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

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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

Moore, Darryl Germain

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Berkeley

Division, Board, Department, District, if applicable: Mayor and Council Department

Your Position: Councilmember

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

Agency: *SEE ATTACHED FOR ADDITIONAL POSITIONS

Position:

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

- ☐ State
- ☐ Multi-County _____
- ☒ City of Berkeley
- ☐ 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:** 4

- ☐ **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

MAIL
(Bus

141

DAY

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I ha

herein and in any attached schedules is true and complete. I acknowle

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

Date Signed 3-25-2014
(month, day, year)

Section 1 Additional Agency(ies)/Position(s) for Moore, Darryl Germain:

Agency	Division, Board, Department, District	Position
Berkeley City Council	District 2	Councilmember
Berkeley Redevelopment Agency		Commissioner
Berkeley Joint Powers Financing Authority		Commissioner
City of Berkeley	Mayor and Council	Councilmember

SCHEDULE E
Income – Gifts
Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Moore, Darryl Germain

- **You must mark either the gift or income box.**
- **Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the $440 gift limit, but may result in a disqualifying conflict of interest.**

▶ NAME OF SOURCE (Not an Acronym)
John Gooding
ADDRESS *(Business Address Acceptable)*
P.O. Box 8400
CITY AND STATE
Emeryville , CA 94662
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): 11 / 02 / 13 - 11 / 02 / 13 AMT: $ 250.00
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description Donation to SHARE El Salvador

▶ NAME OF SOURCE (Not an Acronym)
Bielle Moore
ADDRESS *(Business Address Acceptable)*
350 North Civic Dr., Suite 501
CITY AND STATE
Walnut Creek, CA 94596
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): 12 / 15 / 04 - 12 / 15 / 04 AMT: $ 100.00
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description Donation to SHARE El Salvador

▶ NAME OF SOURCE (Not an Acronym)
Berkeley Patients Group
ADDRESS *(Business Address Acceptable)*
2366 San Pablo Ave Berkeley
CITY AND STATE
Berkeley, CA 94702
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): 12 / 11 / 13 - 12 / 11 / 13 AMT: $ 440.00
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description Donation to SHARE El Salvador

▶ NAME OF SOURCE (Not an Acronym)
Rena Rickles
ADDRESS *(Business Address Acceptable)*
1970 Broadway, Suite 1200
CITY AND STATE
Oakland, CA 94612
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): 12 / 11 / 13 - 12 / 11 / 13 AMT: $ 150.00
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description Donation to SHARE El Salvador

Comments:

SCHEDULE E
Income – Gifts
Travel Payments, Advances, and Reimbursements

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▶ NAME OF SOURCE (Not an Acronym)
Theotis Oliphant
ADDRESS *(Business Address Acceptable)*
113 Carmel Ave
CITY AND STATE
El Cerrito, CA 94530
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): 12 / 03 / 14 - 12 / 03 / 14 AMT: $ 250.00
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description Donation to SHARE El Salvador

▶ NAME OF SOURCE (Not an Acronym)
Muhammad Nadhiri
ADDRESS *(Business Address Acceptable)*
355 Berry St, Unit 107
CITY AND STATE
San Francisco, CA 94158
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): 12 / 03 / 14 - 12 / 03 / 14 AMT: $ 250.00
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description Donation to SHARE El Salvador

▶ NAME OF SOURCE (Not an Acronym)
Park Smart
ADDRESS *(Business Address Acceptable)*
1204 Alpine Road. Suite 1
CITY AND STATE
Walnut Creek, CA 94596
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): 12 / 18 / 13 - 12 / 18 / 13 AMT: $ 250.00
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description Donation to SHARE El Salvador

▶ NAME OF SOURCE (Not an Acronym)
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): ___/___/___ - ___/___/___ AMT: $
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

Comments: