

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

CG

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By _____
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NAME OF FILER (LAST) (FIRST) (MIDDLE)
Slowey Jeffrey (Jeff) A.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Citrus Heights City Council
Division, Board, Department, District, if applicable
Your Position
Council Member

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

Agency: Successor Agency for the Comm. Redevelopment Position: Agency (Board Member)

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

- State
- Multi-County _____
- City of Citrus Heights
- 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: 3

- 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. I certify that the information furnished on this form, and in any attached schedules is true and complete. I am not aware of any information that would require this form to be amended or corrected.

I certify under penalty of perjury under the laws of the State of California that the information furnished on this form, and in any attached schedules is true and complete. I am not aware of any information that would require this form to be amended or corrected.

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

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
 Slowey, Jeff

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 Bank of America

ADDRESS (Business Address Acceptable)
 10850 White Rock Rd., Rancho Cordova, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Banking

YOUR BUSINESS POSITION
 Vice President

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

Other _____
 (Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 Wal-Mart

ADDRESS (Business Address Acceptable)
 7000 Auburn Blvd., Citrus Heights, CA 95621

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Retail

YOUR BUSINESS POSITION
 Assistant Manager

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

Other _____
 (Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, 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 _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE _____% None

TERM (Months/Years) _____

SECURITY FOR LOAN
 None Personal residence

Real Property _____

 Street address

 City

Guarantor _____

Other _____
 (Describe)

Comments: _____

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*
 Local Government Commission

ADDRESS *(Business Address Acceptable)*
 1303 J St. # 250, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Local Elected Leaders Resource Center

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 06 / 14	\$ 40.00	Dinner
09 / 18 / 14	\$ 40.00	Dinner
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
 League of California Cities

ADDRESS *(Business Address Acceptable)*
 1400 K St. Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Advocacy for California Cities

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 24 / 14	\$ 29.81	Policy Lunch
04 / 04 / 14	\$ 33.98	Policy Lunch
06 / 20 / 14	\$ 30.36	Policy Lunch

▶ NAME OF SOURCE *(Not an Acronym)*
 Region Builders PAC

ADDRESS *(Business Address Acceptable)*
 1331 T St., Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Building/Development PAC

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 18 / 14	\$ 95.00	BBQ Dinner (me)
08 / 18 / 14	\$ 95.00	BBQ Dinner (spouse)
___ / ___ / ___	\$ _____	_____

▶ 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: _____