CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
Delano City Council

Division, Board, Department, District, if applicable

Your Position
Councilwoman

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

Agency: _____ Position: _____

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

- ☐ State
- ☐ Multi-County _____
- ☑ City of Delano, California
- ☐ 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 01 / 01 / 2014, 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*

[redacted]

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

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

Date Signed 03-12-15
(month, day, year)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Elizabeth Morris

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*: Southern California Gas Company
ADDRESS *(Business Address Acceptable)*: 3701 Pegasus Dr Ste. 114, Bakersfield, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Customer Appreciation Dinner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02/10/14	$190.00	Dinner for 2
/ /	$	
/ /	$	

► 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)*: League of California Cities
ADDRESS *(Business Address Acceptable)*: P.O. Box 10656, Bakersfield, Ca. 93389-0656
BUSINESS ACTIVITY, IF ANY, OF SOURCE: So. San Joaquin Valley Div. Exec. Board Mtg.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01/09/14	$30.68	Dinner
03/13/14	$33.62	Dinner
05/08/14	$33.32	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)*: League of California Cities
ADDRESS *(Business Address Acceptable)*: P.O. Box 10656, Bakersfield, CA, 93389-0656
BUSINESS ACTIVITY, IF ANY, OF SOURCE: So. San Joaquin Valley Div. Exec. Mtg.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07/10/14	$35.23	Dinner
09/11/14	$37.76	Dinner
11/13/14	$33.71	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)
/ /	$	
/ /	$	
/ /	$	

Comments: