CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

CG **COVER PAGE**

Date Initial Filing Received
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Please type or print in ink.

NAME OF FILER (LAST): Rocha (FIRST): Mary Helen (~~MIDDLE~~):

RECEIVED FAIR POLITICAL PRACTICES COMMISSION 2015 APR -2 PM 1:32

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*: City of Antioch

Division, Board, Department, District, if applicable:

Your Position: City Council

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

Agency: City of Antioch as Successor Agency Housing Successor to the Antioch Development Agency Position:

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

- ☐ State
- ☐ Multi-County
- ☒ City of City of Antioch
- ☐ 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 ___/___/___

☐ **Candidate:** Election year ___ and office sought, if different than Part 1:

☐ **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.

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*

5. Verification

[redacted]

I certify under penalty of perjury under the laws of the State of [redacted]

Date Signed March 30, 2015
(month, day, year)

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: Mary Rucker

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*: Pacific Gas Electric
ADDRESS *(Business Address Acceptable)*:
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2/22/2014	$ 100.00	2 dinner tickets 50.00 each
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*: WBLH
ADDRESS *(Business Address Acceptable)*: 930 Colorado Blvd Bldg 2 Los Angeles 90041
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3/27/2014	$ 150.00	Hotel Room
3/28/2014		Holiday Inn Sacramento
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*: IBEW 302
ADDRESS *(Business Address Acceptable)*: 1875 Arnold Dr Martinez
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6/27/2013	$ 75.00	1 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)*: Kaiser Permanente
ADDRESS *(Business Address Acceptable)*:
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9/25/2014	$ 75.00	1 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: