

STATEMENT OF ECONOMIC INTERESTS

CG

COVER PAGE

Received

City of Fowler

Date Initial Filing

Received

City Clerk

Date 3/18/15

Please type or print in ink.

NAME OF FILER (LAST) Cardenas (FIRST) David (MIDDLE) T.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Fowler

Division, Board, Department, District, if applicable

Your Position

Mayor

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

Agency: SKF Sanitation Dist., Fresno County Council -Govts.

Position: Boardmember

RECEIVED FAIR POLITICAL PRACTICES COMMISSION 15 MAR 23 PM 5:31

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

- State, Multi-County, City of, Judge or Court Commissioner, County of Fresno, Other

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

- Annual, Leaving Office, Assuming Office, Candidate

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

5.

Date Signed 03/18/2015 (month, day, year)

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

▶ 1. BUSINESS ENTITY OR TRUST

Dave's Auto Service
Name
117 S. 7th Street Fowler, CA 93625
Address (Business Address Acceptable)
Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS
Auto repair shop

FAIR MARKET VALUE **IF APPLICABLE, LIST DATE:**

\$0 - \$1,999 / / 14 / / 14
 \$2,000 - \$10,000 / / 14 / / 14
 \$10,001 - \$100,000 / / 14 / / 14
 \$100,001 - \$1,000,000 / / 14 / / 14
 Over \$1,000,000 / / 14 / / 14

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None or Names listed below

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Dave's Auto Service
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
343-171-20

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE **IF APPLICABLE, LIST DATE:**

\$2,000 - \$10,000 / / 14 / / 14
 \$10,001 - \$100,000 / / 14 / / 14
 \$100,001 - \$1,000,000 / / 14 / / 14
 Over \$1,000,000 / / 14 / / 14

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

Comments: _____

▶ 1. BUSINESS ENTITY OR TRUST

Name
Address (Business Address Acceptable)
Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE **IF APPLICABLE, LIST DATE:**

\$0 - \$1,999 / / 14 / / 14
 \$2,000 - \$10,000 / / 14 / / 14
 \$10,001 - \$100,000 / / 14 / / 14
 \$100,001 - \$1,000,000 / / 14 / / 14
 Over \$1,000,000 / / 14 / / 14

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

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 \$100,001 - \$1,000,000 / / 14 / / 14
 Over \$1,000,000 / / 14 / / 14

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

SCHEDULE D
Income – Gifts

Name
David T. Cardenas

▶ NAME OF SOURCE *(Not an Acronym)*
Lozano Smith

ADDRESS *(Business Address Acceptable)*
7404 N. Spalding Ave. Fresno CA 93720

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 03 / 14	\$ 144.00	Dinner - League Conf.
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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: _____

2013-15 FPPC Form 700 Statement of Economic Interests
Attachment - listing multiple agencies

David T. Cardenas

Office, Agency, or Court - Multiple positions:

Fresno County Regional Transportation Mitigation Fee Agency

Fresno County Rural Transit Agency

Consolidated Mosquito Abatement District

Fresno County Transportation Authority