

AN013

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
A PUBLIC DOCUMENT

**STATEMENT OF ECONOMIC INTERESTS**  
FAIR POLITICAL PRACTICES COMMISSION  
**COVER PAGE**



**RECEIVED**  
Date Received  
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**MAR 18 2014**  
BY: \_\_\_\_\_

Please type or print in ink.

2014 MAR 21 PM 2:11

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Kirby William W

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
City of Auburn  
Division, Board, Department, District, if applicable  
City Council  
Your Position  
City 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
- Multi-County \_\_\_\_\_
- City of Auburn
- 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 \_\_\_\_\_
- 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: 2

- 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

herein and in any attached schedules is true and complete. I acknowledge that I certify under penalty of perjury under the laws of the State of California that the foregoing is true and complete.

Date Signed 03/18/2014  
(month, day, year)

**SCHEDULE D**  
**Income - Gifts**

Name  
Kirby, William

▶ NAME OF SOURCE (Not an Acronym)  
Colantuono & Levin

ADDRESS (Business Address Acceptable)  
11364 Pleasant Valley, Penn Valley, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Dinner at the Grange

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 19 / 13</u>	<u>\$ 165.13</u>	<u>Dinner</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>
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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
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Comments: \_\_\_\_\_