



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) 15 MAR 30 11:29 AM  
WEIR, JR. KENTON A  
BAKERSFIELD CITY CLERK

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

CITY OF BAKERSFIELD

Division, Board, Department, District, if applicable

WARD 3

Your Position

CITY COUNCIL

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

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

RECEIVED  
FAIR POLITICAL  
PRACTICES COMMISSION  
15 APR 13 PM 1:2

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

- State
- Multi-County \_\_\_\_\_
- City of BAKERSFIELD
- 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**

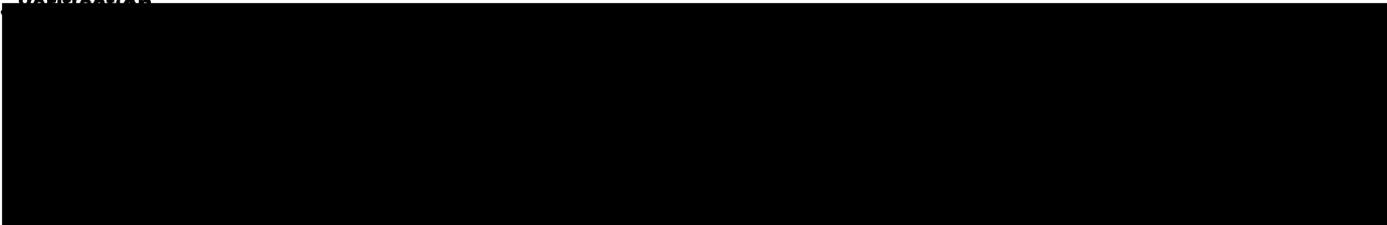
Check applicable schedules or "None."

▶ 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**



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

Date Signed 03/30/2015  
(month, day, year)

**SCHEDULE A-1  
Investments**

**Stocks, Bonds, and Other Interests**  
(Ownership Interest is Less Than 10%)  
*Do not attach brokerage or financial statements.*

<b>CALIFORNIA FORM 700</b> <small>—FAIR-POLITICAL-PRACTICES-COMMISSION—</small>
Name <b>KENTON A. WEIR, JR.</b>

▶ NAME OF BUSINESS ENTITY  
**CHESAPEAKE GOLD CORP.**

GENERAL DESCRIPTION OF THIS BUSINESS

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**MINERAL HOLDINGS**

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/14      \_\_\_\_\_/\_\_\_\_\_/14  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

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 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/14      \_\_\_\_\_/\_\_\_\_\_/14  
 ACQUIRED                      DISPOSED

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NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/14      \_\_\_\_\_/\_\_\_\_\_/14  
 ACQUIRED                      DISPOSED

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(Describe)  
 Partnership     Income Received of \$0 - \$499  
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IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/14      \_\_\_\_\_/\_\_\_\_\_/14  
 ACQUIRED                      DISPOSED

Comments: \_\_\_\_\_



**SCHEDULE D**  
**Income – Gifts**

▶ NAME OF SOURCE (Not an Acronym)  
**MAYOR HARVEY HALL**

ADDRESS (Business Address Acceptable)  
**BAKERSFIELD, CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**HALL AMBULANCE**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / / 14	\$ 75.00	POINSETTIA
/ /	\$	
/ /	\$	

▶ 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)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
**AARON RIVANI**

ADDRESS (Business Address Acceptable)  
**LOS ANGELES, CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**REAL ESTATE & DEVELOPMENT**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / / 14	\$ 85.00	GIFT BASKET
/ /	\$	
/ /	\$	

▶ 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)
/ /	\$	
/ /	\$	
/ /	\$	

▶ 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)
/ /	\$	
/ /	\$	
/ /	\$	

▶ 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)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: \_\_\_\_\_

KENTON A. WEIR, JR.  
ATTACHMENT TO FORM 700

SCHEDULE A-2, WEIR & ASSOCIATES ACCOUNTANCY CORPORATION

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000  
OR MORE

CISNEROS RESTAURANTS, INC., LOS HERMANOS RESTAURANTS, QUE PASA  
MEXICAN CAFÉ, THE CATERING STOP, BALDO CISNEROS

CUMMINGS VACUUM SERVICE, INC.

THE DAILY REPORT, INC.

DOWNS EQUIPMENT RENTAL, INC, PRO GRADE IRON, LLC, GB  
NACIMIENTO, LLC, BEARDSLEY, LLC, BWST PROPERTIES

ST JOHN MISSIONARY BAPTIST CHURCH

TECHNICAL WIRELINE, INC.