

STATEMENT OF ECONOMIC INTERESTS

CITY OF SANTA PAULA
DEPUTY CITY CLERK

COVER PAGE

DEC 15 2014

CG

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
CROSSWHITE JENNY M.

RECEIVED

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

SANTA PAULA CITY COUNCIL

Division, Board, Department, District, if applicable

Your Position

CITY COUNCIL MEMBER

► 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
- Multi-County _____
- City of SANTA PAULA
- 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, 2013, through December 31, 2013.
- or-
- The period covered is ____/____/____, through December 31, 2013.
- Assuming Office: Date assumed 12 / 01 / 2014
- Leaving Office: Date Left ____/____/____ (Check one)
- The period covered is January 1, 2013, 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

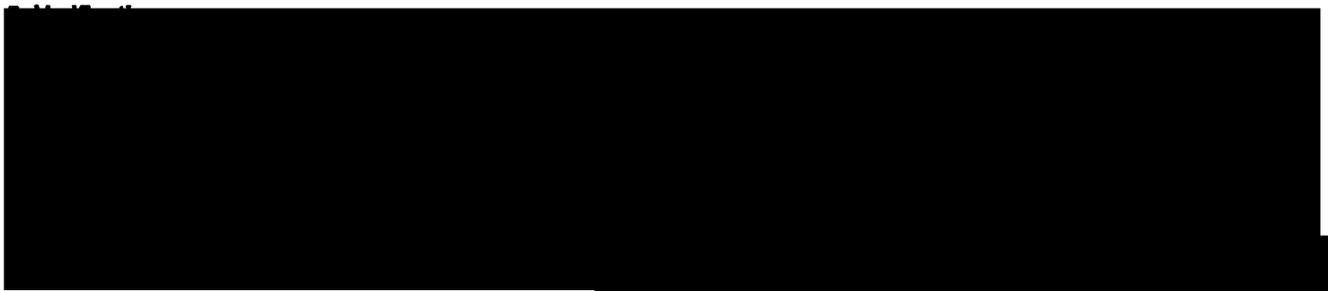
Check applicable schedules or "None."

► 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



Date Signed 12/12/14
(month, day, year)

**SCHEDULE D
Income – Gifts**

CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name
CROSSWHITE, JENNY M

▶ NAME OF SOURCE *(Not an Acronym)*
Limoneira Co.

ADDRESS *(Business Address Acceptable)*
1141 Cummings Road, Santa Paula, CA 93060

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 10 / 14</u>	<u>\$ 70.00</u>	<u>Lemons/Cutting board</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ 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)
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

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<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
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<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
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<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

Comments: _____