable

CITY COUNCIL

Your Position

MAYOR

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

Agency: A.G. Successor Agency RDA Position: _____

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

- State
- Multi-County _____
- City of ARROYO GRANDE
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of _____
- 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."

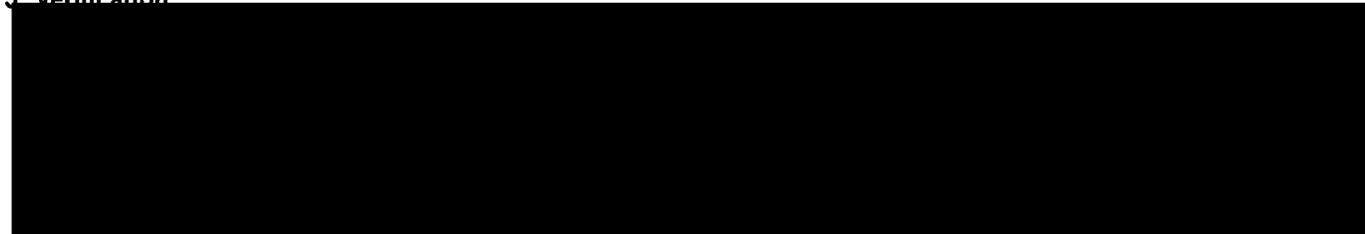
► Total number of pages including this cover page: 2

- 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-

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 03/03/2014
(month, day, year)

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

CALIFORNIA FORM 700
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <u>Ferrara, Tony</u>

- 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.

<p>▶ NAME OF SOURCE (Not an Acronym) <u>League of California Cities</u> ADDRESS (Business Address Acceptable) <u>1400 K Street</u> CITY AND STATE <u>Sacramento, CA 95814</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <input checked="" type="checkbox"/> 501 (c)(3) <u>Advocacy for cities and their residents</u></p> <p>DATE(S): ___/___/___ - ___/___/___ AMT: \$ <u>1,550.67</u> <i>(If gift)</i></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income</p> <p><input type="checkbox"/> Made a Speech/Participated in a Panel <input checked="" type="checkbox"/> Other - Provide Description <u>Travel, meals, lodging for</u> <u>volunteer services as a member of the League Board</u> <u>of Directors</u></p>	<p>▶ NAME OF SOURCE (Not an Acronym) <u>South San Luis Obispo County Sanitation District</u> ADDRESS (Business Address Acceptable) <u>P.O. Box 339</u> CITY AND STATE <u>Oceano, CA 93475-0339</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3) <u>Special District</u></p> <p>DATE(S): ___/___/___ - ___/___/___ AMT: \$ <u>2,300.00</u> <i>(If gift)</i></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income</p> <p><input type="checkbox"/> Made a Speech/Participated in a Panel <input checked="" type="checkbox"/> Other - Provide Description <u>Annual Board Member Stipend</u></p>
<p>▶ NAME OF SOURCE (Not an Acronym) <u>San Luis Obispo Council of Governments</u> ADDRESS (Business Address Acceptable) <u>1114 Marsh Street</u> CITY AND STATE <u>San Luis Obispo, CA 93401</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3) <u>Regional Transportation & Planning Agency</u></p> <p>DATE(S): ___/___/___ - ___/___/___ AMT: \$ <u>1,200.00</u> <i>(If gift)</i></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income</p> <p><input type="checkbox"/> Made a Speech/Participated in a Panel <input checked="" type="checkbox"/> Other - Provide Description <u>Annual Board Member Stipend</u></p>	<p>▶ NAME OF SOURCE (Not an Acronym) _____ ADDRESS (Business Address Acceptable) _____ CITY AND STATE _____ BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3) _____</p> <p>DATE(S): ___/___/___ - ___/___/___ AMT: \$ _____ <i>(If gift)</i></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p><input type="checkbox"/> Made a Speech/Participated in a Panel <input type="checkbox"/> Other - Provide Description _____</p>

Comments: _____