



STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) City/City
O'Loane Philip Gearhart City of San Ramon, CA

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

San Ramon

Division, Board, Department, District, if applicable

City Council

Your Position

Council Member

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

Agency: Traffix

Position: Board Member

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County _____

County of _____

City of San Ramon

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 of 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: 84

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 certify under penalty of perjury under the laws of the State of California

Date Signed 3/22/2015
(month, day, year)

Phil O'Loane

Form 700 Year 2014 Period 1/1/14 through 12/31/14.

Additional Agencies

Successor Agency Board Member

Housing Authority Board Member

Geologic Hazard Abatement District Board Member

Dougherty Regional Fire Authority Board Member

Community Facilities District Board Member

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name Philip G. O'Loane

▶ NAME OF SOURCE *(Not an Acronym)*
Alan Mitchell

ADDRESS *(Business Address Acceptable)*
4080 Mallard Dr., Concord, CA 94520

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Recycling

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 26 / 14	\$ 300	Mount Diablo 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)*
Chris Truebridge

ADDRESS *(Business Address Acceptable)*
2600 Camino Ramon, Suite 201

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Property Management

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 22 / 14	\$ 150	tenant golf outing

▶ 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: _____