CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

# STATEMENT OF ECONOMIC INTERESTS

# COPY COVER PAGE

Date Received
Official Use Only

EB

*Please type or print in ink.*

NAME OF FILER (LAST) Nunley (FIRST) Kevin (MIDDLE) Joseph

## 1. Office, Agency, or Court

Agency Name: Auburn City Council

Division, Board, Department, District, if applicable

Your Position: Elected City Councilmember

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

Agency: _____ Position: _____

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

- ☐ State
- ☐ Multi-County _____
- ☒ City of Auburn
- ☐ Judge (Statewide Jurisdiction)
- ☐ County of _____
- ☐ 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:** _____

- ■ **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 a

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

**Date Signed** 3/18/11 *(month, day, year)* **Signature**



FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

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# STATEMENT OF ECONOMIC INTERESTS

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FAIR POLITICAL PRACTICES COMMISSION
2011 MAR 24 AM 8:24

*Please type or print in ink.* SB

NAME OF FILER (LAST) Hanley (FIRST) Kevin (MIDDLE) Joseph

## 1. Office, Agency, or Court

Agency Name: State Legislature

Division, Board, Department, District, if applicable

Your Position: Chief Policy Consultant

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

Agency: _____ Position: _____

2011 MAR 24 AM 8:23

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

- [x] State
- [ ] Multi-County _____
- [ ] City of _____
- [ ] Judge (Statewide Jurisdiction)
- [ ] County of _____
- [ ] Other _____

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

- [x] **Annual:** The period covered is January 1, 2010, through December 31, 2010.

-or-

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

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- [ ] **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: 7

- [x] **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

(d)(5)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

**Date Signed** 3/16/11 *(month, day, year)*

**Signature** (d)(5) *(Official)*

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## 1. Office, Agency, or Court

Agency Name: Sacramento Area Council of Governments (SACOG)

Division, Board, Department, District, if applicable

Your Position: Director

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

Agency: _____ Position: _____

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

☐ State
☒ Multi-County: 6 counties in Sac Region
☐ City of _____
☐ Judge (Statewide Jurisdiction)
☐ County of _____
☐ 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)*

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-or-

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Signature (d)(5) *(File the originally signed statement with your filing official.)*

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## 1. Office, Agency, or Court

Agency Name Service Authority for Freeways & Expressways (SAFE)

Division, Board, Department, District, if applicable

Your Position Director

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

Agency: _____ Position: _____

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

☐ State

☒ Multi-County 6 county region

☐ City of _____

☐ Judge (Statewide Jurisdiction)

☐ County of _____

☐ Other _____

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

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-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

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► Total number of pages including this cover page: _____

☒ **Schedule A-1** - *Investments* – schedule attached

☐ **Schedule A-2** - *Investments* – schedule attached

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☐ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached

☐ **Schedule D** - *Income – Gifts* – schedule attached

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-or-

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**Date Signed** 3/16/11 *(month, day, year)*

**Signature** (d)(5) *(official.)*

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### 1. Office, Agency, or Court

Agency Name: Placer Community Services Commission

Division, Board, Department, District, if applicable:

Your Position: Board Member.

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

Agency: _____ Position: _____

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

☐ State
☐ Multi-County _____
☐ City of _____
☐ Judge (Statewide Jurisdiction)
☒ County of Placer
☐ 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

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► Total number of pages including this cover page: _____

☒ **Schedule A-1** - *Investments* – schedule attached
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## 1. Office, Agency, or Court

Agency Name: Placer County Flood Control & Water Conservation District

Division, Board, Department, District, if applicable

Your Position: Board member

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

Agency: _____ Position: _____

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

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

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

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

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

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

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

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- ☒ **Schedule A-1** - *Investments* – schedule attached
- ☐ **Schedule A-2** - *Investments* – schedule attached
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- ☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

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**Signature** (d)(5) *(File the originally signed statement with your filing official.)*

# 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: Kevin Nanley

---

► NAME OF BUSINESS ENTITY: Hewlett-Packard

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Computer Company

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership ○ Income Received of $0 - $499 ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 10 ACQUIRED ___/___/ 10 DISPOSED

---

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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:

___/___/ 10 ACQUIRED ___/___/ 10 DISPOSED

---

► NAME OF BUSINESS ENTITY: Abbot Laboratories

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: prescription drugs

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership ○ Income Received of $0 - $499 ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 10 ACQUIRED ___/___/ 10 DISPOSED

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► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
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NATURE OF INVESTMENT
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► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
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- [ ] Partnership ○ Income Received of $0 - $499 ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 10 ACQUIRED ___/___/ 10 DISPOSED

---

**Comments:** _____