

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

TN

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NAME OF FILER (LAST) (FIRST) (MIDDLE)
Joiner Paul

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Lincoln
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: _____

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

State Judge or Court Commissioner (Statewide Jurisdiction)
 Multi-County _____ County of _____
 City of Lincoln 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 ____/____/____
 Candidate: Election year _____ and office sought, if different than Part 1: _____
 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.

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



I certify under penalty of perjury under the laws of the State of California that the information provided herein and in any attached schedules is true and complete. I declare under penalty of perjury that I am the filer of this statement.

Date Signed 4/1/2014
(month, day, year)

SCHEDULE D
Income – Gifts

Name
Paul Joiner

▶ NAME OF SOURCE (Not an Acronym)
Kaiser Foundation Health Plan, Inc.
 ADDRESS (Business Address Acceptable)
1600 Eureka Road, Roseville, CA 95661
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Healthcare

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 14 / 13</u>	<u>\$ 131.05</u>	<u>Cap to Cap Dinner at the W Hotel, Washington DC</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Teichert
 ADDRESS (Business Address Acceptable)
3500 American River Drive, Sacramento CA 95864
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Construction

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 15 / 13</u>	<u>\$ 147.00</u>	<u>Cap to Cap Dinner @ The International Spy Museum</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Sutter Health
 ADDRESS (Business Address Acceptable)
2200 River Plaza Dr. Sacramento, CA 95833
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Healthcare

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 15 / 13</u>	<u>\$ 147.00</u>	<u>Cap to Cap Dinner @ the International Spy Museum</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Westpark Communities
 ADDRESS (Business Address Acceptable)
1420 Rocky Ridge Dr. #265 Roseville, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 03 / 13</u>	<u>\$ 100.00</u>	<u>Holiday Party</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Hefner Stark & Marois LLP
 ADDRESS (Business Address Acceptable)
2150 River Plaza Dr. Sacramento, CA 95833
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Offices

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 13 / 13</u>	<u>\$ 150.00</u>	<u>Cap to Cap Dinner @ the Occidental Grill Washington, DC</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: _____