

COVER PAGE

Filed Date: 02/16/2017 02:52 PM
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Please type or print in ink.

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: SEE ATTACHED LIST Position:

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

- State Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of Scotts Valley 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.
- Assuming Office:** Date assumed ____/____/____
- 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.
- Candidate:** Election year _____ and office sought, if different than Part 1: _____
(Mailing Address Street (Business or Agency Address Recommended - Public Document))

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 2

Schedules attached

- Schedule A-1 - Investments** – schedule attached **Schedule C - Income, Loans, & Business Positions** – schedule attached
 - Schedule A-2 - Investments** – schedule attached **Schedule D - Income – Gifts** – schedule attached
 - Schedule B - Real Property** – schedule attached **Schedule E - Income – Gifts – Travel Payments** – schedule attached
- or-
 None - No reportable interests on any schedule

5. Verification

CITY STATE ZIP CODE
[Redacted] Scotts Valley CA 95066-4197
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
() [Redacted] 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 02/16/2017 02:52 PM Signature Electronic Submission
(month, day, year) (File the originally signed statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE ATTACHMENT

| |
|---|
| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION |
| Name Donna Lind |

EXPANDED STATEMENT LIST

| Agency Name | Division, Board, Department, District | Position or Title | Jurisdiction | Type of Statement | Period Covered |
|-------------------------------|---------------------------------------|------------------------|---|-------------------|---------------------|
| Monterey Bay Area Governments | | Alternate Board Member | Multi-county Monterey, San Benito, Santa Cruz | Annual | 01/01/16 - 12/31/16 |