CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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JAN 28 2014
CITY OF DUBLIN
CITY MANAGER'S OFFICE

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
SBRANTI	TIMOTHY	A.

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
City of Dublin

Division, Board, Department, District, if applicable

Your Position
Mayor

► 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 Dublin
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☐ County of
- ☑ Other Jurisdiction of board or commission

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:*** 6

- ☐ **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 of Cal[redacted]

Date Signed 1/28/14
(month, day, year)

Attachment to Cover Page, Form 700
TIMOTHY A. SBRANTI
Annual Statement

1. Additional Agency Positions

East Bay Regional Communications Systems Authority	Board Member
Bay Area Air Quality Management District	Board Member (resigned 5/11/13)
Dougherty Regional Fire Authority	Board Member
Livermore Amador Valley Transit Authority	Board Member
Alameda County Transportation Commission	Commissioner
Tri-Valley Transportation Council	Board Member
Association of Bay Area Governments	Board Member (resigned 5/11/13)
Alameda County Local Agency Formation Com.	Board Member

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Timothy A. Sbranti

SCHEDULE B
Interests in Real Property
(Including Rental Income)

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
4243 Clarinbridge Circle

CITY
Dublin, CA

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☑ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/13 ACQUIRED ___/___/13 DISPOSED

NATURE OF INTEREST
☑ Ownership/Deed of Trust ☐ Easement
☐ Leasehold _____ Yrs. remaining ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ $0 - $499 ☐ $500 - $1,000 ☐ $1,001 - $10,000
☑ $10,001 - $100,000 ☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.
☐ None
Carson and Linda Fisher (total rent paid: $24,000)

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/13 ACQUIRED ___/___/13 DISPOSED

NATURE OF INTEREST
☐ Ownership/Deed of Trust ☐ Easement
☐ Leasehold _____ Yrs. remaining ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ $0 - $499 ☐ $500 - $1,000 ☐ $1,001 - $10,000
☐ $10,001 - $100,000 ☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.
☐ None

* You are not required to report loans from commercial lending institutions 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

INTEREST RATE _____% ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
☐ $500 - $1,000 ☐ $1,001 - $10,000
☐ $10,001 - $100,000 ☐ OVER $100,000

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____% ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
☐ $500 - $1,000 ☐ $1,001 - $10,000
☐ $10,001 - $100,000 ☐ OVER $100,000

☐ Guarantor, if applicable

Comments:

SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
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Name
Timothy A. Sbranti

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Californians Dedicated to Education Foundation

ADDRESS *(Business Address Acceptable)*
5429 Madison Ave., Sacramento, CA 95841

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Nonprofit education support foundation

YOUR BUSINESS POSITION
Executive Director (part-time position ended 8/31)

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
Oakland Athletics

ADDRESS *(Business Address Acceptable)*
7000 Coliseum Way, #3, Oakland, CA 94621

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Baseball team

YOUR BUSINESS POSITION
None

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: Foundation income: $24,000 Oakland A's income: $1,575

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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 Street
CITY AND STATE
Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Nonprofit organization
DATE(S): 08/29/13 - 08/30/13 *(If gift)* AMT: $279.19
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description
Attended California Civic Leadership Institute.

▶ NAME OF SOURCE *(Not an Acronym)*
California Teachers Association
ADDRESS *(Business Address Acceptable)*
1705 Murchison Drive
CITY AND STATE
Burlingame, CA 94011
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Teachers association
DATE(S): 01/25/13 - 01/27/13 *(If gift)* AMT: $621.38
TYPE OF PAYMENT: (must check one) ☐ Gift ☑ Income
☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description
Participated in association meetings.

▶ NAME OF SOURCE *(Not an Acronym)*
California Teachers Association
ADDRESS *(Business Address Acceptable)*
1705 Murchison Drive
CITY AND STATE
Burlingame, CA 94011
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Teachers association
DATE(S): 03/__/13 - __/__/__ *(If gift)* AMT: $99.44
TYPE OF PAYMENT: (must check one) ☐ Gift ☑ Income
☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description
Participated in association workshop.

▶ NAME OF SOURCE *(Not an Acronym)*
California Teachers Association
ADDRESS *(Business Address Acceptable)*
1705 Murchison Drive
CITY AND STATE
Burlingame, CA 94011
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Teachers association
DATE(S): 04/05/13 - 04/07/13 *(If gift)* AMT: $828.30
TYPE OF PAYMENT: (must check one) ☐ Gift ☑ Income
☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description
Participated in association meetings.

Comments:

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Name
Timothy A. Sbranti

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)*
California Teachers Association
ADDRESS *(Business Address Acceptable)*
1705 Murchison Drive
CITY AND STATE
Burlingame, CA 94011
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Teachers association
DATE(S): 04/13/13 - 04/14/13 *(If gift)* AMT: $ 264.42
TYPE OF PAYMENT: (must check one) ☐ Gift ☑ Income
☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description
Served as convention delegate for association.

▶ NAME OF SOURCE *(Not an Acronym)*
California Teachers Association
ADDRESS *(Business Address Acceptable)*
1705 Murchison Drive
CITY AND STATE
Burlingame, CA 94011
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Teachers association
DATE(S): 05/31/13 - 06/02/13 *(If gift)* AMT: $ 650.84
TYPE OF PAYMENT: (must check one) ☐ Gift ☑ Income
☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description
Participated in association meetings.

▶ NAME OF SOURCE *(Not an Acronym)*
City of Dublin, Ireland
ADDRESS *(Business Address Acceptable)*
City Hall
CITY AND STATE
Dublin, Ireland
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Government
DATE(S): 03/15/13 - 03/20/13 *(If gift)* AMT: $ 1,308.22
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description
Lodging for mayors event sponsored by Mayor of Dublin, Ireland. Not subject to gift limits.

▶ 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: