CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

CG

COVER PAGE

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TOWN OF CORTE MADERA

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Furst	Diane	L.

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
Town of Corte Madera

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

Your Position: Councilmember

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

Agency: Transportation Authority of Marin

Position: Commissioner

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

- ☐ State
- ☐ Multi-County
- ☑ City of Corte Madera
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☑ County of Marin
- ☐ 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: 3

- ☐ **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*

5. Verification

[redacted]

I certify under penalty of perjury under the laws of the State of C[redacted]

Date Signed 03/26/15
(month, day, year)

[redacted]

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

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Diane L. Furst

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Walleye Trading Advisors

ADDRESS *(Business Address Acceptable)*
125 E. Sir Francis Drake Blvd., Larkspur CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Equity options trading

YOUR BUSINESS POSITION
Trader

GROSS INCOME RECEIVED
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☑ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- ☐ 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)*

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- ☐ 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: _____

CALIFORNIA FORM **700**
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Name
Diane L. Furst

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*
Mill Valley Film Festival

ADDRESS *(Business Address Acceptable)*
1001 Lootens Place, San Rafael, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Film festival

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 2 / 14	$ 130.00	Tickets to gala party
/ /	$	
/ /	$	

▶ 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)
/ /	$	
/ /	$	
/ /	$	

▶ 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:

COUNCILMEMBER DIANE FURST - ATTACHMENT TO FORM 700

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2015 APR -1 AM 10: 44

1.	Central Marin Sanitation Agency	Board Member
2.	Central Marin Police Authority – Police Council	Alternate Council member
3.	Marin Clean Energy	Alternate
4.	Marin Emergency Radio Authority	Alternate
5.	Ross Valley Paramedic Authority	Alternate
6.	TAM (Transportation Authority of Marin)	Alternate