

STATEMENT OF ECONOMIC INTERESTS

RECEIVED
Date Initial Filing
Received
Official Use Only
MAR 31 2015
CITY OF TEHACHAPI

COVER PAGE



Please type or print in ink.

NAME OF FILER (LAST) Smith (FIRST) Philip (MIDDLE) Arthur

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Tehachapi

Division, Board, Department, District, if applicable

City Council

Your Position

Council Member

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

Agency: _____ Position: _____

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

- State
- Multi-County _____
- City of Tehachapi
- 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.
- 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.
- Assuming Office: Date assumed ____/____/____
- 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: 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

Date Signed 3-31-15

(month, day, year)

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
15 APR 10 PM 2:23

Which Schedule Do I Use?

Common Reportable Interests

| | |
|--------------|---|
| Schedule A-1 | Stocks, including those held in an IRA or a 401K |
| Schedule A-2 | Business entities (including certain independent contracting), sole proprietorships, partnerships, LLCs, corporations, and trusts |
| Schedule B | Rental property in the jurisdiction |
| Schedule C | Non-governmental salaries of public official and spouse/registered domestic partner |
| Schedule D | Gifts from businesses (such as tickets to sporting or entertainment events) |
| Schedule E | Travel payments from third parties (not your employer) |

Common Non-Reportable Interests

| | |
|--------------|--|
| Schedule A-1 | Insurance policies, government bonds, diversified mutual funds, certain funds similar to diversified mutual funds (such as exchange traded funds) and investments held in certain retirement accounts. See Reference Pamphlet, page 13, for detailed information. (Regulation 18237) |
| Schedule A-2 | Savings and checking accounts and annuities |
| Schedule B | A residence used exclusively as a personal residence (such as a home or vacation cabin) |
| Schedule C | Governmental salary (such as a school district) |
| Schedule D | Gifts from family members |
| Schedule E | Travel paid by your government agency |

Remember:

- ✓ Mark the "No reportable interests" box on Part 4 of the Schedule Summary on the Cover Page if you determine you have nothing to disclose and file the Cover Page only. **Make sure you carefully read all instructions to ensure proper reporting.**
- ✓ The Form 700 is a public document.
- ✓ **Most individuals must consult their agency's conflict of interest code for reportable interests.**
- ✓ Most individuals file the Form 700 with their agencies.
- ✓ When you file your statement, bring a copy to have date stamped for your records.

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name _____

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Xerox Corporation

ADDRESS (Business Address Acceptable)
Stanford, CT

BUSINESS ACTIVITY, IF ANY, OF SOURCE
SR. CUSTOMER Service Engineer

YOUR BUSINESS POSITION

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
Dignity Health

ADDRESS (Business Address Acceptable)
Bakersfield Memorial Hospital

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION
RN, COHN, CM

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: _____