

**STATEMENT OF ECONOMIC INTERESTS**

CG

**COVER PAGE**

**RECEIVED**  
Date Received  
MAR 19 2015  
CITY OF BISHOP

Please type or print in ink.

NAME OF FILER (LAST) SMITH (FIRST) LAURA (MIDDLE)

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

CITY OF BISHOP

Division, Board, Department, District, if applicable

Your Position

COUNCIL MEMBER

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

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

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

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FAIR POLITICAL  
PRACTICES COMMISSION  
2015 MAR 23 PM 3:23

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

- State
- Multi-County \_\_\_\_\_
- City of BISHOP
- 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, 2013, through December 31, 2013.
- or-
- 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, 2013, 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: 5

- 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**

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

Date Signed 3/19/15 (month, day, year)





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

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
Laura Smith

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Mule Days Celebration

ADDRESS (Business Address Acceptable)  
901 N. Main St. Bishop, CA 93514

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Catering

YOUR BUSINESS POSITION  
Owner

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 Food service  
(Describe)

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Northern Inyo Hospital

ADDRESS (Business Address Acceptable)  
150 Pioneer Ln. Bishop, CA 93514

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Catering

YOUR BUSINESS POSITION  
Owner

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 Food Service  
(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  
Laura Smith

▶ NAME OF SOURCE *(Not an Acronym)*  
Tri-County Fair

ADDRESS *(Business Address Acceptable)*  
PO Box 603 Bishop, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
County Fair

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 01 / 14</u>	<u>\$ 60.00</u>	<u>Entry tickets</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

▶ NAME OF SOURCE *(Not an Acronym)*  
Inyo Council For The Arts

ADDRESS *(Business Address Acceptable)*  
137 S. Main St. Bishop, CA 93514

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Arts Council

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 18 / 14</u>	<u>\$ 60.00</u>	<u>Entry tickets</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)*  
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ADDRESS *(Business Address Acceptable)*  
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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>

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ADDRESS *(Business Address Acceptable)*  
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\_\_\_\_\_

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)*  
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ADDRESS *(Business Address Acceptable)*  
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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: \_\_\_\_\_