CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Received
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JAN 28 2014
CITY OF DUBLIN
CITY MANAGER'S OFFICE

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
SBRANTI	TIMOTHY	A.

1. Office, Agency, or Court

Agency Name
City of Dublin

Division, Board, Department, District, if applicable

Your Position
Mayor

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

Agency: See attached list.

Position:

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

☐ State
☐ Multi-County
☐ City of Dublin
☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ County of
☐ Other Jurisdiction of board or commission

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

☒ **Annual:** The period covered is January 1, 2012, through December 31, 2012.

-or-

The period covered is ___/___/___, through December 31, 2012.

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

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

○ The period covered is January 1, 2012, 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:*** 7

☐ **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

[redacted]

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

Date Signed 1-28-14
(month, day, year)

Signature [redacted]

Attachment to Cover Page, Form 700
TIMOTHY A. SBRANTI
Annual Statement

1. Additional Agency Positions

East Bay Regional Communications Systems Authority	Board Member
Dougherty Regional Fire Authority	Board Member
Livermore Amador Valley Transit Authority	Board Member
Alameda County Transportation Commission	Commissioner
Tri-Valley Transportation Council	Board Member
Association of Bay Area Governments	Board Member (took office 11/15/12)
Alameda County Local Agency Formation Com.	Board Member

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

SCHEDULE B
Interests in Real Property
(Including Rental Income)

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
4243 Clarinbridge Circle

CITY
Dublin, CA

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☒ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/12 ACQUIRED ___/___/12 DISPOSED

NATURE OF INTEREST
☒ Ownership/Deed of Trust ☐ Easement
☐ Leasehold ____ Yrs. remaining ☐ ____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ $0 - $499 ☐ $500 - $1,000 ☒ $1,001 - $10,000
☐ $10,001 - $100,000 ☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.

☒ None

* You are not required to report loans from commercial lending institutions 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

INTEREST RATE ____% ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
☐ $500 - $1,000 ☐ $1,001 - $10,000
☐ $10,001 - $100,000 ☐ OVER $100,000

☐ Guarantor, if applicable

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

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

IF APPLICABLE, LIST DATE:
___/___/12 ACQUIRED ___/___/12 DISPOSED

NATURE OF INTEREST
☐ Ownership/Deed of Trust ☐ Easement
☐ Leasehold ____ Yrs. remaining ☐ ____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ $0 - $499 ☐ $500 - $1,000 ☐ $1,001 - $10,000
☐ $10,001 - $100,000 ☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.

☐ None

Comments:
Property was principal residence of filer until December 2012. Leased for one month. (Total rent paid: $2,000.)

Filer's Verification

Print Name TIMOTHY A. SBRANTI

Office, Agency or Court City of Dublin/See attached list.

Statement Type ☐ 2012/2013 Annual ☐ Assuming ☐ Leaving
☒ 2,012 (yr) Annual ☐ Candidate

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

Date Signed 1/28/14

Filer's Signature X [redacted]

SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Californians Dedicated to Education Foundation

ADDRESS *(Business Address Acceptable)*
5429 Madison Ave., Sacramento, CA 95841

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Nonprofit education support foundation

YOUR BUSINESS POSITION
Executive Director (part-time 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
☐ Loan repayment ☐ Partnership
☐ Sale of _____ *(Real property, car, boat, etc.)*
☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*
☐ Other _____ *(Describe)*

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Oakland Athletics

ADDRESS *(Business Address Acceptable)*
7000 Coliseum Way, #3, Oakland, CA 94621

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Baseball team

YOUR BUSINESS POSITION
None

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
☐ Loan repayment ☐ Partnership
☐ Sale of _____ *(Real property, car, boat, etc.)*
☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*
☐ Other _____ *(Describe)*

Comments: Foundation income: $12,000. Oakland A's income: $1,350

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)*

Filer's Verification

Print Name Timothy A. Sbranti **Office, Agency or Court** City of Dublin/see attached list.

Statement Type ☐ 2012/2013 Annual ☒ 2012 *(yr)* Annual ☐ Assuming ☐ Leaving ☐ Candidate

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

Date Signed 1-28-14 *(month, day, year)* **Filer's Signature** X [redacted]

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

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

- **You must 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)*
California Teachers Association
ADDRESS *(Business Address Acceptable)*
1705 Murchison Drive
CITY AND STATE
Burlingame, CA 94011
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Teachers association
DATE(S): 01/27/12 - 01/29/12 *(If gift)* AMT: $ 621.90
TYPE OF PAYMENT: (must check one) ☐ Gift ☒ Income
☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description
Participated in association meetings.

► NAME OF SOURCE *(Not an Acronym)*
California Teachers Association
ADDRESS *(Business Address Acceptable)*
1705 Murchison Drive
CITY AND STATE
Burlingame, CA 94011
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Teachers association
DATE(S): 03/__/12 - 03/__/12 *(If gift)* AMT: $ 646.90
TYPE OF PAYMENT: (must check one) ☐ Gift ☒ Income
☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description
Participated in association meetings.

► NAME OF SOURCE *(Not an Acronym)*
California Teachers Association
ADDRESS *(Business Address Acceptable)*
1705 Murchison Drive
CITY AND STATE
Burlingame, CA 94011
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Teachers association
DATE(S): 03/__/12 - 03/__/12 *(If gift)* AMT: $ 119.73
TYPE OF PAYMENT: (must check one) ☐ Gift ☒ Income
☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description
Participated in association meetings.

Filer's Verification

Print Name Timothy A. Sbranti

Office, Agency or Court City of Dublin/See attached list.

Statement Type ☐ 2012/2013 Annual ☐ Assuming ☐ Leaving
☒ 2012 *(yr)* Annual ☐ Candidate

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

Date Signed 1/28/14

Filer's Signature X [redacted]

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

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

- **You must 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)*
California Teachers Association
ADDRESS *(Business Address Acceptable)*
1705 Murchison Drive
CITY AND STATE
Burlingame, CA 94011
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Teachers association
DATE(S): 05 / 15 / 12 - 05 / 16 / 12 *(If gift)* AMT: $ 111.00
TYPE OF PAYMENT: (must check one) ☐ Gift ☒ Income
☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description
Participated in association meetings.

► NAME OF SOURCE *(Not an Acronym)*
California Teachers Association
ADDRESS *(Business Address Acceptable)*
1705 Murchison Drive
CITY AND STATE
Burlingame, CA 94011
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Teachers association
DATE(S): 07 / 23 / 12 - 07 / 27 / 12 *(If gift)* AMT: $ 155.98
TYPE OF PAYMENT: (must check one) ☐ Gift ☒ Income
☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description
Participated in association meetings.

► NAME OF SOURCE *(Not an Acronym)*
California Teachers Association
ADDRESS *(Business Address Acceptable)*
1705 Murchison Drive
CITY AND STATE
Burlingame, CA 94011
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Teachers association
DATE(S): 06 / 08 / 12 - 06 / 10 / 12 *(If gift)* AMT: $ 592.90
TYPE OF PAYMENT: (must check one) ☐ Gift ☒ Income
☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description
Participated in association meetings.

Filer's Verification

Print Name Timothy A. Sbranti

Office, Agency or Court City of Dublin/See attached list.

Statement Type ☐ 2012/2013 Annual ☐ Assuming ☐ Leaving
☒ 2012 *(yr)* Annual ☐ Candidate

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

Date Signed 1/28/14 *(month day year)*

Filer's Signature X [redacted]

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

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

- **You must 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)*
California Teachers Association
ADDRESS *(Business Address Acceptable)*
1705 Murchison Drive
CITY AND STATE
Burlingame, CA 94011
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Teachers association
DATE(S): 10/09/12 - 10/10/12 *(If gift)* AMT: $ 111.00
TYPE OF PAYMENT: (must check one) ☐ Gift ☒ Income
☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description
Participated in association meetings.

► NAME OF SOURCE *(Not an Acronym)*
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
DATE(S): ___/___/___ - ___/___/___ *(If gift)* AMT: $
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
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
DATE(S): ___/___/___ - ___/___/___ *(If gift)* AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

Filer's Verification

Print Name Timothy A. Sbranti
Office, Agency or Court City of Dublin/See attached list.
Statement Type ☐ 2012/2013 Annual ☐ Assuming ☐ Leaving
☒ 2012 *(yr)* Annual ☐ Candidate

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

Date Signed 1/28/14
Filer's Signature X [redacted]

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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APR 01 2013
CITY OF DUBLIN
CITY MANAGER'S OFFIC

Please type or print in ink.

NAME OF FILER
Sbranti (LAST) Timothy (FIRST) A (MIDDLE)

1. Office, Agency, or Court

Agency Name
City of Dublin

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

Your Position
Mayor

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

Agency: *see attached Addendum

Position:

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

☐ State
☐ Multi-County
☑ City of Dublin
☐ 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, 2012, through December 31, 2012.
-or-
The period covered is ___/___/___, through December 31, 2012.

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

☐ **Candidate:** Election year _____ and office sought, if different than Part 1: _____

☐ **Leaving Office:** Date Left ___/___/___ *(Check one)*
○ The period covered is January 1, 2012, through the date of leaving office.
○ The period covered is ___/___/___, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

☐ **Schedule A-1** - *Investments* – schedule attached
☐ **Schedule A-2** - *Investments* – schedule attached
☐ **Schedule B** - *Real Property* – schedule attached

► ***Total number of pages including this cover page:*** 1

☐ **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

MAILING ADDRESS
(Business or A[redacted]

STATE [redacted]

[redacted] all reasonable diligence in preparing this statement. I have revie[redacted] 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 [redacted]

Date Signed 3-29-13
(month, day, year)

Signature [redacted]
(Originally signed statement with your filing official.)

CITY OF
DUBLIN

100 Civic Plaza
Dublin, California 94568
Phone: (925) 833-6650
Fax: (925) 833-6651

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FAIR POLITICAL
PRACTICES COMMISSION
2013 APR 22 AM 8: 36

Timothy Sbranti | Addendum

Agency	Division, Board, Department, District	Position
City of Dublin		Mayor
Livermore Amador Valley Transit Authority (LAVTA)		Board Member
East Bay Regional Communications System Authority (EBRCSA) ✓		Board Member
Association of Bay Area Governments (ABAG)	Regional Planning Committee	Commissioner
Bay Area Air Quality Management District (BAAQMD)		Board Member
Alameda County Local Agency Formation Commission (LAFCO)		Commissioner
Dougherty Regional Fire Authority (DRFA)		Board Member
Alameda County Transportation Commission (ACTC)		Commissioner
Tri-Valley Transportation Council		Board Member

City Council
(925) 833-6650
City Manager
(925) 833-6650
Community Development
(925) 833-6610
Economic Development
(925) 833-6650
Finance/Admin Services
(925) 833-6640
Fire Prevention
(925) 833-6606
Human Resources
(925) 833-6605
Parks & Community Services
(925) 556-4500
Police
(925) 833-6670
Public Works/Engineering
(925) 833-6630

Dublin
All-America City
2011