



STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

CG

E-Filed  
03/15/2015  
14:08:20  
Filing ID:  
154560535

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Schneider, Helene

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
CITY OF SANTA BARBARA  
Division, Board, Department, District, if applicable  
Mayor and Council Office  
Your Position  
Mayor  
If filing for multiple positions, list below or on an attachment. (Do not use acronyms)  
Agency: \*SEE ATTACHED FOR ADDITIONAL POSITIONS Position:

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

State Judge or Court Commissioner (Statewide Jurisdiction)  
Multi-County County of Santa Barbara  
City of Santa Barbara 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: 7  
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 03/15/2015 (month, day, year)

**STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
Expanded Statement Attachment**

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Helene Schneider

Agency	Division/Board/Dept/District	Position	Type of Statement
CITY OF SANTA BARBARA	Mayor and Council Office	Mayor	Annual 1/1/2014 - 12/31/2014
SB County Air Pollution Control Dist	SB County Air Pollution Control Dist	Governing Board Member	Annual 1/1/2014 - 12/31/2014
LOSSAN	LOSSAN	Board Member - Alternate	Annual 1/1/2014 - 12/31/2014
SB County Association of Governments	SB County Association of Governments	Board Member	Annual 1/1/2014 - 12/31/2014

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

Name  
Schneider, Helene

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
413 N. Center Court  
CITY  
Orcutt, CA 93454

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED \_\_\_\_\_ DISPOSED \_\_\_\_\_

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  
Gary D. Meissner-Frisk

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
\_\_\_\_\_  
CITY  
\_\_\_\_\_

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED \_\_\_\_\_ DISPOSED \_\_\_\_\_

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

\* 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: \_\_\_\_\_



**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION  
 Name  
Schneider, Helene

**SCHEDULE D**  
**Income - Gifts**

▶ NAME OF SOURCE (Not an Acronym)  
Santa Barbara International Film Festival  
 ADDRESS (Business Address Acceptable)  
 1528 Chapala Street Suite 203  
 Santa Barbara, CA 93101  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Film Festival

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 30 / 14</u>	<u>\$ 170.00</u>	<u>2 tickets to opening night event</u>
<u> / /</u>	<u>\$</u>	<u></u>
<u> / /</u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)  
Milt & Arlene Larsen  
 ADDRESS (Business Address Acceptable)  
 710 Miramonte Drive  
 Santa Barbara, CA 93109  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Owners, The Magic Castle

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 02 / 14</u>	<u>\$ 70.00</u>	<u>2 tickets to Magic Show</u>
<u> / /</u>	<u>\$</u>	<u></u>
<u> / /</u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)  
Lou Dene  
 ADDRESS (Business Address Acceptable)  
 836 River Avenue  
 Bronx, NY 10451  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Owner, Stan's Bar

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 19 / 14</u>	<u>\$ 60.00</u>	<u>Yankees Ticket</u>
<u> / /</u>	<u>\$</u>	<u></u>
<u> / /</u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)  
Joanne Funari  
 ADDRESS (Business Address Acceptable)  
 12 E. Figueroa  
 Santa Barbara, CA 93101  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
President, Bank of Santa Barbara

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 08 / 14</u>	<u>\$ 100.00</u>	<u>ticket to Visiting Nurses &amp; Hospice fundraiser</u>
<u> / /</u>	<u>\$</u>	<u></u>
<u> / /</u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)  
Peter Becket  
 ADDRESS (Business Address Acceptable)  
 34 West Mission St.  
 Santa Barbara, CA 93101  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Architect

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 27 / 14</u>	<u>\$ 250.00</u>	<u>gift certificate to restaurant</u>
<u> / /</u>	<u>\$</u>	<u></u>
<u> / /</u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)  
George Leis  
 ADDRESS (Business Address Acceptable)  
 Union Bank 20 E. Carrillo St.  
 Santa Barbara, CA 93101  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
President, Union Bank

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 09 / 14</u>	<u>\$ 75.00</u>	<u>holiday gift basket</u>
<u> / /</u>	<u>\$</u>	<u></u>
<u> / /</u>	<u>\$</u>	<u></u>

Comments: \_\_\_\_\_

**SCHEDULE D**  
**Income – Gifts**

▶ NAME OF SOURCE (Not an Acronym)  
City of Santa Barbara  
 ADDRESS (Business Address Acceptable)  
Santa Barbara City Hall 735 Anacapa Street  
Santa Barbara, CA 93102  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Municipal Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 29 / 14</u>	<u>\$ 95.00</u>	<u>2015 Waterfront Parking Permit</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)  
UCSB Arts & Lectures  
 ADDRESS (Business Address Acceptable)  
University of CA, Santa Barbara Arts & Lectures Program  
Santa Barbara, CA 93106  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Educational Institution

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 02 / 14</u>	<u>\$ 93.00</u>	<u>ticket to performance</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)  
Pastor Dale Swanson  
 ADDRESS (Business Address Acceptable)  
New Life Church 50 E. Alamar  
Santa Barbara, CA 93105  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Church

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 12 / 14</u>	<u>\$ 75.00</u>	<u>holiday gift basket</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)  
Jim & Susan Petrovich  
 ADDRESS (Business Address Acceptable)  
100 La Vuelta Rd  
Santa Barbara, CA 93108  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Landlord/Attorney

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 03 / 14</u>	<u>\$ 150.00</u>	<u>ticket to Profant Foundation event</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)  
Santa Ynez Band of Chumash Indians  
 ADDRESS (Business Address Acceptable)  
P.O. Box 517  
Santa Ynez, CA 93460  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Tribal Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 19 / 14</u>	<u>\$ 200.00</u>	<u>Ticket to LA Clippers game</u>
<u>12 / 11 / 14</u>	<u>\$ 75.00</u>	<u>holiday gift basket</u>
<u>  /  /  </u>	<u>\$</u>	<u> </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)
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

Comments: \_\_\_\_\_

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

<b>CALIFORNIA FORM 700</b>
FAIR POLITICAL PRACTICES COMMISSION
Name <u>Schneider, Helene</u>

- 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)  
Politico

ADDRESS (Business Address Acceptable)  
1100 Wilson Blvd. Suite 601

CITY AND STATE  
Arlington, VA 22209

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Non-partisan political journalism organization

DATE(S): 12 / 02 / 14 - 12 / 03 / 14 AMT: \$ 845.10  
*(if gift)*

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description travel reimbursement for participating in panel

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

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

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

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

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

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$\_\_\_\_\_  
*(if gift)*

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

Comments: \_\_\_\_\_