

MAR 12 2015

Please type or print in ink.

CG

2015 MAR 26 AM 11:00

NAME OF FILER (LAST) O'Malley (FIRST) TOM (MIDDLE) _____
CITY OF ATASCADERO
CITY CLERK'S OFFICE

1. Office, Agency, or Court

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

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
Agency: Successor Agency / Com. RDA, Atascadero Position: Chair PRISM

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

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

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

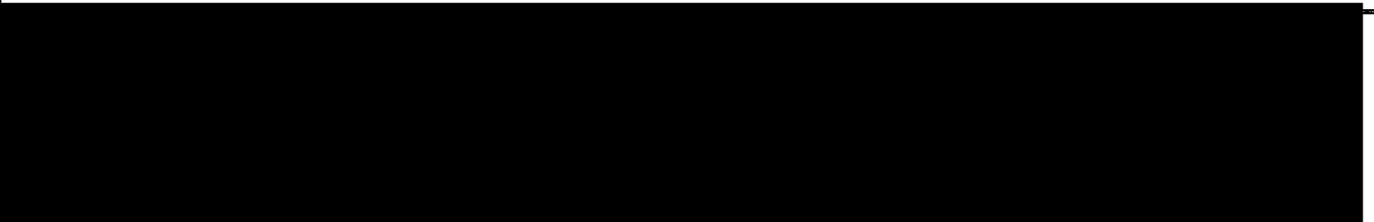
Annual: The period covered is January 1, 2014, through December 31, 2014.
-or- The period covered is _____, through December 31, 2014.
 Assuming Office: Date assumed _____
 Leaving Office: Date Left _____ (Check one)
 The period covered is January 1, 2014, through the date of leaving office.
 The period 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: 9**

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



I have used all reasonable diligence in preparing this statement. I certify that the information herein and in any attached schedules is true and complete. I acknowledge that I am subject to the laws of the State of California. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/12/15
(month, day, year)

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts (Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Tom O'Malley

1-BUSINESS ENTITY OR TRUST Name: Portola Inn / Portola Event Planning Address: PO Box 808 Atascadero CA 93423 Check one: [] Trust, go to 2 [X] Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS FAIR MARKET VALUE: [] \$0 - \$1,999 [] \$2,000 - \$10,000 [] \$10,001 - \$100,000 [X] \$100,001 - \$1,000,000 [] Over \$1,000,000 IF APPLICABLE, LIST DATE: ACQUIRED: / / 14 DISPOSED: / / 14 NATURE OF INVESTMENT: [] Partnership [X] Sole Proprietorship [] Other YOUR BUSINESS POSITION:

2- IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) [] \$0 - \$499 [X] \$10,001 - \$100,000 [] \$500 - \$1,000 [] OVER \$100,000 [] \$1,001 - \$10,000

3- LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary) [X] None or [] Names listed below

4- INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: [] INVESTMENT [] REAL PROPERTY Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property: Description of Business Activity or City or Other Precise Location of Real Property: 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: / / 14 DISPOSED: / / 14 NATURE OF INTEREST: [] Property Ownership/Deed of Trust [] Stock [] Partnership [] Leasehold [] Other Yrs. remaining: [] Check box if additional schedules reporting investments or real property are attached

1-BUSINESS ENTITY OR TRUST Name: Address: Check one: [] Trust, go to 2 [] Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS FAIR MARKET VALUE: [] \$0 - \$1,999 [] \$2,000 - \$10,000 [] \$10,001 - \$100,000 [] \$100,001 - \$1,000,000 [] Over \$1,000,000 IF APPLICABLE, LIST DATE: ACQUIRED: / / 14 DISPOSED: / / 14 NATURE OF INVESTMENT: [] Partnership [] Sole Proprietorship [] Other YOUR BUSINESS POSITION:

2- IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) [] \$0 - \$499 [] \$10,001 - \$100,000 [] \$500 - \$1,000 [] OVER \$100,000 [] \$1,001 - \$10,000

3- LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary) [] None or [] Names listed below

4- INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: [] INVESTMENT [] REAL PROPERTY Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property: Description of Business Activity or City or Other Precise Location of Real Property: 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: / / 14 DISPOSED: / / 14 NATURE OF INTEREST: [] Property Ownership/Deed of Trust [] Stock [] Partnership [] Leasehold [] Other Yrs. remaining: [] Check box if additional schedules reporting investments or real property are attached

Comments:

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
5990 Bojada
 CITY Atascadero

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 / / 14 DISPOSED / / 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
Summers Propert, Management

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
5165 EL Camino
 CITY Atascadero

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 / / 14 DISPOSED / / 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
Summers Propert, Management

* 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
Tomonally

1. INCOME RECEIVED	1. INCOME RECEIVED
NAME OF SOURCE OF INCOME _____ ADDRESS (Business Address Acceptable) _____ BUSINESS ACTIVITY, IF ANY, OF SOURCE _____ YOUR BUSINESS POSITION _____	NAME OF SOURCE OF INCOME _____ ADDRESS (Business Address Acceptable) _____ BUSINESS ACTIVITY, IF ANY, OF SOURCE _____ YOUR BUSINESS POSITION _____
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <small>(For self-employed use Schedule A-2.)</small> <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <small>(Describe)</small> <input type="checkbox"/> Other _____ <small>(Describe)</small>	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <small>(For self-employed use Schedule A-2.)</small> <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <small>(Describe)</small> <input type="checkbox"/> Other _____ <small>(Describe)</small>

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* <u>Margorie Layton</u> ADDRESS (Business Address Acceptable) <u>5436 Regis Place Atascadero CA</u> BUSINESS ACTIVITY, IF ANY, OF LENDER <u>Retired</u> HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	INTEREST RATE <u>7.0</u> % <input type="checkbox"/> None TERM (Months/Years) <u>NA</u> SECURITY FOR LOAN <input checked="" type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ <small>Street address</small> _____ <small>City</small> <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ <small>(Describe)</small>
--	--

Comments: mother-in-law

**SCHEDULE D
Income - Gifts**

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Tom O'Malley

▶ NAME OF SOURCE (Not an Acronym)
Southern Orange County Homeowners Assoc.

ADDRESS (Business Address Acceptable)
4388 Old Santa Fe Road SLO

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Industry Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/12/14</u>	<u>\$ 125</u>	<u>Annual Reception</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)
	\$	
	\$	
	\$	

▶ 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)
	\$	
	\$	
	\$	

Comments: _____