STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A PUBLIC DOCUMENT

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Lind Donna R

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)
☐ Multi-County
☒ City of Scotts Valley
☐ County of ____________________________
☐ Other ____________________________

3. Type of Statement (Check at least one box)
☒ Annual: The period covered is January 1, 2019, through December 31, 2019.
☐ Leaving Office: Date Left _____/_____/______
- or -
The period covered is _____/_____/______ through December 31, 2019.
☐ Assuming Office: Date assumed _____/_____/______
- or -
The period covered is _____/_____/______ through the date of leaving office.
☐ 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: 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 STREETFAMILY STREET (Business or Agency Address Recommended - Public Document)
1 Civic Center Dr Scotts Valley
( Business or Agency Address Recommended - Public Document) CA 95066-4197
CITY STATE ZIP CODE
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
( 831 ) 438-4187 dlindslind@earthlink.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 02/18/2020 05:20 PM Signature ____________________________
(month, day, year) (File the originally signed paper statement with your filing official.)

Electronic Submission