

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE



RECEIVED
Date Received
MAR 12 2014
By _____

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Slowey Jeffrey (Jeff) A

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Citrus Heights
Division, Board, Department, District, if applicable
City Council
Your Position
Councilmember
► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
Agency: Successor Agency to Coummunity Redevelopment Position: Boardmember

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
14 APR - 7 AM 9:36

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

State Judge or Court Commissioner (Statewide Jurisdiction)
 Multi-County _____ County of _____
 City of Citrus Heights 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: _____
 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 under penalty of perjury under the laws of the State of

Date Signed 3/10/14
(month, day, year)

SCHEDULE D
Income – Gifts

Name
 Slowey, Jeffrey (Jeff)

▶ NAME OF SOURCE (Not an Acronym)
 Kaiser Permanente

ADDRESS (Business Address Acceptable)
 6600 Bruceville Rd., Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Medical Foundation Health Plan

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 10 / 05 / 13 | \$ 104.42 | Air Show Ticket/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)
 League of California Cities

ADDRESS (Business Address Acceptable)
 1400 K Street, Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Lobbying on behalf of CA cities

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 01 / 17 / 13 | \$ 26.88 | lunch (Policy meeting) |
| 04 / 04 / 13 | \$ 47.87 | lunch (Policy meeting) |
| 06 / 13 / 13 | \$ 29.87 | lunch (Policy meeting) |

▶ 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: _____