

COVER PAGE

A PUBLIC DOCUMENT

JUL 30 2020

YUBA CITY

Please type or print in ink.

NAME OF FILER (LAST) HARRIS (FIRST) SHON (MIDDLE) L.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CITY OF YUBA CITY

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 YUBA CITY
Judge, Retired Judge, Pro Tem 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, 2019, through December 31, 2019.
Leaving Office: Date Left
Assuming Office: Date assumed
Candidate: Date of Election 11-3-20 and office sought, if different than Part 1:

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

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
1201 CIVIC CENTER BLVD YUBA CITY CA 95993
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(530) 400-9205 14402@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 7-21-20 (month, day, year)

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

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.



NAME OF BUSINESS ENTITY: State of California - Savings Plus
GENERAL DESCRIPTION OF THIS BUSINESS: 401K - 457 Plan
FAIR MARKET VALUE: \$10,001 - \$100,000
NATURE OF INVESTMENT: Other Mutual Fund

NAME OF BUSINESS ENTITY:
GENERAL DESCRIPTION OF THIS BUSINESS:
FAIR MARKET VALUE:
NATURE OF INVESTMENT:

NAME OF BUSINESS ENTITY: ICMA - RC
GENERAL DESCRIPTION OF THIS BUSINESS: Deferred Compensation
FAIR MARKET VALUE: \$10,001 - \$100,000
NATURE OF INVESTMENT: Other Mutual Fund

NAME OF BUSINESS ENTITY:
GENERAL DESCRIPTION OF THIS BUSINESS:
FAIR MARKET VALUE:
NATURE OF INVESTMENT:

NAME OF BUSINESS ENTITY:
GENERAL DESCRIPTION OF THIS BUSINESS:
FAIR MARKET VALUE:
NATURE OF INVESTMENT:

Filer's Verification
Print Name:
Office, Agency or Court:
Statement Type:
I have used all reasonable diligence in preparing this statement...
I certify under penalty of perjury...
Date Signed:
Filer's Signature:

Comments: