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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

CG

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FAIR POLITICAL
PRACTICES COMMISSION
2015 APR 20 AM 10:55

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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Gracey	Merrill	Marshall

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
City of Barstow

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

Your Position: Council Member

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

Agency: See Attachment Position: _____

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

- ☐ State
- ☐ Multi-County _____
- ☑ City of Barstow
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☑ County of San Bernardino
- ☑ Other Cemetery District

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 ____/____/_____

☐ **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.

☐ **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:*** 5

- ☐ **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.

[redacted]

herein and in any attached schedules is true and complete. I ackno[redacted]

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

Date Signed 03/30/2015
(month, day, year)

Continuation of Extended Form 700 *(Merrill Gracey)*

Section #1. Office, Agency, or Court

Expanded Statement - List Agency / position

Agency: **City of Barstow**
Position/Title: City Council Member

Agency: **Barstow Fire Protection Board**
Position/Title: Chair

Agency: **Successor Agency**
Position/Title: City Council Member

Agency: **Joint Powers Authority – Solid Waste**
Position/Title: Alternate Board Member

Agency: **Mojave Desert Air Quality Management District**
Position/Title: Alternate Board Member

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

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Merrill M. Gracey

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
City Council, City of Barstow

ADDRESS *(Business Address Acceptable)*
220 E Mountain View Street, #A, Barstow, CA. 92311

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Local government

YOUR BUSINESS POSITION
Council Member

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 (For self-employed use Schedule A-2.)
- ☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- ☐ Sale of _____ *(Real property, car, boat, etc.)*
- ☐ Loan repayment
- ☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*

_____ *(Describe)*

- ☑ Other 506 per month stipend *(Describe)*

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Barstow Fire Protection District

ADDRESS *(Business Address Acceptable)*
861 Barstow Road, Barstow, CA 92311

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Special District - Fire

YOUR BUSINESS POSITION
Board Member

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 (For self-employed use Schedule A-2.)
- ☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- ☐ Sale of _____ *(Real property, car, boat, etc.)*
- ☐ Loan repayment
- ☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*

_____ *(Describe)*

- ☑ Other Stipend per meeting ($75) *(Describe)*

► 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)*

Comments: _____

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

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Merrill M. Gracey

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Barstow Cemetery Distict, Mtn. View Memorial Park

ADDRESS *(Business Address Acceptable)*
37067 Irwin Road, Barstow, CA. 92311

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Cemetery District

YOUR BUSINESS POSITION
Director

GROSS INCOME RECEIVED
- [x] $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 (For self-employed use Schedule A-2.)
- [ ] Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- [ ] Sale of _____ *(Real property, car, boat, etc.)*
- [ ] Loan repayment
- [ ] Commission or
- [ ] Rental Income, *list each source of $10,000 or more*

_____ *(Describe)*

- [x] Other $50 stipend per meeting *(Describe)*

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Mojave Desert Air Quality Mgt District

ADDRESS *(Business Address Acceptable)*
14306 Park Avenue, Victorcille, CA. 92392

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Special District - Air Quality

YOUR BUSINESS POSITION
Alternate Board Member

GROSS INCOME RECEIVED
- [x] $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 (For self-employed use Schedule A-2.)
- [ ] Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- [ ] Sale of _____ *(Real property, car, boat, etc.)*
- [ ] Loan repayment
- [ ] Commission or
- [ ] Rental Income, *list each source of $10,000 or more*

_____ *(Describe)*

- [x] Other Stipend per meeting *(Describe)*

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)*

Comments: _____

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Merrill M. Gracey

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
Colantuono, Highsmith and Whatley, PC
ADDRESS *(Business Address Acceptable)*
300 S. Grand Avenue, Suite 2700, LA, CA 90071-3137
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 16 / 14	$ 96.43	Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE *(Not an Acronym)*
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE *(Not an Acronym)*
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE *(Not an Acronym)*
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE *(Not an Acronym)*
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: League Conference Dinner with Attorney Firm