NAME OF FILER (LAST) Reed
(FIRST) James
(MIDDLE) V

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
City of Scotts Valley
Division, Board, Department, District, if applicable
City Council Member
Your Position

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
☐ 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, 2016, through December 31, 2016.
- or -
The period covered is ______/_____/_______, through December 31, 2016.

☐ Leaving Office: Date Left ______/_____/_______ (Check one)
☐ The period covered is January 1, 2016, through the date of
leaving office.
- or -
The period covered is ______/_____/_______, through
the date of leaving office.

☐ Assuming Office: Date assumed ______/_____/_______

☐ Candidate: Election year ________ and office sought, if different than Part 1: ___________________________

4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: 1

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 225 Navigator Dr
STREET Scotts Valley
CITY CA
STATE 95066-4065
ZIP CODE

DAYTIME TELEPHONE NUMBER ( 831 ) 461-0222
E-MAIL ADDRESS jimreedsv@gmail.com

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 04/06/2017 03:42 PM
Signature ___________________________
Electronic Submission (File the originally signed statement with your filing official.)
**Expanded Statement List**

<table>
<thead>
<tr>
<th>Agency Name</th>
<th>Division, Board Department, District</th>
<th>Position or Title</th>
<th>Jurisdiction</th>
<th>Type of Statement</th>
<th>Period Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Successor Agency of the Scotts Valley Redevelopment Agency</td>
<td>N/A</td>
<td>Board Member</td>
<td>City of Scotts Valley</td>
<td>Annual</td>
<td>01/01/16 – 12/31/16</td>
</tr>
</tbody>
</table>