

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

RECEIVED
Date Initial Filing
Received
Official Use
MAR 30 2015
BY: [Signature]



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Pope Randy D

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Oakley
Division, Board, Department, District, if applicable
Your Position
Councilman

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

Agency: _____ Position: _____

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
15 APR - 6 PM 3:45

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

- State
- Multi-County _____
- City of Oakley
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of _____
- 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: 2

- 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

Date Signed 03/25/2015
(month, day, year)

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Randy D Pope

- 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)
China Silicon Valley Office of Economic Development
 ADDRESS (Business Address Acceptable)
200 E. Santa Clara ST, 17th Floor
 CITY AND STATE
San Jose, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Non-Profit
 DATE(S): 06 / 16 / 14 - 06 / 27 / 14 AMT: \$ 2,000.00
(If gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
Silicon Valley Mayor's China Trip: Airfare to/from
China

▶ NAME OF SOURCE (Not an Acronym)
Chinese Peoples Association for Friendship with Forei
 ADDRESS (Business Address Acceptable)
No. 1 Taijichang Street
 CITY AND STATE
Doncheng District, Beijing 100740
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Government
 DATE(S): 06 / 16 / 14 - 06 / 27 / 14 AMT: \$ 3,000.00
(If gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
Silicon Valley Mayor's China Trip: Lodging, Travel and
subsistence while in China

▶ NAME OF SOURCE (Not an Acronym)

 ADDRESS (Business Address Acceptable)

 CITY AND STATE

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

 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

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

 DATE(S): ____/____/____ - ____/____/____ AMT: \$_____
(If gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____

Comments: _____