

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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NAME OF FILER (LAST) (FIRST) (MIDDLE)
Swearengin Ashley N

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Fresno
Division, Board, Department, District, if applicable Your Position
Office of the Mayor Mayor

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

Agency: See Attachment A Position:

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

- State Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County County of Fresno
- City of Fresno Other Portions of Downtown Fresno, Fresno County

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

- Annual: The period covered is January 1, 2014, through December 31, 2014.
- Leaving Office: Date Left ____/____/____ (Check one)
- Assuming Office: Date assumed ____/____/____
- Candidate: Election year ____ and office sought, if different than Part 1: ____
- The period covered is January 1, 2014, 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: 7
- Schedule A-1 - Investments - schedule attached
 - Schedule C - Income, Loans, & Business Positions - schedule attached
 - Schedule A-2 - Investments - schedule attached
 - Schedule D - Income - Gifts - schedule attached
 - Schedule B - Real Property - schedule attached
 - Schedule E - Income - Gifts - Travel Payments - schedule attached
 - None - No reportable interests on any schedule

5. [Redacted]

herein and in any attached schedules is true and complete. I acknowledge and certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3.26.15
(month, day, year)

Mayor Ashley Swearengin

**Statement of Economic Interests 2014
Multiple Positions – Additional Agencies**

Attachment A

City of Fresno – Office of the Mayor

City: Fresno

Position: Mayor

CG

California Partnership for the San Joaquin Valley

State: California

Position: Chair, Board Member

Downtown Fresno Partnership

Other: Portions of Downtown Fresno, Fresno County

Position: Board Member

Fresno Council of Governments Policy Board

County: Fresno

Position: Board Member

Fresno County Transportation Authority

County: Fresno

Position: Board Member

Fresno County Zoo Authority

County: Fresno

Position: Board Member

Regional Transportation Mitigation Fee Agency Board

County: Fresno

Position: Board Member

CG

San Joaquin River Conservancy Governing Board

State: California

Position: Board Member– Alternate Appointee Designated

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

CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small> Name Ashley Swearengin

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
River Ministries of Fresno

ADDRESS (Business Address Acceptable)
4450 North Brawley - Fresno, CA 93722

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Church

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
Comcast

ADDRESS (Business Address Acceptable)
1945 North Helm - Fresno, CA 93727

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Communications

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 Spouse receives services in lieu of salary.
(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
Ashley Swearengin

▶ NAME OF SOURCE (Not an Acronym)
Congressman Jim Costa

ADDRESS (Business Address Acceptable)
1314 Longworth HOB - Washington, DC 20515

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Elected Official

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 05 / 14</u>	<u>\$ 75.00</u>	<u>Dinner Meeting</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
City of Dallas

ADDRESS (Business Address Acceptable)
1500 Marilla Street - Dallas, TX 75201

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Local Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 05 / 14</u>	<u>\$ 25.00</u>	<u>Coffee & Board Game</u>
<u>06 / 05 / 14</u>	<u>\$ 40.00</u>	<u>Dallas Coasters</u>
<u>06 / 19 / 14</u>	<u>\$ 15.00</u>	<u>Tote Bag</u>

▶ NAME OF SOURCE (Not an Acronym)
Perennial Strategy Group

ADDRESS (Business Address Acceptable)
1455 Pennsylvania Ave NW - Washington, DC 20004

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Government Relations and Public Affairs

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 21 / 14</u>	<u>\$ 125.00</u>	<u>Sponsored USCM</u>
<u> / / </u>	<u>\$</u>	<u>Dinner with Mayor</u>
<u> / / </u>	<u>\$</u>	<u>Michael Nutter</u>

▶ NAME OF SOURCE (Not an Acronym)
United One Productions

ADDRESS (Business Address Acceptable)
3985 N Fresno Street - Fresno, CA 93726

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non Profit - Community Based Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 01 / 14</u>	<u>\$ 50.00</u>	<u>Fruit Arrangement</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Allied Professional Insurance Company

ADDRESS (Business Address Acceptable)
1100 W Town & Country Rd, #1400 - Orange, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Insurance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 30 / 14</u>	<u>\$ 130.00</u>	<u>Fresno State vs. USC</u>
<u> / / </u>	<u>\$</u>	<u>Tickets (2 @ \$65)</u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Fresno State University

ADDRESS (Business Address Acceptable)
5241 N Maple Ave. - Fresno, CA 93740

BUSINESS ACTIVITY, IF ANY, OF SOURCE
University

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 10 / 14</u>	<u>\$ 390.00</u>	<u>Fresno State vs.</u>
<u> / / </u>	<u>\$</u>	<u>Nevada (6 @ \$65)</u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

SCHEDULE D Income – Gifts

Name
Ashley Swearengin

▶ NAME OF SOURCE (Not an Acronym)
Fresno Chamber of Commerce
ADDRESS (Business Address Acceptable)
2331 Fresno Street - Fresno, CA 93721
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Chamber

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 24 / 14</u>	<u>\$ 50.00</u>	<u>State of the County</u>
<u> / / </u>	<u>\$ </u>	<u>seated at table with</u>
<u> / / </u>	<u>\$ </u>	<u>Supervisor Borgeas</u>

▶ NAME OF SOURCE (Not an Acronym)
Ingram Content Group
ADDRESS (Business Address Acceptable)
3145 S. Northpointe Drive, Suite 103, Fresno, CA 93725
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Print and Distribution Facility

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 03 / 14</u>	<u>\$ 80.00</u>	<u>3 Books (estimated value)</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
San Francisco Giants
ADDRESS (Business Address Acceptable)
24 Willie Mays Plaza - San Francisco, CA 94107
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Professional Baseball

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 15 / 14</u>	<u>\$ 440.00</u>	<u>Baseball 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)

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: * Three Tickets were received, at \$175 each, totaling \$525.00. This amount exceeded the gift limit of \$440 by \$85.00. Mayor reimbursed the San Francisco Giants \$85.00 on October 17, 2014.

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

Name
 Ashley Swearingin

- 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 or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)
 German Marshall Fund of the United States

ADDRESS (Business Address Acceptable)
 1744 R Street NW

CITY AND STATE
 Washington, DC 20009

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

DATE(S): 08/20/14 - 08/22/14 AMT: \$ 402.21
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ NAME OF SOURCE (Not an Acronym)
 Markle Foundation

ADDRESS (Business Address Acceptable)
 10 Rockefeller Center, 16th Floor

CITY AND STATE
 New York, NY 10020

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

DATE(S): 02/28/14 - 03/03/14 AMT: \$ 1,378.04
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

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 (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

Comments: Markle: Lodging, meals and transfers provided to Mayor for participation in seminar.

German Marshall Fund: Lodging and meals reimbursed to the City.