

STATEMENT OF ECONOMIC INTERESTS

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COVER PAGE FAIR POLITICAL  
PRACTICES COMMISSION

Please type or print in ink.

NAME OF FILER (LAST) KYES (FIRST) MICHAEL (MIDDLE) JOHN  
2014 APR -1 AM 10:36

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CITY OF SEBASTOPOL

COUNCIL MEMBER

Division, Board, Department, District, if applicable

Your Position

CITY COUNCIL

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

Agency: Successor Agency

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

CITY OF SEBASTOPOL  
FEB 25 2014  
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2. Jurisdiction of Office (Check at least one box)

- State
- Multi-County \_\_\_\_\_
- City of SEBASTOPOL

- 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.

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

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: 2

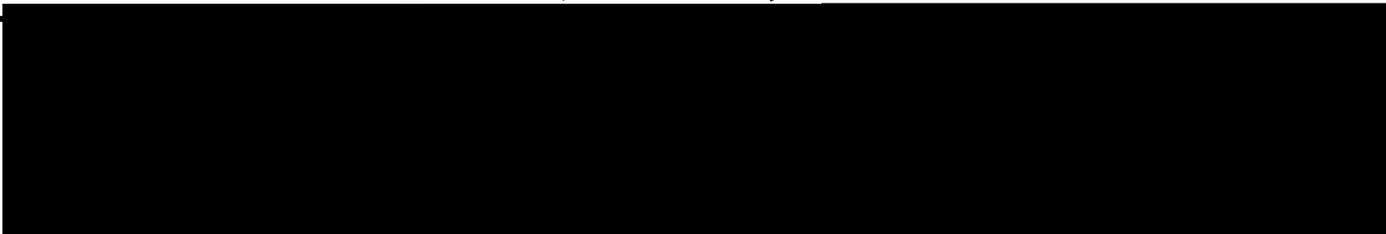
- Schedule A-1 - Investments - schedule attached
- Schedule A-2 - Investments - schedule attached
- Schedule B - Real Property - schedule attached

- 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

5.



I have used all reasonable diligence in preparing this statement. I have verified that the information herein and in any attached schedules is true and complete. I acknowledge that I am responsible for the accuracy of the information provided.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 2-22-2014  
(month, day, year)

(File this original signed statement with your filing official.)

