

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

CITY CLERK
Date Initial Filing Received
Official Use Only
JUL 31 2018

YUBA CITY

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Yuba City

Division, Board, Department, District, if applicable

City Council

Your Position

candidate

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 Yuba City
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, 2017, through December 31, 2017.
-or- The period covered is through December 31, 2017.
Assuming Office: Date assumed
Candidate: Date of Election 11/6/18 and office sought, if different than Part 1:
Leaving Office: Date Left
-or- The period covered is January 1, 2017, through the date of leaving office.
-or- The period covered is through the date of leaving office.

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

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 STREET CITY STATE ZIP CODE

Yuba City, CA 95993

DAYTIME TELEPHONE NUMBER (530) E-MAIL ADDRESS grace4citycouncil@gmail.org

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 8/1/18 (month, day, year)

Signature [Signature] (File the originally signed statement with your filing official.)

SCHEDULE D
Income – Gifts

Name
Espindola

▶ NAME OF SOURCE (Not an Acronym)
Local # 228 Plumbers & Pipefitters
ADDRESS (Business Address Acceptable)
1015 Yuba St., Marysville, CA 95901
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3/15/18</u>	<u>\$ 100-</u>	<u>dinner ticket</u>
<u>5/19/18</u>	<u>\$ 60-</u>	<u>dinner ticket</u>
____/____/____	\$ _____	_____

▶ 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)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
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____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: _____