RECEIVED
CITY OF MILLBRAE

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE (PG 1 of 2)

CG

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FAIR POLITICAL PRACTICES COMMISSION
2015 APR -3 PM 2:25

Date Initial Filing Received
MAR 31 2015
Official Use Only

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
COLAPIETRO	MARGE	J.

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
CITY of MILLBRAE

Division, Board, Department, District, if applicable
CITY COUNCIL

Your Position
COUNCILWOMAN

► If filing for multiple positions, list below or on an attachment. *(Do not use acronyms)*
Agency: OVERSIGHT BOARD for the SUCCESSOR AGENCY TO THE MILLBRAE REDEVELOPMENT AGENCY
Position: BOARD MEMBER

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

- ☐ State
- ☐ Multi-County _____
- ☒ City of MILLBRAE
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☒ County of SAN MATEO
- ☐ 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 ___/___/_____

☐ **Candidate:** Election year _____ and office sought, if different than Part 1: _____

☐ **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.

4. Schedule Summary
Check applicable schedules or "None."

► ***Total number of pages including this cover page:*** TWO (2)

- ☐ **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*

[redacted]

I certify under penalty of perjury under the laws of the Sta[redacted]

Date Signed March 16, 2015
(month, day, year)

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
COLAPIETRO, MARGE J.

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SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
SOUTH SAN FRANCISCO SCAVENGER CO., INC.
ADDRESS *(Business Address Acceptable)*
500 EAST JAMIE COURT
SO. SAN FRANCISCO, CA 94080
BUSINESS ACTIVITY, IF ANY, OF SOURCE
SCAVENGER/RECYCLING SERVICES

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/06/14	$ 56.00	HOLIDAY DINNER
12/16/14	$ 65.00 (XX)	FOOD GIFT BAG & BOTTLE WINE
/ /	$	

► 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: (XX) BAG OF FOOD ITEMS DONATED TO: [redacted] SAINT BRUNO CHURCH HOMELESS SHELTER, SAN BRUNO CA (M2)