



STATEMENT OF ECONOMIC INTERESTS
COVER PAGE



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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Lamnin, Sara Rachel

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Hayward

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 Hayward Other _____

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

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

Date Signed 03/08/2015
(month, day, year)

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Lammn, Sara Rachel

▶ NAME OF BUSINESS ENTITY
American Software Inc.

GENERAL DESCRIPTION OF THIS BUSINESS
develops enterprise and supply chain software

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

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
08 / 13 / 07 _____
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Continental Materials Corporation

GENERAL DESCRIPTION OF THIS BUSINESS
supplier of roofing materials

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

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
10 / 28 / 11 _____
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Frequency Electronics Inc.

GENERAL DESCRIPTION OF THIS BUSINESS
frequency/time standards and synchronization products

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

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
04 / 26 / 12 _____
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Friedman Industries Inc.

GENERAL DESCRIPTION OF THIS BUSINESS
steel processing and pipe manufacturing

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

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
02 / 01 / 06 _____
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Goldfield Corporation

GENERAL DESCRIPTION OF THIS BUSINESS
electrical transmission construction services

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

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
10 / 26 / 92 _____
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Hovnanian Enterprises Inc.

GENERAL DESCRIPTION OF THIS BUSINESS
designs, constructs and markets housing

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

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
04 / 12 / 07 _____
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name <u>Lammin, Sara Rachel</u>

▶ **NAME OF BUSINESS ENTITY**
Immucell Corporation

GENERAL DESCRIPTION OF THIS BUSINESS
makes products in dairy and beef industries

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

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
05 / 02 / 05 _____
 ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**
Intelligent Systems Corporation

GENERAL DESCRIPTION OF THIS BUSINESS
grows/develops early-stage technology companies

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

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
11 / 03 / 06 _____
 ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**
Lakeland Industries Inc.

GENERAL DESCRIPTION OF THIS BUSINESS
makes and sells disposable protective garments

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

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
03 / 30 / 05 10 / 01 / 14
 ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**
Magellan Petroleum Corporation

GENERAL DESCRIPTION OF THIS BUSINESS
drilling and production services for oil and gas exploration

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

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
02 / 23 / 07 _____
 ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**
Manhattan Bridge Corporation

GENERAL DESCRIPTION OF THIS BUSINESS
provides bridge loans to small businesses

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

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
02 / 15 / 06 _____
 ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**
MFC Industrial Ltd.

GENERAL DESCRIPTION OF THIS BUSINESS
supplier of ores, metals, energy, plastics and lumber

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

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
11 / 21 / 11 _____
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <u>Lamin, Sara Rachel</u>

▶ **NAME OF BUSINESS ENTITY**
Safeguard Scientifics Inc.

GENERAL DESCRIPTION OF THIS BUSINESS
growth equity and early-stage financings

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

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
04 / 09 / 09 _____
 ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**
Span-America Medical Systems Inc.

GENERAL DESCRIPTION OF THIS BUSINESS
makes and distributes foams for health and skin

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

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
04 / 10 / 08 _____
 ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**

GENERAL DESCRIPTION OF THIS BUSINESS

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

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ _____
 ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**

GENERAL DESCRIPTION OF THIS BUSINESS

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

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ _____
 ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**

GENERAL DESCRIPTION OF THIS BUSINESS

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

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ _____
 ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**

GENERAL DESCRIPTION OF THIS BUSINESS

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

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ _____
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name _____

Lamnin, Sara Rachel

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
South Hayward Parish

ADDRESS (Business Address Acceptable)
27287 Patrick Avenue
Hayward, CA 94544

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Social Services

YOUR BUSINESS POSITION
Program Director, Hayward Community Action Network

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)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
City of Hayward

ADDRESS (Business Address Acceptable)
777 B St.
Hayward, CA 94541-5007

BUSINESS ACTIVITY, IF ANY, OF SOURCE
City Government

YOUR BUSINESS POSITION
Council Member

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*
Provident Credit Union

ADDRESS (Business Address Acceptable)
P.O. Box 8007
Redwood City, CA 94063

BUSINESS ACTIVITY, IF ANY, OF LENDER
credit union

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

INTEREST RATE TERM (Months/Years)
3.875% None 20 years

SECURITY FOR LOAN
 None Personal residence
 Real Property _____
Street address

City
 Guarantor _____
 Other _____
(Describe)

Comments: _____

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)
Stonebrae Classic
 ADDRESS (Business Address Acceptable)
222 Country Club Drive
Hayward, CA 94542
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
golf tournament

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 09 / 14</u>	<u>\$ 98.00</u>	<u>2 VIP tickets to PGA-sponsored tournament</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Hayward Firefighters 1909
 ADDRESS (Business Address Acceptable)
22734 Main St.
Hayward, CA 94541
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
employee union

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 27 / 14</u>	<u>\$ 100.00</u>	<u>ticket to Democratic Party Unity dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Northern California Carpenters Regional Council
 ADDRESS (Business Address Acceptable)
265 Hegenberger Rd.
Oakland, CA 94086
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
labor union

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 12 / 14</u>	<u>\$ 50.00</u>	<u>"Moose feed" luncheon</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ 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)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ 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)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ 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)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____