



Please type or print in ink.

NAME OF FILER (LAST) (FIRST)
Holman, Jr. Albert
CITY CLERK CITY OF STOCKTON
Hoyt

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Stockton

Division, Board, Department, District, if applicable

City Council

Your Position

Councilmember Dist 1

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

Agency: _____ Position: _____

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

- State
- Multi-County _____
- City of Stockton

- Judge or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

RECEIVED
FAIR POLITICAL PRACTICES COMMISSION
2014 APR 10 PM 4:2

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.

- 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.

Assuming Office: Date assumed _____

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. [Redacted Signature Area]

I have used all reasonable diligence in preparing this statement. I have herein and in any attached schedules is true and complete. I acknowledge and certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 2/11/14
(month, day, year)

(File the originally signed statement with your filing officer.)

logged scanned

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)
Kaiser Permanente

ADDRESS (Business Address Acceptable)
4601 Dale Road, Modesto, Ca. 95356

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Hospital

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 30 / 13	\$ 14.00	Cost of breakfast
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
AT&T

ADDRESS (Business Address Acceptable)
5555 E. Olive Ave. Fresno, Ca. 93727

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Communications

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 12 / 14	\$ 378.50	Game Tickets
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Financial Center Credit Union

ADDRESS (Business Address Acceptable)
18 South Center Street, Stockton, Ca. 95202

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Banking

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 10 / 13	\$ 140.00	Golf Tournament
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Matt Arniaz

ADDRESS (Business Address Acceptable)
3400 E. Eight Mile Road, Stockton, Ca. 95212

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Construction

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 31 / 13	\$ 30.00	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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

ADDRESS (Business Address Acceptable)
2201 W. Washington St. Stockton, Ca. 95203

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Port Management

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 24 / 13	\$ 75.00	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Pennino Management Group

ADDRESS (Business Address Acceptable)
1420 S. Mills Ave. Ste E Lodi, Ca. 95242

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Management Consultant

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 22 / 13	\$ 19.00	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D
Income – Gifts

Name
ELBERT H. Holman, Jr

▶ NAME OF SOURCE (Not an Acronym)
SAN JOAQUIN COUNTY FAIR

ADDRESS (Business Address Acceptable)
1658 South Airport Way, Stockton, Ca. 95206

BUSINESS ACTIVITY, IF ANY, OF SOURCE
County Fair

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 28 / 13</u>	<u>\$ 45.00</u>	<u>Tickets and Parking</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
C. J. Lake

ADDRESS (Business Address Acceptable)
525 9th St. NW SUITE 800 Washington, DC 20004

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Consulting

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 22 / 13</u>	<u>\$ 50.00</u>	<u>Tickets to baseball gam</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ 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)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ 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)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ 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)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ 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)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: DID NOT USE THE tickets & parking pass from the San Joaquin County Fair