CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

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STATEMENT OF ECONOMIC INTERESTS

CG

COVER PAGE

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FEB 16
CITY OF ANGELS

NAME OF FILER (LAST) (FIRST) (MIDDLE)
SOBON LAMBERT J

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
CITY OF ANGELS

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: CALAVERAS COUNCIL OF GOVERNMENTS
Position: ALTERNATE

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

- ☐ State
- ☐ Multi-County _____
- ☑ City of ANGELS
- ☐ 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 ___/___/_____

☐ **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*

5. Verification

[redacted]

Date Signed 2-10-15
(month, day, year)

[redacted]