

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing

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COVER PAGE

MAR 20 2015

Please type or print in ink.

NAME OF FILER (LAST) (FIRST)
Armstrong William H. (Harry)

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Clovis

Division, Board, Department, District, if applicable

Your Position

City Council

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

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County _____

County of _____

City of Clovis

Other _____

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

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

Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2014.

The period covered is January 1, 2014, through the date of leaving office.

Assuming Office: Date assumed ____/____/____

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: 3

Schedule A-1 - Investments - schedule attached

Schedule C - Income, Loans, & Business Positions - schedule attached

Schedule A-2 - Investments - schedule attached

Schedule D - Income - Gifts - schedule attached

Schedule B - Real Property - 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 California that the foregoing is true and correct.

Date Signed March 20, 2015
(month, day, year)

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name _____
William H Armstrong

▶ NAME OF SOURCE *(Not an Acronym)*
California State University-Fresno

ADDRESS *(Business Address Acceptable)*
5241 N Maple Fresno CA 93740

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Education

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 01 / 14	\$ 110.00	Parking Permit
/ /	\$ _____	_____
/ /	\$ _____	_____

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

ADDRESS *(Business Address Acceptable)*
1400 K Street Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
2014 Division Board Member

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 14 / 14	\$ 33.01	Meal
09 / 29 / 14	\$ 32.06	Meal
10 / 22 / 14	\$ 34.51	Meal

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

ADDRESS *(Business Address Acceptable)*
1400 K Street Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
2014 Executive Board Member

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 20 / 14	\$ 266.52	Meals
02 / 21 / 14	\$ 69.56	Meal
04 / 23 / 14	\$ 86.18	Meals

▶ 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 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
2014 Division Board Member

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 23 / 14	\$ 31.35	Meal
03 / 20 / 14	\$ 30.47	Meal
05 / 08 / 14	\$ 37.21	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)
/ /	\$ _____	_____
/ /	\$ _____	_____
/ /	\$ _____	_____

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name William H Armstrong
--

- 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

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

DATE(S): 01 / 01 / 14 - 12 / 31 / 14 AMT: \$ 486.58
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Travel, meals and lodging for volunteer services as a member of the League board of directors

▶ 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: _____