

STATEMENT OF ECONOMIC INTERESTS
CG COVER PAGE

Date of Initial Filing
Received
City of Morgan Hill
City of Morgan Hill

MAR 30 2015

Please type or print in ink.

NAME OF FILER (LAST) LIBRERS (FIRST) MARILYN (MIDDLE) City Clerk

1. Office, Agency, or Court

Agency Name (Do not use acronyms) City of MORGAN HILL Council Member
Division, Board, Department, District, if applicable City Council Your Position

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

Agency: See Attached Supplement List 7 Position:

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

State Judge or Court Commissioner (Statewide Jurisdiction)
 Multi-County County of SANTA CLARA
 City of MORGAN HILL Other SCRVA

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PRACTICES COMMISSION
15 APR - 1 PM '15

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: 12
 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. [Redacted Signature Area]

Date Signed 03-26-15
(month, day, year)

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name
MARILYN LIBREPS

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
16865 SUNDANCE DR

CITY
MORGAN HILL CA 95037

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

IF APPLICABLE, LIST DATE:
 ACQUIRED 1/14 DISPOSED 1/14

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

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

IF APPLICABLE, LIST DATE:
 ACQUIRED 1/14 DISPOSED 1/14

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

* You are not required to report loans from commercial lending institutions 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

INTEREST RATE TERM (Months/Years)
 _____% None

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
 _____% None

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

Comments: _____

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
MARILYN LIBRETS

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
PAUCHON Research Foundation

ADDRESS (Business Address Acceptable)
17760 Monterey Rd, Suite H

BUSINESS ACTIVITY, IF ANY, OF SOURCE MORGAN HILL, CA
NON-PROFIT Agency

YOUR BUSINESS POSITION
Executive Director

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

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 D
 Income - Gifts**

Name
MARILYN LIBRENS

▶ NAME OF SOURCE (Not an Acronym)
Chinese People's Association for Friendship with
 ADDRESS (Business Address Acceptable)
Foreign Countries 1 Taijichang St. Beijing 100740
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
non-profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 19 / 14</u>	\$ <u> </u>	<u>Cultural Visits (include</u>
<u> / / </u>	\$ <u>112.00</u>	<u>Great Wall/China</u>
<u>06 / 25 / 14</u>	\$ <u> </u>	<u>Folk Cultural Village)</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)
Chinese Peoples Association for Friendship with
 ADDRESS (Business Address Acceptable)
Foreign Countries 1 Taijichang St. Beijing 100740
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
non-profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 20 / 14</u>	\$ <u>35.00</u>	<u>Cruise Huangpu River</u>
<u> / / </u>	\$ <u> </u>	<u>Shanghai</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)
Overseas Chinese Affairs Office of the State Council
 ADDRESS (Business Address Acceptable)
35 Fuchengmenwai St. Beijing 100037 PRC
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 22 / 14</u>	\$ <u>24.00</u>	<u>Boat Cruise Wuhan</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: Per FPPC file Nos. 14-071, 14-072, 14-078 & 14-079 request for advice, these payments are not subject to the gift limits because they will be provided in connection with a legislative or governmental purpose by both a foreign government and 501 (c)(3) organization. See attached

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

Name
MARILYN HARRIS

- 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)
Overseas Chinese Affairs Office of the State Council

ADDRESS (Business Address Acceptable)
35 Fuchengmenwai St.

CITY AND STATE
Beijing 100037 PRC

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

DATE(S): 06 / 22 / 14 - 06 / 24 / 14 AMT: \$ 39.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
3 days fo bus rental fees in Wuhan

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

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)
Overseas Chinese Affairs Office of the State Council

ADDRESS (Business Address Acceptable)
35 Fuchengmenwai St.

CITY AND STATE
Beijing 100037 PRC

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

DATE(S): 06 / 22 / 14 - 06 / 24 / 14 AMT: \$ 72.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
3 days of meals for Wuhan

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

Comments: Per FPPC file Nos. 14-071, 14-072, 14-078 & 14-079 request for advice, these payments are not subject to the gift limits because they will be provided in connection with a legislative or governmental purpose by both a foreign government and 501(c)(3) organization. See attached.

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>MARILYN LIBREPS</u>

- 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)
American Asian Economic & Cultural Association
 ADDRESS (Business Address Acceptable)
3140 De La Cruz Blvd. #200
 CITY AND STATE
Santa Clara, CA 95054
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): 06 / 27 / 14 - 06 / 27 / 14 AMT: \$ 379.10
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
flight CA1308 SZX to PEK

▶ NAME OF SOURCE (Not an Acronym)
Chinese People's Association for Friendship with
 ADDRESS (Business Address Acceptable)
Foreign Countries 1 Taijichang St.
 CITY AND STATE
Beijing 100740 PRC
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
non-profit

DATE(S): 06 / 18 / 14 - 06 / 27 / 14 AMT: \$ 266.00
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
8 days of meals for Beijing, Shanghai, and Shenzhen

▶ NAME OF SOURCE (Not an Acronym)
American Asian Economic & Cultural Association
 ADDRESS (Business Address Acceptable)
3140 De La Cruz Blvd. #200
 CITY AND STATE
Santa Clara, CA 95054
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
non-profit

DATE(S): 06 / 27 / 14 - 06 / 27 / 14 AMT: \$ 525.00
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
flight CA985 PEK to SFO

▶ NAME OF SOURCE (Not an Acronym)
Chinese People's Association for Friendship with
 ADDRESS (Business Address Acceptable)
Foreign Countries 1 Taijichang St.
 CITY AND STATE
Beijing 100740 PRC
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
non-profit

DATE(S): 06 / 17 / 14 - 06 / 27 / 14 AMT: \$ 137.00
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
8 days of bus rental fee for Beijing, Shanghai, and Shenzhen

Comments: Per FPPC file Nos. 14-071, 14-072, 14-078 & 14-079 request for advice, these payments are not subject to the gift limits because they will be provided in connection with a legislative or governmental purpose by both a foreign government and 501(c)(3) organization. See attached.

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
MARILYN LIBREPS

- 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)
Overseas Chinese Affairs Office of the State Council
 ADDRESS (Business Address Acceptable)
35 Fuchengmenwai St.
 CITY AND STATE
Beijing 100037 PRC
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): 06 / 22 / 14 - 06 / 23 / 14 AMT: \$ 128.00
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
Two nights stay at the East Lake Conference Center
Wuhan

▶ NAME OF SOURCE (Not an Acronym)
Chinese People's Association for Friendship with
 ADDRESS (Business Address Acceptable)
Foreign Countries 1 Taijichang St.
 CITY AND STATE
Beijing 100740 PRC
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
non-profit

DATE(S): 06 / 24 / 14 - 06 / 24 / 14 AMT: \$ 151.00
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
flight CA3353 WUH to SZX

▶ NAME OF SOURCE (Not an Acronym)
Chinese People's Association for Friendship with
 ADDRESS (Business Address Acceptable)
Foreign Countries 1 Taijichang St.
 CITY AND STATE
Beijing 100740 PRC
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
non-profit

DATE(S): 06 / 22 / 14 - 06 / 22 / 14 AMT: \$ 152.00
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
flight MU2508 SHA to WUH

▶ NAME OF SOURCE (Not an Acronym)
Chinese People's Association for Friendship with
 ADDRESS (Business Address Acceptable)
Foreign Countries 1 Taijichang St.
 CITY AND STATE
Beijing 100740 PRC
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
non-profit

DATE(S): 06 / 24 / 14 - 06 / 26 / 14 AMT: \$ 372.00
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
Three nights stay at the Shenzhenair International
Hotel Shenzhen

Comments: Per FPPC file Nos. 14-071, 14-072, 14-078 & 14-079 request for advice, these payments are not subject to the gift limits because they will be provided in connection with a legislative or governmental purpose by both a foreign government and 501(c)(3) organization. See attached.

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
MARILYN LIBREYS

- 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)
American Asian Economic & Cultural Association
 ADDRESS (Business Address Acceptable)
3140 De La Cruz Blvd. #200
 CITY AND STATE
Santa Clara, CA 95054
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
non-profit

DATE(S): 06 / 16 / 14 - 06 / 17 / 14 AMT: \$ 675.00
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
flight CA986 SFO to PEK

▶ NAME OF SOURCE (Not an Acronym)
Chinese People's Association for Friendship with
 ADDRESS (Business Address Acceptable)
Foreign Countires 1 Taijichang St.
 CITY AND STATE
Beijing 100740 PRC
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
non-profit

DATE(S): 06 / 19 / 14 - 06 / 19 / 14 AMT: \$ 148.00
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
High Speed Train Beijing to Shanghai

▶ NAME OF SOURCE (Not an Acronym)
Chinese People's Association for Friendship with
 ADDRESS (Business Address Acceptable)
Foreign Countries 1 Taijichang St.
 CITY AND STATE
Beijing 100740 PRC
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
non-profit

DATE(S): 06 / 17 / 14 - 06 / 18 / 14 AMT: \$ 206.00
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
Two nights stay at the Park Plaza Hotel Beijing

▶ NAME OF SOURCE (Not an Acronym)
Chinese People's Association for Friendship with
 ADDRESS (Business Address Acceptable)
Foreign Countries 1 Taijichang St.
 CITY AND STATE
Beijing 100740 PRC
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
non-profit

DATE(S): 06 / 19 / 14 - 06 / 21 / 14 AMT: \$ 357.00
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
Three nights stay at the Jinjiang Hotel Shanghai

Comments: Per FPPC file Nos. 14-071, 14-072, 14-078 & 14-079 request for advice, these payments are not subject to the gift limits because they will be provided in connection with a legislative or governmental purpose by both a foreign government and 501(c)(3) organization. See attached.

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

Name
MARILYN LIBREES

- 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

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Advocacy for cities and their residents

DATE(S): 01, 01, 14 - 12, 31, 14 AMT: \$ 1856.80
(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

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

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)
League of California Cities

ADDRESS (Business Address Acceptable)
1400 K Street

CITY AND STATE
Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Advocacy for cities and their residents

DATE(S): 01, 01, 14 - 12, 31, 14 AMT: \$ 0
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description Meals provided to family members

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

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

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

Comments: _____



FAIR POLITICAL PRACTICES COMMISSION

428 J Street • Suite 620 • Sacramento, CA 95814-2329
(916) 322-5660 • Fax (916) 322-0886

May 9, 2014

Benjamin T. Reyes II
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Office of the City Attorney
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County Counsel
70 West Hedding Street
East Wing 9th Floor
San Jose, CA 95110-1770

Re: Your Requests for Advice
Our File Nos. 14-071, 14-072, 14-078 & 14-079

Dear Counsel:

This letter responds to your collective requests for advice regarding the gift provisions of the Political Reform Act (the "Act").¹ Please note that the Fair Political Practices Commission (the "Commission") does not act as a finder of fact when it renders advice, (*In re Oglesby* (1975) 1 FPPC Ops. 71), and our advice is based solely on the provisions of the Act.

¹ The Political Reform Act is contained in Government Code Sections 81000 through 91014. All statutory references are to the Government Code, unless otherwise indicated. The regulations of the Fair Political Practices Commission are contained in Sections 18110 through 18997 of Title 2 of the California Code of Regulations. All regulatory references are to Title 2, Division 6 of the California Code of Regulations, unless otherwise indicated.

QUESTION

Are payments for travel, lodging and subsistence made to the Mayors participating in the Silicon Valley Mayors' China Trip in June 2014 subject to reporting and gift limits?²

CONCLUSION

Payments for the Mayors' travel, lodging and subsistence are reportable gifts, not subject to gift limits because they will be provided in connection with a legislative or governmental purpose by both a foreign government and a 501(c)(3) organization. Any other payments will be reportable gifts subject to gift limits.

FACTS

Twelve Mayors have been invited to travel to China from June 16-27, 2014, as part of the Silicon Valley Mayors' China Trip. The purpose of this all-expenses paid trip is to facilitate investment and international trade between China and the Silicon Valley region. While in China, the delegation will visit Beijing, Shanghai, Wuhan and Shenzhen. In addition, they will have the opportunity to participate in meetings with local government officials and CEOs from top local high tech companies.

As mentioned, this is an all-expenses paid trip. The international air travel expenses to and from China, approximately \$2,000 per person, will be covered by the American Asian Economic and Cultural Association ("AAECA"), a 501(c)(3) tax exempt organization. The remaining expenses which include travel, lodging and meals within China, approximately \$3,000 per person, will be paid for by the city governments of the four cities visited by the Mayors. Thus, the estimated market value of the trip is roughly \$5,000 per participant.³

The principal purpose of the trip involves facilitating investment and international trade between China and the Silicon Valley, and the Mayors are attending in their official capacities to

² We received requests for advice on behalf of Mayors Dutra-Vernaci, Mueller and Mayor Pro Tem Salinas. Because the requests all share the same facts and issues, we are treating them as a single request. Also, this advice applies to the remaining Mayors traveling as part of the delegation to China from June 16-27, 2014, assuming the sources of funding are the same as those provided herein.

³ We note that initially there was some confusion as to whether China Silicon Valley Business Development ("China SV") and/or another organization, Chinese People's Association for Friendship with Foreign Countries ("CPAFFC"), were paying for these expenses. However, it was confirmed by counsel for Mayor Dutra-Vernaci that China SV is only coordinating and sponsoring the trip, not providing any funds or services with monetary value. In addition, the city governments of the four cities being visited are coordinating their payments of the participants' expenses while in China through CPAFFC, making the four city governments the true source of those payments. (See Regulation 18945(a) ["The person who makes the gift to the official(s) is the source of the gift unless that person is acting as an intermediary".]) Based on the facts provided, CPAFFC is simply an intermediary for the payments provided by the four city governments.

**Expanded Statement
Marilyn Librers
2014 Filing**

- 1. Morgan Hill City Council Member**
- 2. Morgan Hill Wastewater Facilities Financing Corporation**
- 3. Morgan Hill Financing Authority**
- 4. Corporation Yard Commissioner**
- 5. South County Regional Wastewater Authority (SCRWA)**
- 6. Santa Clara Valley Habitat Agency – Governing Board Member**
- 7. Successor Agency to the Morgan Hill Redevelopment Agency**
- 8. League of California Cities – Executive Board Member**