

STATEMENT OF ECONOMIC INTERESTS

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COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Morris Elizabeth

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Delano City Council

Division, Board, Department, District, if applicable

Your Position

Councilwoman

► 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 Delano, California Other _____

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 01 / 01 / 2014, 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: _____

- 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

herein and in any attached schedules is true and complete. I acknowledge
I certify under penalty of perjury under the laws of the State

Date Signed 03-12-15
(month, day, year)

SCHEDULE D
Income – Gifts

Name
 Elizabeth Morris

▶ NAME OF SOURCE (Not an Acronym)
 Southern California Gas Company

ADDRESS (Business Address Acceptable)
 3701 Pegasus Dr Ste. 114, Bakersfield, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Customer Appreciation Dinner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 10 / 14	\$ 190.00	Dinner for 2
/ /	\$	
/ /	\$	

▶ 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)
 P.O. Box 10656, Bakersfield, Ca. 93389-0656

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 So. San Joaquin Valley Div. Exec. Board Mtg.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 09 / 14	\$ 30.68	Dinner
03 / 13 / 14	\$ 33.62	Dinner
05 / 08 / 14	\$ 33.32	Dinner

▶ 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)
 P.O. Box 10656, Bakersfield, CA, 93389-0656

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 So. San Joaquin Valley Div. Exec. Mtg.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 10 / 14	\$ 35.23	Dinner
09 / 11 / 14	\$ 37.76	Dinner
11 / 13 / 14	\$ 33.71	Dinner

▶ 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: _____