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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

TN

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

Schumacher, Michael

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CITY OF CARLSBAD

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 ATTACHED FOR ADDITIONAL POSITIONS

Position:

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

☐ State

☐ Multi-County

☒ City of Carlsbad

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☒ County of San Diego

☐ 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 / 02 / 2014, 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:** 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*

[redacted]

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

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

Date Signed 02/24/2015
(month, day, year)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
Expanded Statement Attachment

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Michael Schumacher

Agency	Division/Board/Dept/District	Position	Type of Statement
CITY OF CARLSBAD	CITY COUNCIL	Council Member	Annual 1/2/2014 - 12/31/2014
Carlsbad Municipal Water District	CARLSBAD MUNICIPAL WATER DISTRICT	Board Member	Annual 1/2/2014 - 12/31/2014
Carlsbad Community Development Commission	Community Development Commisison	Commission Member	Annual 1/2/2014 - 12/31/2014
CARLSBAD PUBLIC FINANCING AUTHORITY	PUBLIC FINANCING AUTHORITY	Board Member	Annual 1/2/2014 - 12/31/2014

SCHEDULE A-2
Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Schumacher, Michael

▶ 1. BUSINESS ENTITY OR TRUST

Name: Enact Partners, LLC

Address (Business Address Acceptable): 2131 Palomar Airport Road, Ste 300, Carlsbad, Ca 92009

Check one: ☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS: Real estate investment advisory

FAIR MARKET VALUE
- ☒ $0 - $1,999
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

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

NATURE OF INVESTMENT: ☐ Partnership ☐ Sole Proprietorship ☒ LLC (Other)

YOUR BUSINESS POSITION: Managing Member

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☐ $0 - $499
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☒ OVER $100,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary.)

☒ None or ☐ Names listed below

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box: ☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

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

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

NATURE OF INTEREST: ☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold ___ Yrs. remaining ☐ Other ___

☐ Check box if additional schedules reporting investments or real property are attached

---

▶ 1. BUSINESS ENTITY OR TRUST

Name:

Address (Business Address Acceptable):

Check one: ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS:

FAIR MARKET VALUE
- ☐ $0 - $1,999
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

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

NATURE OF INVESTMENT: ☐ Partnership ☐ Sole Proprietorship ☐ ___ (Other)

YOUR BUSINESS POSITION:

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☐ $0 - $499
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary.)

☐ None or ☐ Names listed below

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box: ☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

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

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

NATURE OF INTEREST: ☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold ___ Yrs. remaining ☐ Other ___

☐ Check box if additional schedules reporting investments or real property are attached

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Schumacher, Michael

SCHEDULE B
Interests in Real Property
(Including Rental Income)

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
7045 Murillo Lane

CITY
Carlsbad

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

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

► 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:
___/___/___ ACQUIRED ___/___/___ 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

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

Comments:

011400061-NFH-0061

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Schumacher, Michael

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Enact Partners, LLC

ADDRESS *(Business Address Acceptable)*
2131 Palomar Airport Road, Ste 300
Carlsbad, Ca 92011

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Real Estate investment/advisory

YOUR BUSINESS POSITION
Managing Member

GROSS INCOME RECEIVED
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [x] OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- [x] 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 _____ *(Describe)*

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Mitek Systems

ADDRESS *(Business Address Acceptable)*
8911 Balboa Ave.
San Diego, CA 92123

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Mobile Technology

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [x] OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- [ ] Salary
- [x] 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 _____ *(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: Schumacher, Michael

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME: Fisery Inc.

ADDRESS *(Business Address Acceptable)*: 255 Fiserv Drive, Brookfield, WI 53045

BUSINESS ACTIVITY, IF ANY, OF SOURCE: Technology

YOUR BUSINESS POSITION:

GROSS INCOME RECEIVED
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [x] OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- [ ] Salary
- [x] 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 _____ *(Describe)*

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME:

ADDRESS *(Business Address Acceptable)*:

BUSINESS ACTIVITY, IF ANY, OF SOURCE:

YOUR BUSINESS 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 (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 _____ *(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
Schumacher, Michael

SCHEDULE D
Income – Gifts

► NAME OF SOURCE (Not an Acronym)
Park Hyatt Aviara
ADDRESS *(Business Address Acceptable)*
7100 Aviara Resort Dr
Carlsbad, CA 92011
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 04 / 14	$ 272.00	Fourth of July Event - 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: