



STATEMENT OF ECONOMIC INTERESTS

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CITY CLERK
 CITY OF CHICO

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 COVER PAGE COMMISSION

2014 JUN 27 PM 2:23
 (FIRST)

Please type or print in ink.

NAME OF FILER (LAST) Gruendl (FIRST) Scott (MIDDLE) Edward

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Chico

Division, Board, Department, District, if applicable

Your Position

City Council

Mayor

- 1. City of Chico & Oversight Board Chair
- 2. Chico Industrial Devel. Authority, Boardmember
- 2. Chico Public Financing Authority, Boardmember
- 3. Parking Authority, Boardmember
- 4. Chico Urban Area Joint Powers Financing Auth.Mbr.
- 5. Butte County Association of Govts., Alt. Brd.Mbr

Position: _____

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

- State
- Multi-County _____
- City of Chico
- 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."

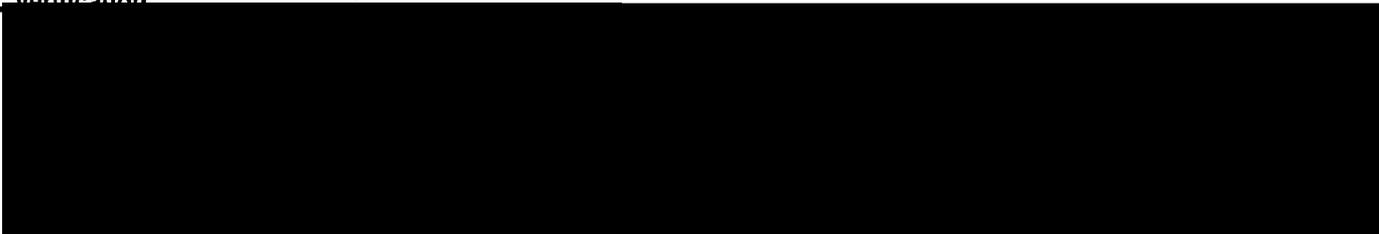
► Total number of pages including this cover page: 5

- 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 03/29/2014
 (month, day, year)

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

Name
 Gruendl, Scott

- 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.

▶ NAME OF SOURCE (Not an Acronym)
 California Institute for Mental Health

ADDRESS (Business Address Acceptable)
 2125 19th Street

CITY AND STATE
 Sacramento, CA 95818

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Research & Training

DATE(S): ____/____/____ - ____/____/____ AMT: \$ 325.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description
 Board Retreat- Lodging and Food

▶ NAME OF SOURCE (Not an Acronym)
 California Institute of Mental Health

ADDRESS (Business Address Acceptable)
 2125 19th Street

CITY AND STATE
 Sacramento, CA 95818

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Research & Training

DATE(S): ____/____/____ - ____/____/____ AMT: \$ 99.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description

Comments: _____