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CALIFORNIA FORM 700  
FAIR POLITICAL PRACTICES COMMISSION  
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

RECEIVED  
FAIR POLITICAL PRACTICES COMMISSION  
COVER PAGE  
(TN)

MAR 10 2014

CITY OF ESCALON

Please type or print in ink.

NAME OF FILER (LAST) 2014 MAR 13 PM 1:29 (FIRST) (MIDDLE)  
LAUGERO JEFFREY MICHAEL

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
ESCALON CITY COUNCIL  
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: SFCOG Position: BOARD MEMBER

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

State  Judge or Court Commissioner (Statewide Jurisdiction)  
 Multi-County  County of \_\_\_\_\_  
 City of ESCALON  Other \_\_\_\_\_

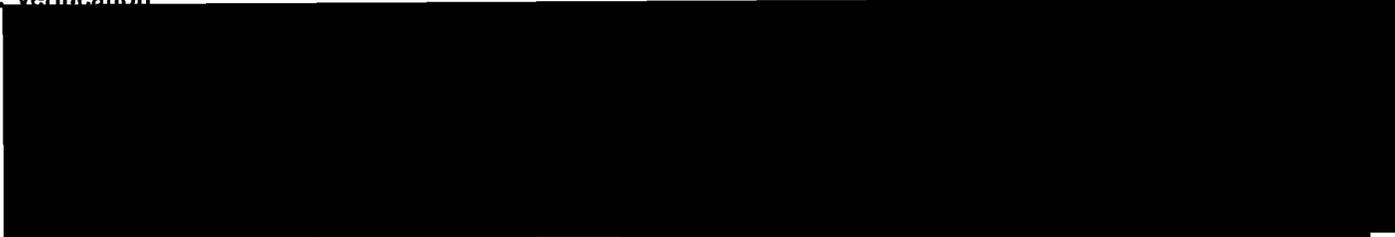
3. Type of Statement (Check at least one box)

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 \_\_\_\_\_  
 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.  
 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 3/9/14  
(month, day, year)

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
 (Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name \_\_\_\_\_

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
JEFFREY M. LAUGERA

ADDRESS (Business Address Acceptable)  
406 CALIFORNIA ST., ESCALON

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
CONSULTING / INSTRUCTION

YOUR BUSINESS POSITION  
CONSULTANT / INSTRUCTOR

GROSS INCOME RECEIVED  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary     Spouse's or registered domestic partner's income  
 Loan repayment     Partnership  
 Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)  
 Commission or     Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 Other PAYMENT FOR SERVICES  
(Describe)

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
DELTA VALLEY VOLLEYBALL CLUB

ADDRESS (Business Address Acceptable)  
230 CENTRAL AVE., LODI

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
YOUTH VOLLEYBALL CLUB

YOUR BUSINESS POSITION  
SPOUSE IS BOARD MEMBER / COACH

GROSS INCOME RECEIVED  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary     Spouse's or registered domestic partner's income  
 Loan repayment     Partnership  
 Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)  
 Commission or     Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 Other \_\_\_\_\_  
(Describe)

**▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)		
_____		
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> Real Property _____	<small>Street address</small>
<input type="checkbox"/> \$500 - \$1,000		_____
<input type="checkbox"/> \$1,001 - \$10,000		<small>City</small>
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Other _____	<small>(Describe)</small>

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