A02014

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

TN

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

RECEIVED
Date Received
Official Use Only
DEC 09 2014
By

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Gaumnitz Mary Kathleen

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
Chowchilla City Council Council Member
Division, Board, Department, District, if applicable — Your Position

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

Agency: _____ Position: _____

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
2015 JAN 15 PM 3:36

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

☐ State
☐ Multi-County _____
☑ City of Chowchilla
☐ 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, 2013, through December 31, 2013.
-or-
The period covered is ___/___/_____, through December 31, 2013.

☒ **Assuming Office:** Date assumed 12/09/14

☐ **Leaving Office:** Date Left ___/___/_____ *(Check one)*
○ The period covered is January 1, 2013, through the date of leaving office.
○ The period covered is ___/___/_____, through the date of leaving office.

☒ **Candidate:** Election year 2014 and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► ***Total number of pages including this cover page:*** 1

☐ **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]

herein and in any attached schedules is true and complete. I acknow[redacted]

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

Date Signed 12/9/14
(month, day, year)

FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov