

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Amadeo Nancy Lynn

1. Office, Agency, or Court

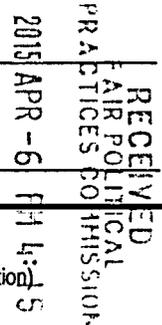
Agency Name (Do not use acronyms)
City of Marina

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

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 Marina
- 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, 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: 2

- 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 3/27/15
(month, day, year)

**SCHEDULE D
 Income – Gifts**

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

ADDRESS (Business Address Acceptable)
 1400 K Street Ste. 400, Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Policy Committee Meeting

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 24 / 14	\$ 29.81	Lunch
4 / 4 / 14	\$ 33.98	Lunch
6 / 20 / 14	\$ 30.36	Lunch

▶ 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)
/ /	\$	
/ /	\$	
/ /	\$	

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BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

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BUSINESS ACTIVITY, IF ANY, OF SOURCE

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/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____