

STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only

COVER PAGE

Please type or print in ink.



NAME OF FILER (LAST) (FIRST) (MIDDLE)
MATTINA STACEY A.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CITY OF LAKEPORT

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: _____

RECEIVED
FAIR POLITICAL PRACTICES COMMISSION
2014 APR -3 PM 1:15

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

- State
- Multi-County _____
- City of Lakeport
- 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 _____
- 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: _____

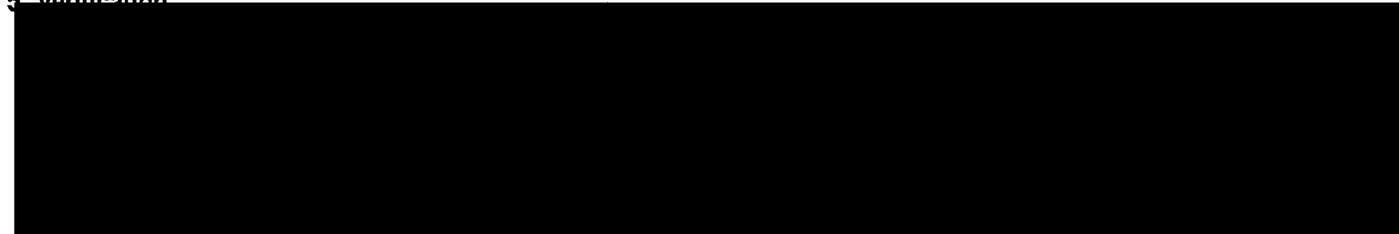
4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 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

5. Verification



I certify under penalty of perjury under the laws of the State of C

Date Signed 03/24/2014
(month, day, year)

**SCHEDULE A-2
 INVESTMENTS, INCOME, AND ASSETS OF BUSINESS ENTITIES/TRUST
 MATTINA, STACEY**

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE

Commissions Received for Real Estate Sales		
Name	Address	Amount of Commission
John Ferrando	2350 Westlake Drive Kelseyville, CA 95451	\$20,550
Tony Bello	1505 Bell Hill Road Kelseyville, CA 95451	\$11,100
Mike and Linda Howe	14302 Elk Mountain Road Upper Lake, CA 95485	\$14,600
James and Lynn Gullkin	8581 Paradise Valley Lucerne, CA95458	\$10,500
George Lovrin	1679 Alden Avenue Lakeport, CA 95453	\$15,000
Sutter West Bay Hospitals	843 Parallel Drive Lakeport, CA 95453	\$13,500
Joni Cinquini	2 Lafferty Road Lakeport, CA 95453	\$20,625
Christopher and Margaret Irwin	5095 Gaddy Lane Kelseyville, CA 95453	\$10,825
Senter Trust	5965 Gold Dust Drive Kelseyville, CA 95451	\$10,050
J. & G. Bumb, Jr. 2009 Trust	3590 Lakeshore Boulevard Lakeport, CA 95453	\$11,625
M. E. Hughes Family Trust	8220 Peninsula Drive Kelseyville, CA 95451	\$11,625

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name
MATTINA, STACEY

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
601 North Forbes Street/220 Sixth Street

CITY
Lakeport, CA 95453

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 / / **13** / / **13**
 ACQUIRED DISPOSED

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ _____
 Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
245 Hillcrest

CITY
Lakeport, CA 95453

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 / / **13** / / **13**
 ACQUIRED DISPOSED

NATURE OF INTEREST
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IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None
Elissa Holdener and Derek Reisbeck

* You are not required to report loans from commercial lending institutions 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*
Carl and Nancy Blower

ADDRESS (Business Address Acceptable)
350 E. Gobbi Street, Ukiah, CA 95482

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
7 % None **7**

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
 _____ % None _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: _____

SCHEDULE D Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*
Colantuono & Levin, P.C.

ADDRESS *(Business Address Acceptable)*
11364 Pleasant Valley Rd., Penn Valley, CA 95946

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legal Services

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>
<u> / / </u>	<u>\$</u>	<u> </u>

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<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
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<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____