A02014 Glasper, Charley

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Date Initial Filing Received
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BY: [signature] Asst. to the City Clerk

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

TN

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Glasper Charley B

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
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: _____

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

- ☐ State
- ☐ Multi-County _____
- ☑ City of Adelanto
- ☐ 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 12/10/2014

☐ **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.

☐ **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:*** _____

- ☐ **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. [redacted]

I have used all reasonable diligence in preparing this statement. I ha[redacted]ned herein and in any attached schedules is true and complete. I ackn[redacted]

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

Date Signed 1-5-15
(month, day, year)

[redacted]
(File the originally signed statement with your filing official.)