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

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Received
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MAR 17 2011
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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

Armstrong William H. (Harry)

1. Office, Agency, or Court

Agency Name
City of Clovis

Division, Board, Department, District, if applicable
City Council

Your Position
Mayor

► If filing for multiple positions, list below or on an attachment.

Agency: Fresno Co Trans Auth / Fresno COG Position: Chairman / member
Upper Kings Basin Integrated Reg Water Chairman

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

☐ State
☐ Multi-County _____
☒ City of Clovis
☐ Judge (Statewide Jurisdiction)
☒ County of Fresno
☐ Other _____

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

☒ **Annual:** The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is ___/___/___, through December 31, 2010.

☐ **Assuming Office:** Date ___/___/___

☐ **Candidate:** Election Year _____ Office sought, if different than Part 1: _____

☐ **Leaving Office:** Date Left ___/___/___
(Check one)

○ The period covered is January 1, 2010, through the date of leaving office.

○ The period covered is ___/___/___, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

► **Total number of pages including this cover page:** 4

☐ **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*

herein and in any attached schedules is true and complete. I acknowledge this is

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

Date Signed 03-17-11
(month, day, year)

Signatur

CALIFORNIA FORM **700**
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Name: William H. Armstrong

SCHEDULE D
Income – Gifts

► NAME OF SOURCE: City of Fresno
ADDRESS (Business Address Acceptable): 2600 Fresno St, Rm 4064, Fresno CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Transportation Dept

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3/10/10	$50.00	Parking Permit
/ /	$	
/ /	$	

► NAME OF SOURCE: Clovis Rodeo Association
ADDRESS (Business Address Acceptable): 748 Rodeo Dr. Clovis CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Clovis Rodeo

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4/20/10	$150.00	Rodeo tickets
/ /	$	
/ /	$	

► NAME OF SOURCE: C.S.U.F.
ADDRESS (Business Address Acceptable): Maple / Shaw Fresno, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Education

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7/1/10	$110.00	Parking Permit
/ /	$	
/ /	$	

► NAME OF SOURCE: Margaret Mimms
ADDRESS (Business Address Acceptable): 2200 Fresno St Fresno CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Sheriff

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10/28/10	$35.00	Nut Basket
/ /	$	
/ /	$	

► NAME OF SOURCE: Granville Homes
ADDRESS (Business Address Acceptable): 1396 W. Herndon Fresno CA 93726
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Builder

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/15/10	$100.00	Donation to Food Bank
/ /	$	
/ /	$	

► NAME OF SOURCE: Gordon Webster
ADDRESS (Business Address Acceptable): 1315 Van Ness Ave Fresno CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Publisher

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10/28/10	$20.00	See's Candy
/ /	$	
/ /	$	

Comments:

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SCHEDULE D
Income – Gifts

► NAME OF SOURCE: Meridian Pacific
ADDRESS (Business Address Acceptable): 800 Tiburon Blvd #8 Tiburon CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Developer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/15/10	$70.00	Fruit Basket
/ /	$	
/ /	$	

► NAME OF SOURCE: BIA
ADDRESS (Business Address Acceptable): 7108 N. Fresno #305 Fresno CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Building Industry

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/17/10	$35.00	See's Candy
/ /	$	
/ /	$	

► NAME OF SOURCE: Wilson Homes
ADDRESS (Business Address Acceptable): 7550 N. Palm Fresno CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Construction / Development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/11/10	$150.00	BIA Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE: League of CA Cities South San Joaquin Valley Divisio
ADDRESS (Business Address Acceptable): 1400 K Street, Sacramento CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: 2010 Executive Board Meetings

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1/14/10	$29.00	Meal
3/11/10	$32.50	Meal
7/8/10	$31.60	Meal

► NAME OF SOURCE:
ADDRESS (Business Address Acceptable):
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

► NAME OF SOURCE: League of CA Cities South San Joaquin Valley Division
ADDRESS (Business Address Acceptable): 1400 K Street, Sacramento CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: 2010 Executive Board Members

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9/9/10	$35.70	Meal
/ /	$	
/ /	$	

Comments:

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Name
William H. Armstrong

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

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**
- **You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the $420 gift limit.**

► NAME OF SOURCE
League of California Cities
ADDRESS *(Business Address Acceptable)*
1400 K St
CITY AND STATE
Sacramento CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Advocacy for cities & residents
DATE(S): 1/1/10 - 12/31/10 *(If applicable)* AMT: $ 748.00
TYPE OF PAYMENT: (must check one) ☐ Gift ☒ Income
DESCRIPTION: Volunteer services as a member of League Bd of Directors
Travel/Lodging $420; Food $328

► NAME OF SOURCE
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
DATE(S): __/__/__ - __/__/__ *(If applicable)* AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
DESCRIPTION:

► NAME OF SOURCE
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
DATE(S): __/__/__ - __/__/__ *(If applicable)* AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
DESCRIPTION:

► NAME OF SOURCE
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
DATE(S): __/__/__ - __/__/__ *(If applicable)* AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
DESCRIPTION:

Comments: