

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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BY _____

NAME OF FILER (LAST) LINDSEY (FIRST) Thomas (MIDDLE) H

1. Office, Agency, or Court

Agency Name (Do not use acronyms) YORBA LINDA City Council Council 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)

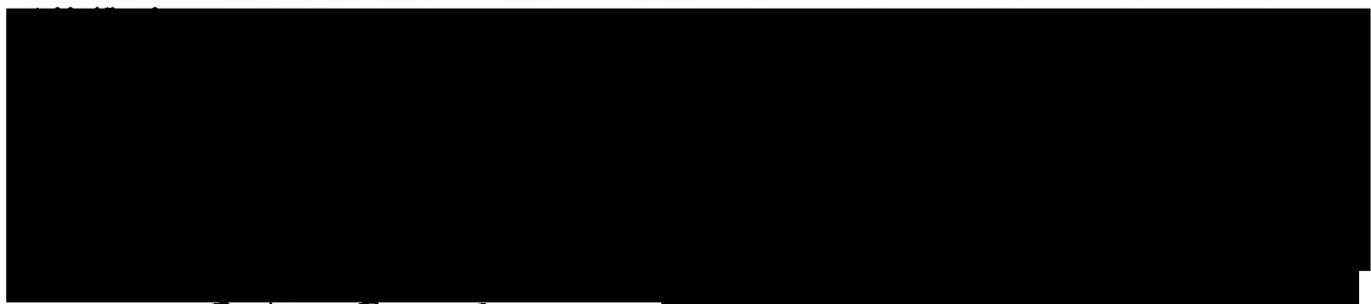
State Judge or Court Commissioner (Statewide Jurisdiction)
 Multi-County _____ County of ORANGE
 City of YORBA LINDA Other _____

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 _____
 Assuming Office: Date assumed _____ The period covered is January 1, 2014, through the date of leaving office.
 Candidate: Election year _____ and office sought, if different than Part 1: _____
 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: 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



Date Signed 3-18-2015
(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.

<p>CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION</p> <p>Name <u>Thomas H Lindsey</u></p>

<p>NAME OF BUSINESS ENTITY <u>Retirement Account (NATIONAL FINANCIAL Services)</u></p> <p>GENERAL DESCRIPTION OF THIS BUSINESS <u>INVESTMENT, Bond FUNDS</u></p> <p>FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input type="checkbox"/> Stock <input checked="" type="checkbox"/> Other <u>BONDS</u> <small>(Describe)</small></p> <p><input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE: <u> </u> / <u> </u> / <u>14</u> <u> </u> / <u> </u> / <u>14</u> ACQUIRED DISPOSED</p>
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<p>NAME OF BUSINESS ENTITY <u>PERS Retirement Account</u></p> <p>GENERAL DESCRIPTION OF THIS BUSINESS <u>BOND FUNDS</u></p> <p>FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input type="checkbox"/> Stock <input type="checkbox"/> Other _____ <small>(Describe)</small></p> <p><input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE: <u> </u> / <u> </u> / <u>14</u> <u> </u> / <u> </u> / <u>14</u> ACQUIRED DISPOSED</p>

<p>NAME OF BUSINESS ENTITY <u>IRA NANNETTE (NFS)</u></p> <p>GENERAL DESCRIPTION OF THIS BUSINESS <u>INVESTMENT, Bond & Mutual funds</u></p> <p>FAIR MARKET VALUE <input checked="" type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input checked="" type="checkbox"/> Other <u>MUTUAL FUNDS & BONDS</u> <small>(Describe)</small></p> <p><input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE: <u> </u> / <u> </u> / <u>14</u> <u> </u> / <u> </u> / <u>14</u> ACQUIRED DISPOSED</p>

<p>NAME OF BUSINESS ENTITY <u>MED ONE CAPITAL 401k</u></p> <p>GENERAL DESCRIPTION OF THIS BUSINESS <u>Qualified Employee Savings Account</u></p> <p>FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input type="checkbox"/> Stock <input checked="" type="checkbox"/> Other <u>BOND FUNDS</u> <small>(Describe)</small></p> <p><input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE: <u> </u> / <u> </u> / <u>14</u> <u> </u> / <u> </u> / <u>14</u> ACQUIRED DISPOSED</p>

<p>NAME OF BUSINESS ENTITY <u>Death Benefit IRA, Thomas Lindsey</u></p> <p>GENERAL DESCRIPTION OF THIS BUSINESS <u>MUTUAL FUNDS, INVESTMENT</u></p> <p>FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other <u>MUTUAL FUNDS</u> <small>(Describe)</small></p> <p><input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE: <u> </u> / <u> </u> / <u>14</u> <u> </u> / <u> </u> / <u>14</u> ACQUIRED DISPOSED</p>
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Comments: ACCOUNTS in the name of "The THOMAS H AND NANNETTE Lindsey Revocable Living Family Trust"

SCHEDULE D
Income – Gifts

Name
Thomas H Ludwig

▶ NAME OF SOURCE (Not an Acronym)
Metropolitan Water District

ADDRESS (Business Address Acceptable)
OF SOUTHERN CALIFORNIA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1/23/2015</u>	<u>\$ 91.83</u>	<u>Aqueduct Tour</u>
___/___/___	\$ _____	<u>Food, HOTEL,</u>
___/___/___	\$ _____	<u>TRANSPORTATION</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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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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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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: * Expenses Confirmed with Stacy Spencer,
MWD (213-217-7054)