

Ag 2014



CALIFORNIA FORM 700  
FAIR POLITICAL PRACTICES COMMISSION  
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

Date Received  
City of Morro Bay

JAN 06 2014

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Heading John City Hall

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
City of Morro Bay  
Division, Board, Department, District, if applicable Your Position  
City Council Councilmember

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

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

RECEIVED  
FAIR POLITICAL  
PRACTICES COMMISSION  
2015 JAN 12 PM 4:46

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

- State  Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County \_\_\_\_\_  County of \_\_\_\_\_
- City of Morro Bay  Other \_\_\_\_\_

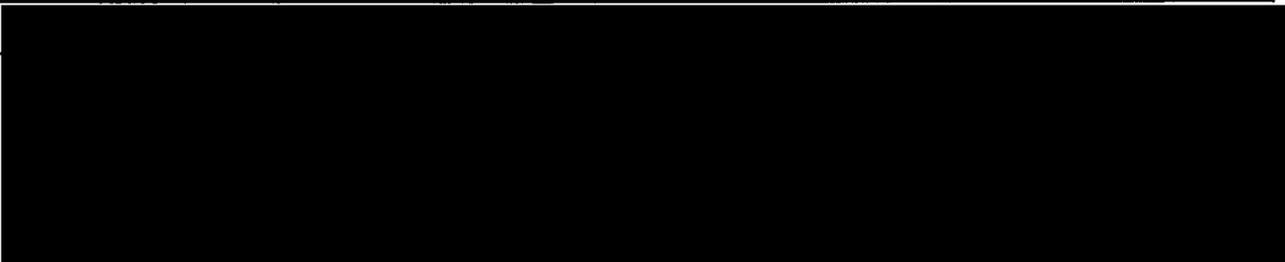
3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2013, through December 31, 2013.  Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)
- or-  
The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2013.  The period covered is January 1, 2013, through the date of leaving office.
- Assuming Office: Date assumed 12 / 08 / 2014  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: 2
- 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.



I certify under penalty of perjury under the laws of the State

Date Signed 12/23/2014  
(month, day, year)

**SCHEDULE A-2**

**Investment, Income, and Assets of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
Name  
John Heading

**1. BUSINESS ENTITY OR TRUST**  
Heading, Inc DBA: Morro Bay Drug  
Name  
600 Morro Bay Blvd., Ste. B, Morro Bay  
Address (Business Address Acceptable)  
Check one  
 Trust, go to 2  Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**  
Retail Pharmacy

**FAIR MARKET VALUE**  
 \$0 - \$1,999  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

**IF APPLICABLE, LIST DATE:**  
6/10/2010 / / 13  
ACQUIRED DISPOSED

**NATURE OF INVESTMENT**  
 Partnership  Sole Proprietorship  S-Corporation  
Other

**YOUR BUSINESS POSITION** President/CEO, Pharmacist

**2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499  \$10,001 - \$100,000  
 \$500 - \$1,000  OVER \$100,000  
 \$1,001 - \$10,000

**3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)**

None  
HIPPA protected information

**4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT  REAL PROPERTY

600 Morro Bay Blvd., Ste. B, Morro Bay  
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property  
Retail Pharmacy  
Description of Business Activity or City or Other Precise Location of Real Property

**FAIR MARKET VALUE**  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

**IF APPLICABLE, LIST DATE:**  
6/10/13 / / 13  
ACQUIRED DISPOSED

**NATURE OF INTEREST**  
 Property Ownership/Deed of Trust  Stock  Partnership

Leasehold \_\_\_\_\_ Yrs. remaining  Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

**1. BUSINESS ENTITY OR TRUST**  
Name  
Address (Business Address Acceptable)  
Check one  
 Trust, go to 2  Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**

**FAIR MARKET VALUE**  
 \$0 - \$1,999  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

**IF APPLICABLE, LIST DATE:**  
/ / 13 / / 13  
ACQUIRED DISPOSED

**NATURE OF INVESTMENT**  
 Partnership  Sole Proprietorship  Other

**YOUR BUSINESS POSITION**

**2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499  \$10,001 - \$100,000  
 \$500 - \$1,000  OVER \$100,000  
 \$1,001 - \$10,000

**3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)**

None

**4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT  REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property  
Description of Business Activity or City or Other Precise Location of Real Property

**FAIR MARKET VALUE**  
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/ / 13 / / 13  
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**NATURE OF INTEREST**  
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Leasehold \_\_\_\_\_ Yrs. remaining  Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

Comments: \_\_\_\_\_