

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE



RECEIVED  
Date Received  
Official Use Only  
MAR 27 2014  
BY: \_\_\_\_\_

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Janda Greg

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Rocklin

Division, Board, Department, District, if applicable

Your Position

Council Member

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

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

RECEIVED  
FAIR POLITICAL  
PRACTICES COMMISSION  
14 APR - 7 AM '14

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County \_\_\_\_\_

County of \_\_\_\_\_

City of Rocklin

Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2013, through December 31, 2013.

Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2013.

The period covered is January 1, 2013, through the date of leaving office.

Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

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: \_\_\_\_\_

Schedule A-1 - Investments - schedule attached

Schedule C - Income, Loans, & Business Positions - schedule attached

Schedule A-2 - Investments - schedule attached

Schedule D - Income - Gifts - schedule attached

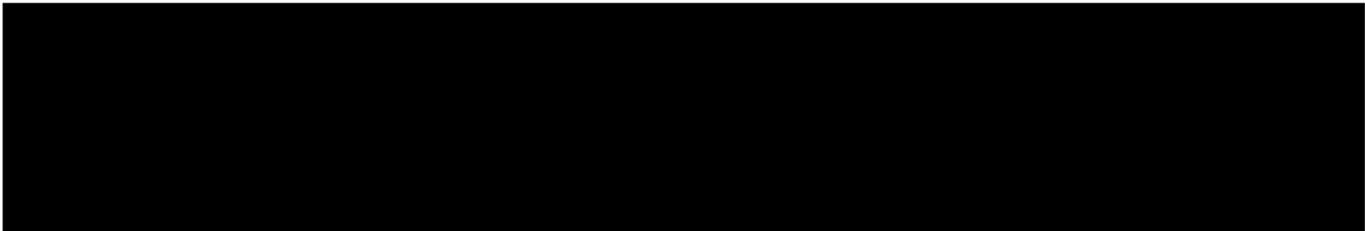
Schedule B - Real Property - schedule attached

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 3/26/2014  
(month, day, year)

Attachment to Cover Page  
FPPC Form 700  
Annual Statement  
2013-2014

1. Office, Agency or Court (cont'd (multiple positions)).

- Placer County Flood Control and Drainage Board: Board Member
- South Placer Regional Transportation Authority: Alternate Board Member
- Highway 65 Interchange Financing JPA Board: Alternate Board Member
- Placer County Air Pollution Control District Board: Alternate Board Member
- Placer County Economic Development Board: Alternate Board Member





RECEIVED  
APR - 2 2014  
BY: \_\_\_\_\_



CALIFORNIA FORM 700  
FAIR POLITICAL PRACTICES COMMISSION  
AMENDMENT

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

RECEIVED  
FAIR POLITICAL  
PRACTICES COMMISSION  
APR - 7 AM 9:18

**1. BUSINESS ENTITY OR TRUST**

**Cadpros PCB Design Experts, Inc.**  
Name  
**2005 De La Cruz Blvd. Santa Clara, CA 95050**  
Address (Business Address Acceptable)  
Check one  
 Trust, go to 2  Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**  
**CAD Services**

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:	
<input type="checkbox"/> \$0 - \$1,999		
<input type="checkbox"/> \$2,000 - \$10,000	___/___/13	___/___/13
<input checked="" type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INVESTMENT  
 Partnership  Sole Proprietorship  S-Corp  Other

YOUR BUSINESS POSITION **President, CEO**

**2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499  \$10,001 - \$100,000  
 \$500 - \$1,000  OVER \$100,000  
 \$1,001 - \$10,000

**3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

None

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT  REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of Business Activity or City or Other Precise Location of Real Property  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:	
<input type="checkbox"/> \$2,000 - \$10,000		
<input type="checkbox"/> \$10,001 - \$100,000	___/___/13	___/___/13
<input type="checkbox"/> \$100,001 - \$1,000,000	ACQUIRED	DISPOSED
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INTEREST  
 Property Ownership/Deed of Trust  Stock  Partnership  
 Leasehold \_\_\_\_\_ Yrs. remaining  Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

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

I certify under penalty of perjury under the laws of the State of California that the information provided on this form is true and correct.  
Date Signed 04/01/2014  
(month, day, year)