

A02014



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CALIFORNIA FORM 700
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STATEMENT OF ECONOMIC INTERESTS
PRACTICES COMMISSION

CITY OF DUNSMUIR

COVER PAGE

2014 DEC 31 PM 1:02

Please type or print in ink

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Spurlock Josh Michael

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Dunsmuir

Division, Board, Department, District, if applicable Your Position
City Councilor

► 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 Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of Dunsmuir Other _____

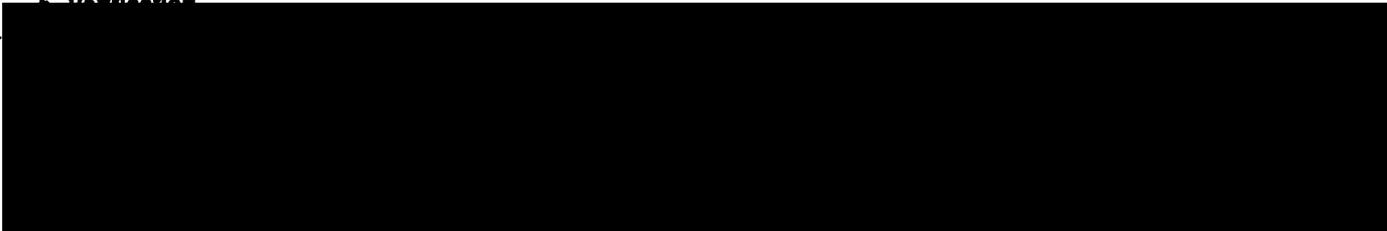
3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2013, through December 31, 2013.
- or-
- The period covered is ____/____/____, through December 31, 2013.
- Assuming Office: Date assumed 12/04/2014
- 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.
- 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



I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 12/22/14
(month, day, year)

SCHEDULE D
Income – Gifts

Name
Josh Spurlock

▶ NAME OF SOURCE (Not an Acronym)
Heather Spurlock

ADDRESS (Business Address Acceptable)
3600 East Monza Drive

BUSINESS ACTIVITY, IF ANY, OF SOURCE
None

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 09 10 14 | 350 | Car Payments |
| ____/____/____ | \$ _____ | _____ |
| ____/____/____ | \$ _____ | _____ |

▶ 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) |
|-----------------|----------|------------------------|
| ____/____/____ | \$ _____ | _____ |
| ____/____/____ | \$ _____ | _____ |
| ____/____/____ | \$ _____ | _____ |

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ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| ____/____/____ | \$ _____ | _____ |
| ____/____/____ | \$ _____ | _____ |
| ____/____/____ | \$ _____ | _____ |

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BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| ____/____/____ | \$ _____ | _____ |
| ____/____/____ | \$ _____ | _____ |
| ____/____/____ | \$ _____ | _____ |

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|-----------------|----------|------------------------|
| ____/____/____ | \$ _____ | _____ |
| ____/____/____ | \$ _____ | _____ |
| ____/____/____ | \$ _____ | _____ |

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|-----------------|----------|------------------------|
| ____/____/____ | \$ _____ | _____ |
| ____/____/____ | \$ _____ | _____ |
| ____/____/____ | \$ _____ | _____ |

Comments: _____