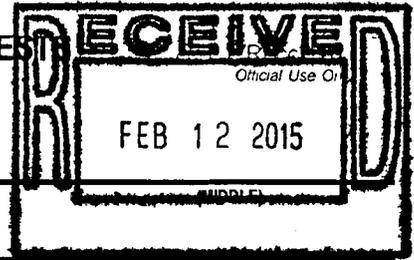


CG



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) AGUIAR-CURRY, CECILIA MARIE

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CITY OF WINTERS MAYOR

Division, Board, Department, District, if applicable

Your Position

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

Agency: SUCCESSOR AGENCY Position: MEMBER

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

- State, Multi-County, City of CITY OF WINTERS, Judge or Court Commissioner, County of, Other

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

- Annual: The period covered is January 1, 2014, through December 31, 2014. -or- The period covered is through December 31, 2014. Assuming Office: Candidate: Leaving Office: (Check one) The period covered is January 1, 2014, through the date of leaving office. The period covered is through the date of leaving office.

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
None - No reportable interests on any schedule

Date Signed 2/13/15 (month, day, year)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Initial Filing
Received
Official Use Only

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NAME OF FILER (LAST) (FIRST) (MIDDLE)
AGUIAR-CURRY, CECILIA MARIE

1. Office, Agency, or Court

Agency Name (Do not use acronyms) CG
Sacramento Area Council of Governments
Division, Board, Department, District, if applicable
Board of Directors Your Position
Board Member

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

Agency Capitol Valley Regional Service Authority Position: Board Member

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

State Judge or Court Commissioner (Statewide Jurisdiction)
 Multi-County El Dorado, Placer, Sacramento, Sutter, County of _____
 City of Yolo and Yuba Counties Other _____

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

Annual: The period covered is January 1, 2014, through December 31, 2014.
-or-
The period covered is _____, through December 31, 2014.
 Assuming Office: Date assumed _____
 Leaving Office: Date Left _____ (Check one)
 The period covered is January 1, 2014, 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
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 Schedule E - Income - Gifts - Travel Payments - schedule attached
-or-
 None - No reportable interests on any schedule

Date Signed 2/13/15
(month, day, year)

STATEMENT OF ECONOMIC INTERESTS

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NAME OF FILER (LAST) (FIRST) (MIDDLE)
AGUIAR CURRY, CECILIA MARIE

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1. Office, Agency, or Court

Agency Name (Do not use acronyms)

YOLO COUNTY HOUSING

CHAIR

Division, Board, Department, District, if applicable

Your Position

► 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 _____
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of YOLO
- Other _____

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

- Annual: The period covered is January 1, 2014, through December 31, 2014.
- or-
- The period covered is ____/____/____ through December 31, 2014.
- Assuming Office: Date assumed ____/____/____
- Leaving Office: Date Left ____/____/____ (Check one)
- The period covered is January 1, 2014, 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

Date Signed 2/13/15
(month, day, year)

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing
Received
Official Use Only

COVER PAGE

Please type or print in ink

NAME OF FILER (LAST) (FIRST) (MIDDLE)
AGUIAR-CURRY, CECILIA MARIE

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

TEN YEAR PLAN FOR HOMELESSNESS CHAIRMAN

Division, Board, Department, District, if applicable Your Position

► 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 _____
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of YOLO
- Other _____

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

- Annual: The period covered is January 1, 2014, through December 31, 2014.
- or-
- The period covered is _____ through December 31, 2014.
- Assuming Office: Date assumed _____
- Candidate: Election year _____ and office sought, if different than Part 1: _____
- Leaving Office: Date Left _____ (Check one)
- The period covered is January 1, 2014, through the date of leaving office.
- The period covered is _____ through the date of leaving office.

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

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PRACTICES COMMISSION
2015 MAR 27 PM 2:58

Date Signed 2/13/15
(month, day, year)

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Official Use Only

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
AGUIAR-CURRY, CECILIA MARIE

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

NEW HOPE COMMUNITY DEVELOPMENT CORP CHAIRMAN
Division, Board, Department, District, if applicable Your Position

► 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 _____
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of YOLO
- Other _____

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

- Annual: The period covered is January 1, 2014, through December 31, 2014.
- or-
- The period covered is _____ through December 31, 2014.
- Assuming Office: Date assumed _____
- Leaving Office: Date Left _____ (Check one)
- The period covered is January 1, 2014, 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

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 2/13/15
(month, day, year)

RECEIVED
FAIR POLITICAL PRACTICES COMMISSION
2015 MAR 27 PM 2:58

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Official Use Only

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
AGUIAR-CURRY, CECILIA MARIE

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

YOLO COUNTY: LOCAL AGENCY FORMATION COMMISSION BOARD MEMBER
Division, Board, Department, District, if applicable Your Position

► 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 _____

- Judge or Court Commissioner (Statewide Jurisdiction)
- County of YOLO
- Other _____

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

- Annual: The period covered is January 1, 2014, through December 31, 2014.
- or-
- The period covered is _____ through December 31, 2014.

- Leaving Office: Date Left _____ (Check one)
- The period covered is January 1, 2014, through the date of leaving office.
- The period covered is _____ through the date of leaving office.

Assuming Office: Date assumed _____

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

Date Signed 2/13/15
(month, day, year)

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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

ATEUIAR-CURRY, Cecelia

▶ 1. BUSINESS ENTITY OR TRUST

CMAL

Name

319 ANDERSON AVE. WINTERS, CA

Address (Business Address Acceptable)

Check one

- Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

CONSULTING SERVICES

FAIR MARKET VALUE

- \$0 - \$1,999
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:

 / /14 / /14
 ACQUIRED DISPOSED

NATURE OF INVESTMENT

- Partnership Sole Proprietorship Other

YOUR BUSINESS POSITION OWNER

▶ 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 or Names listed below

EAST BAY MUNICIPAL UTILITY DISTRICT

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

Check one box:

- INVESTMENT REAL PROPERTY

N/A

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

- \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:

 / /14 / /14
 ACQUIRED DISPOSED

NATURE OF INTEREST

- Property Ownership/Deed of Trust Stock Partnership

- Leasehold Other
 Yrs. remaining

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

Comments: _____

▶ 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

- \$0 - \$1,999
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:

 / /14 / /14
 ACQUIRED DISPOSED

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 or Names listed below

▶ 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

- \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:

 / /14 / /14
 ACQUIRED DISPOSED

NATURE OF INTEREST

- Property Ownership/Deed of Trust Stock Partnership

- Leasehold Other
 Yrs. remaining

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

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

Name
AGUIAR-CURRY, CECILIA

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
CITY OF WINTERS

ADDRESS (Business Address Acceptable)
318 FIRST STREET, WINTERS, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
95094

YOUR BUSINESS POSITION
MAYOR

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
 (For self-employed use Schedule A-2.)
 Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)
 Sale of _____
 (Real property, car, boat, etc.)
 Loan repayment
 Commission or Rental Income, list each source of \$10,000 or more

 (Describe)
 Other STIPEND

 (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
 (For self-employed use Schedule A-2.)
 Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)
 Sale of _____
 (Real property, car, boat, etc.)
 Loan repayment
 Commission or Rental Income, list each source of \$10,000 or more

 (Describe)
 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 E
Incom – Gifts
Travel Payments, Advances,
and Reimbursements

Name
AGUIAR-CURRY, CECILIA

- 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)
TULEYOME

ADDRESS (Business Address Acceptable)
607 NORTH ST.

CITY AND STATE
WOODLAND, CA 95695

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 6,20,14 - 6,22,14 AMT: \$ 1500.00
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description ADVOCACY FOR
BERRNESSA SNOW MOUNTAIN DESIGNATED
CONSERVATION AREA : WASHINGTON D.C.

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): _____ AMT: \$ _____
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

Comments: _____