

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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CG

CITY OF ST HELENA

NAME OF FILER (LAST) DOHRING (FIRST) PAUL (MIDDLE) J

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of St. Helena

Division, Board, Department, District, if applicable

Your Position

City Council Member

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FAIR POLITICAL
PRACTICES COMMISSION
2015 APR - 2 PM 1:46

► 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 St. Helena

- 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.

- 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.

Assuming Office: Date assumed 12 / 09 / 2014

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

Date Signed January 6, 2015
(month, day, year)

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Paul J. Dohring

▶ 1. BUSINESS ENTITY OR TRUST

Law Offices of Paul J. Dohring
Name

1220 Washington Street, Calistoga, CA 94515
Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

Law Practice

<p>FAIR MARKET VALUE</p> <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<p>IF APPLICABLE, LIST DATE:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"> <input type="checkbox"/> <u> </u>/<u> </u>/<u>14</u> ACQUIRED </td> <td style="text-align: center;"> <input type="checkbox"/> <u> </u>/<u> </u>/<u>14</u> DISPOSED </td> </tr> </table>	<input type="checkbox"/> <u> </u> / <u> </u> / <u>14</u> ACQUIRED	<input type="checkbox"/> <u> </u> / <u> </u> / <u>14</u> DISPOSED
<input type="checkbox"/> <u> </u> / <u> </u> / <u>14</u> ACQUIRED	<input type="checkbox"/> <u> </u> / <u> </u> / <u>14</u> DISPOSED		

NATURE OF INVESTMENT

 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION Attorney/Owner

▶ 1. BUSINESS ENTITY OR TRUST

Name _____

Address (Business Address Acceptable) _____

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

<p>FAIR MARKET VALUE</p> <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<p>IF APPLICABLE, LIST DATE:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"> <input type="checkbox"/> <u> </u>/<u> </u>/<u>14</u> ACQUIRED </td> <td style="text-align: center;"> <input type="checkbox"/> <u> </u>/<u> </u>/<u>14</u> DISPOSED </td> </tr> </table>	<input type="checkbox"/> <u> </u> / <u> </u> / <u>14</u> ACQUIRED	<input type="checkbox"/> <u> </u> / <u> </u> / <u>14</u> DISPOSED
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NATURE OF INVESTMENT

 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

 \$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

 None or Names listed below

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

 \$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

 None or Names listed below

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____

Description of Business Activity or City or Other Precise Location of Real Property _____

<p>FAIR MARKET VALUE</p> <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<p>IF APPLICABLE, LIST DATE:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"> <input type="checkbox"/> <u> </u>/<u> </u>/<u>14</u> ACQUIRED </td> <td style="text-align: center;"> <input type="checkbox"/> <u> </u>/<u> </u>/<u>14</u> DISPOSED </td> </tr> </table>	<input type="checkbox"/> <u> </u> / <u> </u> / <u>14</u> ACQUIRED	<input type="checkbox"/> <u> </u> / <u> </u> / <u>14</u> DISPOSED
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NATURE OF INTEREST

 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

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Comments: _____