

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE



Date: Initial Filing Received
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FEB 26 2015
SLOTTEN ERK

Please type or print in ink.

NAME OF FILER (LAST) CHRISTIANSON (FIRST) CARLYN (MIDDLE) RAE

1. Office, Agency, or Court

Agency Name (Do not use acronyms) City of San Luis Obispo City Council Member
Division, Board, Department, District, if applicable Administration 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 Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of San Luis Obispo 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 ____/____/____ (Check one)
- or- The period covered is ____/____/____, through ____/____/____. The period covered is January 1, 2014, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____. 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: 3
- 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
- or- None - No reportable interests on any schedule

Date Signed 2/26/2015
(month, day, year)

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
 Carlyn Christianson

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 Coastal Anesthesiology Medical Associates

ADDRESS (Business Address Acceptable)
 P.O. Box 1185, San Luis Obispo, CA 93406

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Medical practice

YOUR BUSINESS POSITION
 Practice Administrator

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

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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)

▶ 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*
 Mary R. Kmetovic Trust

ADDRESS (Business Address Acceptable)
 38 Country Club Gate, Pacific Grove, CA

BUSINESS ACTIVITY, IF ANY, OF LENDER
 retired

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE TERM (Months/Years)
 6% None

SECURITY FOR LOAN
 None Personal residence

Real Property _____
 Street address

_____ City

Guarantor _____

Other _____
 (Describe)

Comments: Loan from mother for personal residence (stock cooperative, not real property)