

Amendment

STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only

COVER PAGE

CLERK MAY22*14 AM11:26

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Normandy Liza Lee

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Liza Normandy for South San Francisco

Division, Board, Department, District, if applicable

Your Position

Council member

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
2014 MAY 27 AM 9:00

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

Agency: Successor

Position: Boardmember

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County

County of San Mateo

City of South San Francisco

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 ____/____/____ through December 31, 2013.

The period covered is January 1, 2013, through the date of leaving office.

Assuming Office: Date assumed 12/3/2013

The period covered is ____/____/____ through the date of leaving office.

Candidate: Election year 2013 and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 1

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



herein and in any attached schedules is true and complete. I acknowledge this

I certify under penalty of perjury under the laws of the State of California that

Date Signed 5.21.2014
(month, day, year)

Signature

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Received
 Official Use Only

CLERK MAR 31 14 AM 10:41

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 NORMANDY LIZA LEE

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
 CITY OF SOUTH SAN FRANCISCO
 Division, Board, Department, District, if applicable
 CITY COUNCIL
 Your Position
 COUNCIL MEMBER

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

Agency: Successor Agency Position: Boardmember

RECEIVED
 FAIR POLITICAL
 PRACTICES COMMISSION
 2014 APR -9 PM 2:11

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

- State
- Multi-County _____
- City of South San Francisco
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

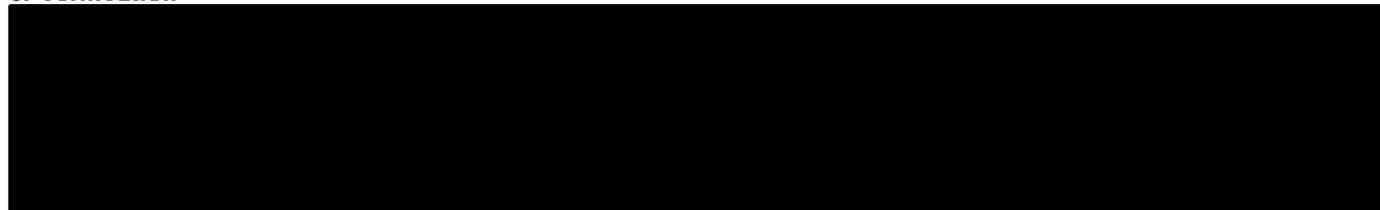
3. Type of Statement (Check at least one box)

- 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: 10
- 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



herein and in any attached schedules is true and complete. I acknowledge and I certify under penalty of perjury under the laws of the State of California that

Date Signed 03.26.2014
 (month, day, year)

Signature

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest Is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name

NAME OF BUSINESS ENTITY: SAN FRANCISCO POLICE CREDIT UNION
GENERAL DESCRIPTION OF THIS BUSINESS: CREDIT UNION / PRIMARY BANK
FAIR MARKET VALUE: \$10,001 - \$100,000
NATURE OF INVESTMENT: Other IRA

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
NATURE OF INVESTMENT

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
NATURE OF INVESTMENT

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
NATURE OF INVESTMENT

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
NATURE OF INVESTMENT

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
NATURE OF INVESTMENT

Comments:

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
 (Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name _____

▶ 1. BUSINESS ENTITY OR TRUST

Name _____

Address (Business Address Acceptable) _____

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$0 - \$1,999 _____/_____/13 _____/_____/13

\$2,000 - \$10,000 ACQUIRED DISPOSED

\$10,001 - \$100,000

\$100,001 - \$1,000,000

Over \$1,000,000

NATURE OF INVESTMENT

Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000

\$500 - \$1,000 OVER \$100,000

\$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____

Description of Business Activity or City or Other Precise Location of Real Property _____

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 _____/_____/13 _____/_____/13

\$10,001 - \$100,000 ACQUIRED DISPOSED

\$100,001 - \$1,000,000

Over \$1,000,000

NATURE OF INTEREST

Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

▶ 1. BUSINESS ENTITY OR TRUST

Name _____

Address (Business Address Acceptable) _____

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$0 - \$1,999 _____/_____/13 _____/_____/13

\$2,000 - \$10,000 ACQUIRED DISPOSED

\$10,001 - \$100,000

\$100,001 - \$1,000,000

Over \$1,000,000

NATURE OF INVESTMENT

Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000

\$500 - \$1,000 OVER \$100,000

\$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____

Description of Business Activity or City or Other Precise Location of Real Property _____

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 _____/_____/13 _____/_____/13

\$10,001 - \$100,000 ACQUIRED DISPOSED

\$100,001 - \$1,000,000

Over \$1,000,000

NATURE OF INTEREST

Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

Comments: _____

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
CITY OF SOUTH SAN FRANCISCO

ADDRESS (Business Address Acceptable)
400 GRAND AVENUE SSF CA 94000

BUSINESS ACTIVITY, IF ANY, OF SOURCE
COUNCIL member

YOUR BUSINESS POSITION
Trustee

GROSS INCOME RECEIVED

less than- \$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 _____
(Property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

 Other _____
(Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
SOUTH SAN FRANCISCO UNIFIED SCHOOL DISTRICT

ADDRESS (Business Address Acceptable)
398 B STREET

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION
TRUSTEE

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 _____
(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* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

HIGHEST BALANCE DURING REPORTING PERIOD

\$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE _____ % None

TERM (Months/Years) _____

SECURITY FOR LOAN

None Personal residence
 Real Property _____
Street address

City
 Guarantor _____
 Other _____
(Describe)

Comments: _____

**SCHEDULE D
 Income – Gifts**

▶ NAME OF SOURCE
CHEVRON Energy Solutions
 ADDRESS (Business Address Acceptable)
345 California St. #18. SF. CA 94104
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10/3/13</u>	<u>\$ 55.00</u>	<u>SANCTA LUNCHEON</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
SSF Scavenger Company
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/7/13</u>	<u>\$ 112.00</u>	<u>Holiday Dinner x 2</u>
<u>12/ / 13</u>	<u>\$ 65.00</u>	<u>Holiday Gift basket</u>
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
SAN MATEO Labor Council
 ADDRESS (Business Address Acceptable) #200
1153 Chess Drive. Foster City CA 94404
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/6/13</u>	<u>\$ 55.00</u>	<u>Holiday Luncheon</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: _____

Name _____

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

- 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) _____

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 _____

▶ 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 _____

▶ 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 _____

▶ 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: _____