

STATEMENT OF ECONOMIC INTERESTS

ps 2 of 2
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OAKLAND
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RECEIVED
FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE (SR)

Please type or print in ink.

NAME OF FILER (LAST) Gibson - McElhaney (FIRST) Lynette (MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Oakland
Division, Board, Department, District, if applicable
District 3
Your Position
Councilmember

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

Agency: Alameda County Oakland Community Action Part
Association of Bay Area Governments
Position: Executive Board Member
Executive Board- Alternate

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

State
 Multi-County
 City of Oakland
 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: 3
 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. Signature
[Redacted Signature Area]

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

Date Signed 04-01-2014
(month, day, year)

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SCHEDULE C

Income, Loans, & Business Positions (Other than Gifts and Travel Payments)

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name

Lynette Gibson-McElhaney

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Neighborhood Housing Services

ADDRESS (Business Address Acceptable)
2320 Cutting Blvd, Richmond CA 94804

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Housing services

YOUR BUSINESS POSITION
Executive Director

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 Loan repayment Partnership
 Sale of _____
(Real property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more
 Other _____
(Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Clarence McElhaney

ADDRESS (Business Address Acceptable)
PO Box 72144

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Consultant

YOUR BUSINESS POSITION
Sole Proprietor

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 Loan repayment Partnership
 Sale of _____
(Real property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more
 Other _____
(Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE _____% None

TERM (Months/Years) _____

SECURITY FOR LOAN
 None Personal residence
 Real Property _____
Street address
City
 Guarantor _____
 Other _____
(Describe)

Comments: _____

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SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Lynette Gibson-McElhanej

▶ NAME OF SOURCE (Not an Acronym)
Port of Oakland

ADDRESS (Business Address Acceptable)
530 Water Street, Oakland 94607

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Transportation, maritime

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 03 / 23 / 13 | \$ 75.00 | Ticket |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ NAME OF SOURCE (Not an Acronym)
PG&E

ADDRESS (Business Address Acceptable)
77 Beale Street, San Francisco 94177

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Utility

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 04 / 24 / 13 | \$ 75.00 | Ticket |
| 05 / 02 / 13 | \$ 50.00 | Ticket |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ NAME OF SOURCE (Not an Acronym)
Oakland Chamber of Commerce

ADDRESS (Business Address Acceptable)
475 14th St, Ste 100, Oakland 94612

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Economic Development

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 06 / 26 / 13 | \$ 50.00 | Ticket |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ NAME OF SOURCE (Not an Acronym)
NAACP

ADDRESS (Business Address Acceptable)
PO Box 1319, Oakland 94604

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Civil rights advocacy

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 09 / 16 / 13 | \$ 75.00 | Ticket |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ NAME OF SOURCE (Not an Acronym)
Libby Schaaf

ADDRESS (Business Address Acceptable)
1 Frank Ogawa Plaza, Oakland 94612

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Councilmember

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 12 / 06 / 13 | \$ 150.00 | Ticket |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ NAME OF SOURCE (Not an Acronym)
Oakland Association of Realtors

ADDRESS (Business Address Acceptable)
1528 Webster St, Oakland 94612

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Real estate

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 12 / 07 / 13 | \$ 75.00 | Ticket |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

Comments: _____