

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

Date of Initial Filing  
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*2-20-15*

Please type or print in ink.

NAME OF FILER (LAST) RAFT (FIRST) CAROLYN (MIDDLE) MARIE

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Montclair

Division, Board, Department, District, if applicable

City Council

Your Position

MAYOR pro Tem

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

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

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

- State
- Multi-County \_\_\_\_\_
- City of Montclair

- 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.

- 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.

Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

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: 1

- 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 2-20-15  
(month, day, year)