01400073-NFH-0073

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

1036302

Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Initial Filing Received
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FEB - 2 2015
CITY OF GONZALES

CG

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Funk, Scott		

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Gonzales

Division, Board, Department, District, if applicable: City Council

Your Position: Council Member

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

Agency: *SEE ATTACHED FOR ADDITIONAL POSITIONS

Position:

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15 MAR 23 PM 3:56

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

- [X] State
- [X] Multi-County Monterey, Santa Cruz, San Benito
- [X] City of Gonzales
- [ ] Judge or Court Commissioner (Statewide Jurisdiction)
- [X] County of Monterey
- [ ] Other

3. Type of Statement *(Check at least one box)*

[X] **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:** 5

- [X] **Schedule A-1** - *Investments* – schedule attached
- [ ] **Schedule A-2** - *Investments* – schedule attached
- [ ] **Schedule B** - *Real Property* – schedule attached
- [X] **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- [X] **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 02/01/2015
(month, day, year)

SP

01400073-NFH-0073

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
Expanded Statement Attachment

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Scott Funk SF

Agency	Division/Board/Dept/District	Position	Type of Statement
COUNTY OF MONTEREY	Salinas Valley Solid Waste Authority (SVSWA)	Alternate Director	Annual 1/1/2014 - 12/31/2014
AMBAG	Board	Director	Annual 1/1/2014 - 12/31/2014
Gonzales Successor Agency	Oversight Board	Member	Annual 1/1/2014 - 12/31/2014
League of California Cities	Monterey Bay Division	President	Annual 1/1/2014 - 12/31/2014
City of Gonzales	Economic Development Committee	Member	Annual 1/1/2014 - 12/31/2014
Gonzales Unified School District	Budget Advisory Committee	Member	Annual 1/1/2014 - 12/31/2014
City of Gonzales	Citizens Advisory Committee to the General Plan	Vice Chair	Annual 1/1/2014 - 12/31/2014
California Vanpool Authority	Board	Member	Annual 1/1/2014 - 12/31/2014
Gonzales Unified School District	Fairview Middle School - School Site Council	Member	Annual 1/1/2014 - 12/31/2014
City of Gonzales	City Council	Council Member	Annual 1/1/2014 - 12/31/2014

01400073-NFH-0073

SCHEDULE A-1
Investm nts
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Funk, Scott 3F

► NAME OF BUSINESS ENTITY: ICMA-RC Services

GENERAL DESCRIPTION OF THIS BUSINESS: 457 Deferred Compensation Plan

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [x] Other 457 Deferred Compensation Plan (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/___ ACQUIRED ___/___/___ DISPOSED

► NAME OF BUSINESS ENTITY: Vanguard

GENERAL DESCRIPTION OF THIS BUSINESS: IRA

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [x] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [x] Other 401k (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/___ ACQUIRED ___/___/___ DISPOSED

► NAME OF BUSINESS ENTITY: Fidelity

GENERAL DESCRIPTION OF THIS BUSINESS: Roth IRA

FAIR MARKET VALUE
- [x] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [x] Other Roth IRA (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

08 / 21 / 14 ACQUIRED ___/___/___ DISPOSED

► NAME OF BUSINESS ENTITY: Fidelity

GENERAL DESCRIPTION OF THIS BUSINESS: Coverdale ESA account for son SMF

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [x] Other Coverdale ESA (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/___ ACQUIRED ___/___/___ DISPOSED

► NAME OF BUSINESS ENTITY: Sallie Mae Bank

GENERAL DESCRIPTION OF THIS BUSINESS: SSgA Upromise 529 education account for son SMF

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [x] Other SSgA Upromise 529 (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/___ ACQUIRED ___/___/___ DISPOSED

► NAME OF BUSINESS ENTITY:

GENERAL DESCRIPTION OF THIS BUSINESS:

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [ ] Other (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/___ ACQUIRED ___/___/___ DISPOSED

Comments:

01400073-NFH-0073

SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Funk, Scott SF

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
ABC Daycare

ADDRESS *(Business Address Acceptable)*
546 santa gertrudis way
gonzales, ca 93926

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION
none

GROSS INCOME RECEIVED
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [X] $10,001 - $100,000
- [ ] OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- [ ] Salary
- [X] Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
- [ ] Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- [ ] Sale of _____ *(Real property, car, boat, etc.)*
- [ ] Loan repayment
- [ ] Commission or
- [ ] Rental Income, *list each source of $10,000 or more*

_____ *(Describe)*

- [ ] Other _____ *(Describe)*

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Capital One

ADDRESS *(Business Address Acceptable)*
1441 schilling pl
salinas, ca 93901

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION
Sr. Analyst

GROSS INCOME RECEIVED
- [ ] $500 - $1,000
- [X] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- [X] Salary
- [ ] Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
- [ ] Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- [ ] Sale of _____ *(Real property, car, boat, etc.)*
- [ ] Loan repayment
- [ ] Commission or
- [ ] Rental Income, *list each source of $10,000 or more*

_____ *(Describe)*

- [ ] Other _____ *(Describe)*

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000

INTEREST RATE
_____ % [ ] None

TERM (Months/Years)

SECURITY FOR LOAN
- [ ] None
- [ ] Personal residence
- [ ] Real Property _____ *Street address*
  _____ *City*
- [ ] Guarantor _____
- [ ] Other _____ *(Describe)*

Comments:

01400073-NFH-0073

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Funk, Scott

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)
PG&E Corporation Foundation
ADDRESS (Business Address Acceptable)
one world trade center, 3rd floor 121 sw salmon st
portland, or 97204
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Contribution to Rotary of Gonzales through city for sponsorship of college scholarship fundraiser

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 01 / 14	$ 1,000.00	community grant
/ /	$	
/ /	$	

▶ NAME OF SOURCE (Not an Acronym)
Harris & Associates
ADDRESS (Business Address Acceptable)
1401 willow pass road suite 500
concord, ca 94520
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Dinner while attending League of Cities Conference in San Diego

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 04 / 14	$ 75.00	dinner at restaurant
/ /	$	
/ /	$	

▶ 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:

PATCH REVENUE REPORT -
PATCH REVENUE BY GROWER(S) - (GRS035A)

AS OF 2015-01-25
RUN 11:14 01-28-2015
PAGE 1

PROCESSING MESSAGES

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SUBMITTED BY USER ID: SYOUNG

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