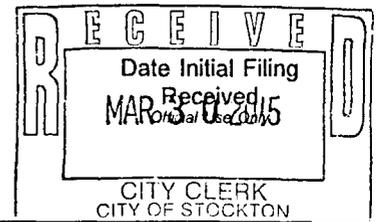


STATEMENT OF ECONOMIC INTERESTS

COVER PAGE



Please type or print in ink.

NAME OF FILER (LAST) Tubbs (FIRST) Michael (MIDDLE) Demick

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Stockton Councilmember District 6

Division, Board, Department, District, if applicable

Your Position

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 Stockton, Judge or Court Commissioner, County of, Other

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. Assuming Office: Date assumed. Candidate: Election year and office sought.

4. Schedule Summary

Check applicable schedules or "None."

Total number of pages including this cover page: 3

- Schedule A-1, A-2, B, C, D, E, None - No reportable interests on any schedule

Date Signed (month, day, year)

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
Michael Tubo

- 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)
True Sun Productions

ADDRESS (Business Address Acceptable)
2200 Geng Road Suite 100

CITY AND STATE
Palo Alto, California 94303

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

DATE(S): ____/____/____ AMT: \$ 1,500.00
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description
Spoke @ management for film festival, made a speech

▶ NAME OF SOURCE (Not an Acronym)
True Sun Productions

ADDRESS (Business Address Acceptable)
2200 Geng Road Suite 100

CITY AND STATE
Palo Alto, California 94303

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

DATE(S): ____/____/____ AMT: \$ 800.00
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description Made a speech
Travel to speak

▶ NAME OF SOURCE (Not an Acronym)
True Sun Productions

ADDRESS (Business Address Acceptable)
2200 Geng Road Suite 100

CITY AND STATE
Palo Alto, CA 94303

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

DATE(S): ____/____/____ AMT: \$ 800.00
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description Travel to
Speak

▶ 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: \$

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description

Comments: _____

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
Michael Tubbs

- 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)
Clinton Global Initiative

ADDRESS (Business Address Acceptable)
1271 Avenue of the Americas

CITY AND STATE
New York, New York 10020

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

DATE(S): ____/____/____ AMT: \$ 300.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description Flight to
Speak on panel

▶ NAME OF SOURCE (Not an Acronym)
Fusion Network

ADDRESS (Business Address Acceptable)
8551 NW Terrace

CITY AND STATE
Portland, OR 97222

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

DATE(S): ____/____/____ AMT: \$ 700.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description Spoke on panel
about young people's policies
at Rise Up Conference in DC

▶ NAME OF SOURCE (Not an Acronym)
CASE Foundation

ADDRESS (Business Address Acceptable)
1717 Rhode Island Ave, NW

CITY AND STATE
Washington, D.C.

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

DATE(S): ____/____/____ AMT: \$ 700.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description Spoke on
panel about Millennials
in politics at Man Africa

▶ NAME OF SOURCE (Not an Acronym)
Pico Network

ADDRESS (Business Address Acceptable)
171 Santa Rosa Ave

CITY AND STATE
Oakland, CA, 94612

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

DATE(S): ____/____/____ AMT: \$ 600.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description White House
meeting & panel @ America
Way Foundation

Comments: _____