

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
DeLaney Lara E.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Contra Costa County
Division, Board, Department, District, if applicable
County Administrator's Office
Your Position
Senior Deputy County Administrator

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

Agency: City of Martinez Position: City Councilmember

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

- State Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of Contra Costa
- City of Martinez 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 December 31, 2014. 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." 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

► Total number of pages including this cover page: _____

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/17/2015
(month, day, year)

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
2015 MAR 23 PM 3:32

SCHEDULE D
Income – Gifts

Name
 DeLaney, Lara E.

▶ NAME OF SOURCE (Not an Acronym)
IBEW Local #302

ADDRESS (Business Address Acceptable)
 1875 Arnold Drive, Martinez

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Electricians Union

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 01 / 29 / 14 | \$ 50.00 | luncheon |
| 09 / 19 / 14 | \$ 150.00 | Labor-to-Labor dinner |
| / / | \$ | |

▶ NAME OF SOURCE (Not an Acronym)
Shell Martinez Refinery

ADDRESS (Business Address Acceptable)
 3485 Pacheco Blvd., Martinez

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Petroleum Refining

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 01 / 23 / 14 | \$ 90.00 | Dinner |
| / / | \$ | |
| / / | \$ | |

▶ NAME OF SOURCE (Not an Acronym)
League of California Cities

ADDRESS (Business Address Acceptable)
 1400 K St., Sacramento CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Association for CA Cities

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 01 / 24 / 14 | \$ 30.00 | Box lunch |
| / / | \$ | |
| / / | \$ | |

▶ 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: _____