

STATEMENT OF ECONOMIC INTERESTS



COVER PAGE

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NAME OF FILER (LAST) (FIRST) (MIDDLE)
Halliday, Barbara

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Hayward

Division, Board, Department, District, if applicable

Your Position

City Council

Mayor

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

Agency: *SEE ATTACHED FOR ADDITIONAL POSITIONS

Position:

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County San Francisco Bay Area counties

County of Alameda

City of Hayward

Other

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

Annual: The period covered is January 1, 2014, through December 31, 2014

Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2014

The period covered is January 1, 2014, through the date of leaving office.

Assuming Office: Date assumed ____/____/____

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: 6

Schedule A-1 - Investments - schedule attached

Schedule C - Income, Loans, & Business Positions - schedule attached

Schedule A-2 - Investments - schedule attached

Schedule D - Income - Gifts - schedule attached

Schedule B - Real Property - schedule attached

Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

5.

Date Signed 03/19/2015
(month, day, year)

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
Expanded Statement Attachment**

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Barbara Halliday

Agency	Division/Board/Dept/District	Position	Type of Statement
City of Hayward	City Council	Mayor	Annual 1/1/2014 - 12/31/2014
City of Hayward	Council Economic Development Committee	Member	Annual 1/1/2014 - 12/31/2014
City of Hayward	Hayward Successor Agency Oversight Board	Member	Annual 1/1/2014 - 12/31/2014
Alameda County Transportation Commission (ACTC)		Commissioner	Annual 1/1/2014 - 12/31/2014
East Bay Dischargers Authority (EBDA)		Board Member alternate	Annual 1/1/2014 - 12/31/2014
Association of Bay Area Governments (ABAG)		Executive Board Alternate	Annual 1/1/2014 - 12/31/2014
Alameda County Mosquito Abatement District		Member, Board of Directors	Annual 1/1/2014 - 12/31/2014

SCHEDULE A-1 Investments

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

Halliday, Barbara

▶ NAME OF BUSINESS ENTITY
Principal Financial Group

GENERAL DESCRIPTION OF THIS BUSINESS
Investment Firm

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 Variable Annuity
(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

▶ 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

▶ 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

▶ 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

▶ 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: _____

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name _____

Halliday, Barbara _____

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Principal Financial Group
 ADDRESS (Business Address Acceptable)
711 High Street
Des Moines, IA 50392
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Investment/Annuity Provider
 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 investment income and pension
 (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: _____

SCHEDULE D
Income - Gifts

Name
Halliday, Barbara

▶ NAME OF SOURCE (Not an Acronym)
Kaiser Permanente
 ADDRESS (Business Address Acceptable)
2500 Merced Street
San Leandro, CA 94577
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
hospital

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>.05 / 16 / 14</u>	<u>\$ 77.00</u>	<u>Lunch</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Randy Wright, Sr. VP, Taymor Industries
 ADDRESS (Business Address Acceptable)
1556 Zephyr Ave.
Hayward, CA 94544
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Home Furnishings Wholesaler

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 06 / 14</u>	<u>\$ 112.00</u>	<u>Concert tickets</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Varni, Fraser, Hartwell & Rogers
 ADDRESS (Business Address Acceptable)
650 A Street
Hayward, CA 94541
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
law firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 01 / 14</u>	<u>\$ 50.00</u>	<u>holiday wreath</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ 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)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ 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)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ 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)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Halliday, Barbara

- Mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)
League of California Cities
ADDRESS (Business Address Acceptable)
1400 K Street Suite 400
CITY AND STATE
Sacramento, CA 95814

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Provider of education and advocacy for California cities

DATE(S): 01 / 23 / 14 - 11 / 14 / 14 AMT: \$ 643.88
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description served as committee member and vice chair

▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)
CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)
CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)
CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

Comments: _____