



STATEMENT OF ECONOMIC INTERESTS

Received Date Received Official Use Only FEB 21 2015

COVER PAGE

Town of San Anselmo

Please type or print in ink.

CG

NAME OF FILER (LAST) WRIGHT (FIRST) JOHN (MIDDLE) DAVID

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

TOWN OF SAN ANSELMO

Division, Board, Department, District, if applicable

Your Position

Councilmember

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

Agency:

Position:

RECEIVED FAIR POLITICAL PRACTICES COMMISSION 5 MAR 19 PM 5:01

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

- State, Multi-County, City of SAN ANSELMO, Judge or Court Commissioner, County of MARIN, 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 12/10/2013 through December 31, 2014. Assuming Office, Candidate, Leaving Office, The period covered is January 1, 2013, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

Total number of pages including this cover page: 3

- 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, None - No reportable interests on any schedule



Date Signed

2/19/15

(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.

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION
 Name
JOHN D. WRIGHT

▶ NAME OF BUSINESS ENTITY
Wells Fargo & Company

GENERAL DESCRIPTION OF THIS BUSINESS
Banking

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:
 _____ / _____ / 13 _____ / _____ / 13
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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Comments: _____

