

STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only

RECEIVED

MAR 21 2014

(MIDDLE)

OFFICE OF REDWOOD CITY

CITY CLERK



COVER PAGE
RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION

2014 MAR 26 PM 2:16

Please type or print in ink.

NAME OF FILER (LAST)
Pierce

(FIRST)
Barbara

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City Council

Division, Board, Department, District, if applicable
Redwood City

Your Position
Council Member

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

Agency: _____ Position: _____

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

- State
- Multi-County _____
- City of Redwood City
- 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

I certify that the information furnished herein and in any attached schedules is true and complete. I declare under penalty of perjury under the laws of the State of California that I have not received any prohibited gifts or favors from any person or entity who has or may have an interest in the business or industry in which I am engaged or who is or may be a contractor or subcontractor of the State or any local agency.

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

Date Signed 3-18-14
(month, day, year)

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name _____
Pierce _____

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Cinercert

ADDRESS (Business Address Acceptable)
2840 Lima St Ste 110A Burbank CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Interoperability Standardization

YOUR BUSINESS POSITION
Technical Consultant

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)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

YOUR BUSINESS POSITION _____

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* _____

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
 Pierce

▶ NAME OF SOURCE (Not an Acronym)
 League of California Cities

ADDRESS (Business Address Acceptable)
 1400 K Street 4th floor Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 policy committee government related discussions

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 17 / 13	\$ 45	meal
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Stanford University

ADDRESS (Business Address Acceptable)
 Cecil H Green Library, Lasuen Mall Stanford CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 University City partnership reception celebration

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 25 / 13	\$ 42.30	reception
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: _____