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

STATEMENT OF ECONOMIC INTERESTS

CG **COVER PAGE**

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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Delgado	Bruce	C.

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
City of Marina

Division, Board, Department, District, if applicable

MAYOR
Your Position

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

Agency: _____ Position: _____

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

- ☐ State
- ☐ Multi-County _____
- ☒ City of MARINA
- ☐ 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, 2014, through December 31, 2014.

-or-

The period covered is ___/___/_____, through December 31, 2014.

☐ **Assuming Office:** Date assumed ___/___/_____

☐ **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.

☐ **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:*** 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]

Date Signed 02/20/2015
(month, day, year)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Bruce Delgado

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*
ATT National Pro AM
ADDRESS *(Business Address Acceptable)*
1 Lower Ragsdale Dr. Bldg. 3 Ste 100 Mty. CA 93940
BUSINESS ACTIVITY, IF ANY, OF SOURCE
golf tournament organizer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 06 / 14	$ 300.00	two tickets
/ /	$	
/ /	$	

▶ 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)*
Monterey County Fair
ADDRESS *(Business Address Acceptable)*
2004 Fairground Rd. Mty. CA 93940
BUSINESS ACTIVITY, IF ANY, OF SOURCE
County Fair Organizer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 02 / 14	$ 40.00	two tickets
/ /	$	
/ /	$	

▶ 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: