

STATEMENT OF ECONOMIC INTERESTS

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COVER PAGE

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CITY MANAGER'S OFFICE

Please type or print in ink.

NAME OF FILER (LAST) LUCIUS (FIRST) CASEY (MIDDLE) JANE
2015 FEB 19 JAN 00

1. Office, Agency, or Court

CITY OF PACIFIC GROVE

Agency Name (Do not use acronyms)

CITY OF PACIFIC GROVE

CITY COUNCIL MEMBER

Division, Board, Department, District, if applicable

Your Position

FORT ORD REUSE AUTHORITY

BOARD MEMBER

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

Agency: Transportation Authority Monterey County

Position: Alternate board member

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County

County of Monterey

City of Pacific Grove

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 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

I, the undersigned, declare under penalty of perjury that the foregoing is true and correct.

Signature

2-16-2015

(File the originally signed statement with your filing official.)

**SCHEDULE D
Income – Gifts**

Name
Casey Lucius

▶ NAME OF SOURCE (Not an Acronym)
Monterey County fair
ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>Oct. 2014</u>	<u>\$100</u>	<u>2 tickets to BBD</u>
___/___/___	\$ _____	<u>(tickets not used)</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Sustainable Pacific Grove
ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>Feb 2014</u>	<u>\$50</u>	<u>book</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Athenian Dialogue
ADDRESS (Business Address Acceptable)

led class for city clerks association
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>Feb. 2014</u>	<u>\$500</u>	<u>paid for 8 hr. class</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Monterey Republican Women Federated
ADDRESS (Business Address Acceptable)

SPDRSpreed a dinner fundraiser
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>Sept. 2014</u>	<u>\$500</u>	<u>bought a table at dinner</u>
___/___/___	\$ _____	<u>(I did not attend the dinner but gave money to event)</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
California America
ADDRESS (Business Address Acceptable)

bought a table at Salvation Army dinner
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>Oct 2014</u>	<u>\$500</u>	<u>two tickets</u>
___/___/___	\$ _____	<u>(donated to Salvation Army)</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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: _____

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Casey Lucius

- 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)
Bergeson Series

ADDRESS (Business Address Acceptable)
Tustin, CA

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Four classes for candidates

DATE(S): 1/24/14 - 1/25/14 AMT: \$ 500.00
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description attended classes in Orange County in Jan and March 2014. The combined cost was \$500.

▶ NAME OF SOURCE (Not an Acronym)
City of Pacific Grove

ADDRESS (Business Address Acceptable)
Pacific Grove, CA

CITY AND STATE

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

DATE(S): 9/3/15 - 9/5/15 AMT: \$ 585
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description Represented city Council at League of CA cities Annual conference. (conf. fee \$500)

▶ 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: _____