

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

RECEIVED Date Received  
CITY CLERKS OFFICE  
CITY OF RICHMOND  
2014 APR -3 AM 8:35



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Myrick Jael Petiri

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
City of Richmond  
Division, Board, Department, District, if applicable  
City Council  
Your Position  
City Councilmember

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

Agency: California State Assembly Position: Senior Field Representative

RECEIVED  
FAIR POLITICAL  
PRACTICES COMMISSION  
2014 APR -7 AM 9:31

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

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

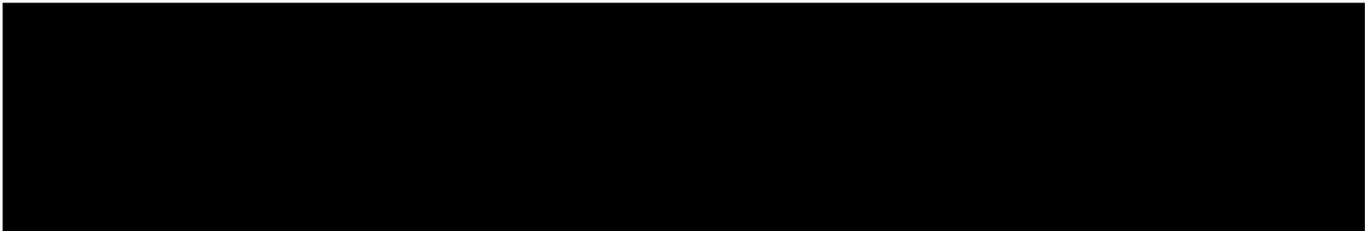
3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2013, through December 31, 2013.  Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Check one)
- or-  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: \_\_\_\_\_**
- 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 04/01/2014  
(month, day, year)

## SCHEDULE D Income – Gifts

|  |
|--|
| <b>CALIFORNIA FORM 700</b>                         |
| <small>FAIR POLITICAL PRACTICES COMMISSION</small> |
| Name _____   |

▶ NAME OF SOURCE *(Not an Acronym)*  
**George Atkinson**

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ADDRESS *(Business Address Acceptable)*  
**1387 S Marina Way, Richmond, CA 94804**

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BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Virtual Development Corporation**

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| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 12 / 15 / 13    | \$ 260.00 | 2 tickets, Club area   |
| / /             | \$        | Raiders Game           |
| / /             | \$        |                        |

▶ NAME OF SOURCE *(Not an Acronym)*

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ADDRESS *(Business Address Acceptable)*

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BUSINESS ACTIVITY, IF ANY, OF SOURCE

---

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| / /             | \$    |                        |
| / /             | \$    |                        |
| / /             | \$    |                        |

▶ NAME OF SOURCE *(Not an Acronym)*

---

ADDRESS *(Business Address Acceptable)*

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BUSINESS ACTIVITY, IF ANY, OF SOURCE

---

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| / /             | \$    |                        |
| / /             | \$    |                        |
| / /             | \$    |                        |

▶ NAME OF SOURCE *(Not an Acronym)*

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ADDRESS *(Business Address Acceptable)*

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BUSINESS ACTIVITY, IF ANY, OF SOURCE

---

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| / /             | \$    |                        |
| / /             | \$    |                        |
| / /             | \$    |                        |

▶ NAME OF SOURCE *(Not an Acronym)*

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ADDRESS *(Business Address Acceptable)*

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BUSINESS ACTIVITY, IF ANY, OF SOURCE

---

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| / /             | \$    |                        |
| / /             | \$    |                        |
| / /             | \$    |                        |

▶ NAME OF SOURCE *(Not an Acronym)*

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ADDRESS *(Business Address Acceptable)*

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BUSINESS ACTIVITY, IF ANY, OF SOURCE

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| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| / /             | \$    |                        |
| / /             | \$    |                        |
| / /             | \$    |                        |

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