1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Scotts Valley

Division, Board, Department, District, if applicable

Your Position
City Council Member

► 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 Scotts Valley

☐ County of ____________________________
☑ Other ____________________________

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


☐ Leaving Office: Date Left ______/_____/______

(Choose one)

☐ The period covered is January 1, 2017, through the date of leaving office.

☐ The period covered is ______/_____/______, through the date of leaving office.

☐ Assuming Office: Date assumed ______/_____/______

☐ Candidate: Date of Election ______/_____/______ and office sought, if different than Part 1: ____________________________

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 3

Schedules attached

☒ 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

MAILING ADDRESS
1 Civic Center Dr
Scotts Valley CA 95066-4197

STREET
1 Civic Center Dr
Scotts Valley CA 95066-4197

CITY

STATE

ZIP CODE

DAYTIME TELEPHONE NUMBER
(831) 438-0633

E-MAIL ADDRESS
rlj12@comcast.net

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 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 correct.

Date Signed 04/02/2018 09:16 PM

Signature ____________________________

(File the originally signed statement with your filing official.)
## SCHEDULE B
**Interests in Real Property**
(Including Rental Income)

### ASSESSOR’S PARCEL NUMBER OR STREET ADDRESS

- **Address:** 105 Village Drive
- **City:** Aptos

### FAIR MARKET VALUE

<table>
<thead>
<tr>
<th>Amount</th>
<th>IF APPLICABLE, LIST DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,000 - $10,000</td>
<td>/ / 17</td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td>/ / 17</td>
</tr>
<tr>
<td>$100,001 - $1,000,000</td>
<td>ACQUIRED DISPOSED</td>
</tr>
<tr>
<td>Over $1,000,000</td>
<td></td>
</tr>
</tbody>
</table>

### NATURE OF INTEREST

- **Ownership/Deed of Trust**
- **Leasehold**
- **Easement**
- **Leasehold**
- **Other**

#### IF RENTAL PROPERTY, GROSS INCOME RECEIVED

<table>
<thead>
<tr>
<th>Amount</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $499</td>
<td></td>
</tr>
<tr>
<td>$500 - $1,000</td>
<td></td>
</tr>
<tr>
<td>$1,001 - $10,000</td>
<td></td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td></td>
</tr>
<tr>
<td>OVER $100,000</td>
<td></td>
</tr>
</tbody>
</table>

#### 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**
- **Charlotte Dunlap**

### Comments:

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

1. INCOME RECEIVED

<table>
<thead>
<tr>
<th>NAME OF SOURCE OF INCOME</th>
<th>ADDRESS (Business Address Acceptable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cassidy Insurance</td>
<td>108 Whispering Pines Dr, Ste 200, Scotts Valley, CA 95066</td>
</tr>
<tr>
<td>Insurance</td>
<td></td>
</tr>
</tbody>
</table>

YOUR BUSINESS POSITION:
Sales

<table>
<thead>
<tr>
<th>GROSS INCOME RECEIVED</th>
<th>No Income - Business Position Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>$500 - $1,000</td>
<td>$1,001 - $10,000</td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td>OVER $100,000</td>
</tr>
</tbody>
</table>

CONSIDERATION FOR WHICH INCOME WAS RECEIVED:
- Partnership (Less than 10% ownership)
- Salary
- Spouse’s or registered domestic partner’s income
- Loan repayment
- Commission or Rental Income, list each source of $10,000 or more
- Other

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:

<table>
<thead>
<tr>
<th>NAME OF LENDER*</th>
<th>ADDRESS (Business Address Acceptable)</th>
</tr>
</thead>
</table>

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 %
TERM (Months/Years)

SECURITY FOR LOAN
- None
- Personal residence
- Real Property
- Guarantor
- Other

Street address
City

Comments: