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

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Received
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Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
City of Thousand Oaks

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: SEE ATTACHED LIST Position: _____

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

- ☐ State
- ☐ Multi-County _____
- ☑ City of Thousand Oaks
- ☐ 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

[redacted]

I certify under penalty of perjury under the laws of the State o [redacted]

Date Signed 03/01/2014 02:57 PM
(month, day, year)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
EXPANDED STATEMENT LIST

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Joel Price

Agency	Position or Title	Jurisdiction	Type of Statement	Period Covered
Point Mugu Airport Authority	Committee Member	County of Ventura	Annual	01/01/13 - 12/31/13
Successory Agency to Thousand Oaks Redevelopment Agency	Council Member	City of Thousand Oaks	Annual	01/01/13 - 12/31/13

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: Joel Price

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*
Caruso Affiliated
ADDRESS *(Business Address Acceptable)*
101 The Grove Drive L.A. CA 90036
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Real Estate Development Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 22 / 13	$ 90.00	Food- Tree Lighting Ceremony Self & Spouse
/ /	$	
/ /	$	

▶ 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)
/ /	$	
/ /	$	
/ /	$	

▶ 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:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: Joel Price

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)*
League of California Cities
ADDRESS *(Business Address Acceptable)*
1400 "K" St. Suite 400
CITY AND STATE
Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): __/__/__ - __/__/__ *(If gift)* AMT: $ 27.00

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

☐ Made a Speech/Participated in a Panel

☑ Other - Provide Description
01/17/13 Public Safety Policy Committee Lunch

▶ NAME OF SOURCE *(Not an Acronym)*
League of California Cities
ADDRESS *(Business Address Acceptable)*
1400 "K" St. Suite 400
CITY AND STATE
Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): __/__/__ - __/__/__ *(If gift)* AMT: $ 48.00

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

☐ Made a Speech/Participated in a Panel

☑ Other - Provide Description
04/04/13 Public Safety Policy Committee Lunch

▶ NAME OF SOURCE *(Not an Acronym)*
Microsoft Innovation & Policy Center
ADDRESS *(Business Address Acceptable)*
901 "K" St. NW 11th Floor
CITY AND STATE
Washington, DC 20001
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Technology Facility

DATE(S): 03/12/13 - 03/12/13 *(If gift)* AMT: $ 89.00

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

☐ Made a Speech/Participated in a Panel

☑ Other - Provide Description
Reception and dinner while attending Congressional City Conference

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▶ NAME OF SOURCE *(Not an Acronym)*
League of California Cities
ADDRESS *(Business Address Acceptable)*
1400 "K" St. Suite 400
CITY AND STATE
Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): __/__/__ - __/__/__ *(If gift)* AMT: $ 29.00

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

☐ Made a Speech/Participated in a Panel

☑ Other - Provide Description
06/13/13 Public Safety Policy Committee Lunch

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: Joel Price

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)*
National League of Cities
ADDRESS *(Business Address Acceptable)*
1301 Pennsylvania Ave. NW #550
CITY AND STATE
Washington D.C. 20004
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Advocate for Municipalities
DATE(S): ___/___/___ - ___/___/___ *(If gift)* AMT: $ 50.00
TYPE OF PAYMENT: (must check one) ☐ Gift ☑ Income
☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description
06/28/13 Lunch at NLC Public Safety and Advocacy Steering Committee meeting

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▶ NAME OF SOURCE *(Not an Acronym)*
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
DATE(S): ___/___/___ - ___/___/___ *(If gift)* AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

▶ NAME OF SOURCE *(Not an Acronym)*
Microsoft Innovation & Policy Center
ADDRESS *(Business Address Acceptable)*
901 "K" St. NW 11th Floor
CITY AND STATE
Washington D.C. 20001
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
DATE(S): 11/14/13 - 11/14/13 *(If gift)* AMT: $ 8.00
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description
One of numerous hosts for dinner at National League of Cities, Congress of Cities Conference

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▶ NAME OF SOURCE *(Not an Acronym)*
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
DATE(S): ___/___/___ - ___/___/___ *(If gift)* AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

Comments: