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

# STATEMENT OF ECONOMIC INTERESTS

## COVER PAGE

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CITY OF EMERYVILLE

*Please type or print in ink.*

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

### 1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*: City of Emeryville

Division, Board, Department, District, if applicable:

Your Position: Council member

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

Agency: Successor Agency to Emeryville Redevelopment Agency; Community Development Commission of Emeryville; Management of Emeryville Services; Emeryville Public Financing Authority

Position:

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

- ☐ State
- ☐ Multi-County
- ☒ City of Emeryville
- ☐ 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, 2014, through December 31, 2014.

-or-

The period covered is ___/___/___, through December 31, 2014.

☐ **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, 2014, 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*

### 5. Verification

[redacted]

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

Date Signed 3/24/15 *(month, day, year)*