

STATEMENT OF ECONOMIC INTERESTS

Received  
Date Initial Filing  
MAY 6 2015  
Official Use Only



COVER PAGE

City Clerk's Office

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Smith Edwin Dale

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Monterey

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: \_\_\_\_\_

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

RECEIVED  
FAIR POLITICAL  
PRACTICES COMMISSION  
15 APR -6 PM 2:42

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

- State
- Multi-County \_\_\_\_\_
- City of Monterey
- 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 12 / 02 / 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.
- Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

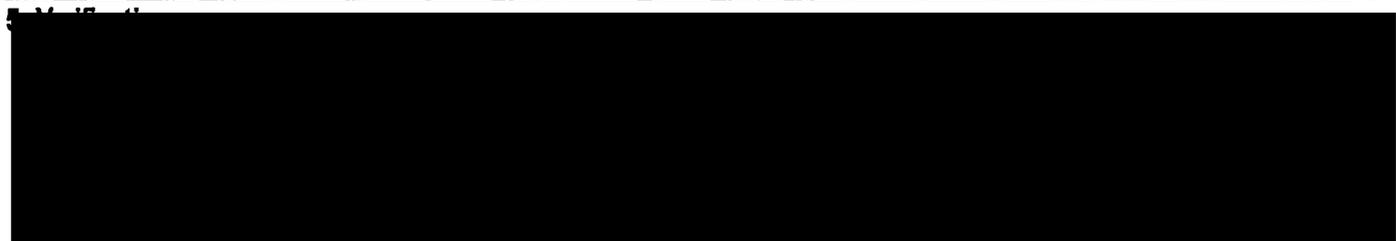
Check applicable schedules or "None."

► Total number of pages including this cover page: \_\_\_\_\_

- 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



I certify under penalty of perjury under the laws of the State of

Date Signed 03/31/2015

(month, day, year)







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

Name  
Edwin D. Smith

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
214 N Santa Rita St.

CITY  
Los Banos, Ca. 93635

FAIR MARKET VALUE  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

IF APPLICABLE, LIST DATE:  
02, 01 years Present  
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

RENTAL  
Home Sweet Home Prop. Management  
1048 6th St. Los Banos, Ca 93635

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
1516 St. James Ave.

CITY  
Los Banos, Ca 93635

FAIR MARKET VALUE  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

IF APPLICABLE, LIST DATE:  
06, 01 2004 Present  
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

RENTAL  
Home Sweet Home Prop. Management  
1048 6th St. Los Banos, Ca 93635

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



**SCHEDULE D**  
**Income – Gifts**

Name  
Edwin D. Smith

▶ NAME OF SOURCE (Not an Acronym)  
Monterey Commercial Property Owners Assoc.  
 ADDRESS (Business Address Acceptable)  
PO BOX 1953, Monterey, Ca. 93942  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
None

| DATE (mm/dd/yy)     | VALUE            | DESCRIPTION OF GIFT(S)             |
|---------------------|------------------|------------------------------------|
| <u>12 / 13 / 14</u> | <u>\$ 180.00</u> | <u>Self &amp; 1, Holiday Party</u> |
| <u> / / </u>        | <u>\$ _____</u>  | <u>_____</u>                       |
| <u> / / </u>        | <u>\$ _____</u>  | <u>_____</u>                       |

▶ NAME OF SOURCE (Not an Acronym)  
Monterey Peninsula Chamber of Commerce  
 ADDRESS (Business Address Acceptable)  
30 Ragsdale # 200, Monterey, Ca 93940  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy)     | VALUE            | DESCRIPTION OF GIFT(S) |
|---------------------|------------------|------------------------|
| <u>03 / 07 / 15</u> | <u>\$ 125.00</u> | <u>Awards Dinner</u>   |
| <u> / / </u>        | <u>\$ _____</u>  | <u>_____</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>           |

▶ NAME OF SOURCE (Not an Acronym)  
The Cannery Row Company  
 ADDRESS (Business Address Acceptable)  
555 Abrego St. Monterey, Ca. 93940  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy)     | VALUE           | DESCRIPTION OF GIFT(S)      |
|---------------------|-----------------|-----------------------------|
| <u>02 / 10 / 15</u> | <u>\$ 90.00</u> | <u>Guest at Com. Dinner</u> |
| <u> / / </u>        | <u>\$ _____</u> | <u>_____</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>           |

▶ 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: \_\_\_\_\_

AT/AN2014

TN

Rec'd  
VIA PDF  
4/24/2015

TN

CALIFORNIA FORM 700  
FAIR POLITICAL PRACTICES COMMISSION

Name

Edwin D Smith

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

- You must 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. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE  
City of Monterey

ADDRESS (Business Address Acceptable)  
355 Madison St.

CITY AND STATE  
Monterey, Ca. 93940

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

---

DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$ 1,720.00  
(if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description  
Stipend for Council member \$430.00 per month

▶ NAME OF SOURCE  
Association of Monterey Bay Area Governments

ADDRESS (Business Address Acceptable)  
PO Box 809

CITY AND STATE  
Marina, Ca. 93933

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

---

DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$ 400.00  
(if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description  
Stipend for Board Membership \$50.00 per meeting

▶ NAME OF SOURCE

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

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: SUBMITTED 4-24-15 THIS PAGE WAS LEFT OUT OF PREVIOUS SUBMISSION.

4-24-15

AT/A02014



Received

APR 24 2015

RECEIVED  
FAIR POLITICAL  
PRACTICES COMMISSION

2015 MAY 15 PM 3:30

**SCHEDULE E  
Income - Gifts**

**Travel Payments, Advances,  
and Reimbursements**

CALIFORNIA FORM 700  
FAIR POLITICAL PRACTICES COMMISSION

Name

Edwin D Smith

- You must 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. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE  
City of Monterey

ADDRESS (Business Address Acceptable)  
355 Madison St.

CITY AND STATE  
Monterey, Ca. 93940

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

---

DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$ 1,720.00  
(if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description  
Stipend for Council member \$430.00 per month

▶ NAME OF SOURCE  
Association of Monterey Bay Area Governments

ADDRESS (Business Address Acceptable)  
PO Box 809

CITY AND STATE  
Marina, Ca. 93933

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

---

DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$ 400.00  
(if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description  
Stipend for Board Membership \$50.00 per meeting

▶ NAME OF SOURCE

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

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: SUBMITTED 4-24-15 THIS PAGE WAS LEFT OUT OF PREVIOUS SUBMISSION.

4-24-15