

#### STATEMENT OF ECONOMIC INTERESTS COVED DAGE

CHALAND

Please type or p	print in lok		COV	EK PAGE		13 APR -2 PM II
NAME OF FILER		(LAST)		(FIRST)		(MIDDLE)
	GIBSON	MCEIHANE	4	LYNETT	E	V.
. Office, Ag	ency, or Court	,	/	7		
Agency Name		DAKLAND	)			
Division, Board	d. Department, District	, if applicable		Your Position		
	ITY Co	uneil.		Cour	reil mo	mber
► If filing for n	multiple positions, list	below or on an attachment				
Agency:				Position:		
Jurisdictio	n of Office (Che	ck at least one box)				
State			[	Judge or Court (	Commissioner (St	tatewide Jurisdiction)
	/			County of	···	
City of	DAKLAND	)		Other		
Type of Sta	atement (Check at	t least one box)				
Annual: Ti	·	January 1, 2012, through		Leaving Office:	Date Left	
<b>-or-</b> Th			_, through	, , ,		y 1, 2012, through the date of
Assuming (	Office: Date assume	0011071 201	<u> </u>	The period co the date of le		/, through
Candidate:	Election year	and office	e sought, if differen	than Part 1:		
Schedule S	ummary					
Check applicabl	le schedules or "Noi	те."	► Total numb	er of pages inc	cluding this c	cover page:
Schedule A-	-1 - Investments – sch	nedule attached	Sch	edule C - Income, i	Loans, & Busine.	ss Positions - schedule attache
	2 - Investments – sch		h	edule D - Income -		
Schedule B	<ul> <li>Real Property – sch</li> </ul>			edule E - Income -	Gitts — Travel P	ayments – schedule attached
		or- None - No report	table interests on a	ny schedule		
erification						
MAILING ADDRESS	STREET Address Recommended - Pa	ublic Document)	CITY	-	STATE	ZIP CODE
	. HENRY		DaKle	end	CA	94612
DAYTIME TELEPHON	E NUMBER		E-MAIL A	DDRESS (OPTIONAL)		
	38-700		1m	celhane	y coa	Klandnet. Co
		preparing this statement. I have strue and complete. I ack	have reviewed this :	statement and to tyre	e best of my knov	vledge the information contained
•		er the laws of the State of	•		e and correct.	
,				22 om π π	/	
ate Signed	24-02-6	2013	Signature .			

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



### SCHEDULE A-1 Investments

13 APR -2 Stocks, Bonds, and Other Interests (Gwrleiship Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Gibson McChoney, L.

WALIC	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
403B	
FAIR MARKET VALUE  \$2,000 - \$10,000  \$100,001 - \$1,000,000  Over \$1,000,000	FAIR MARKET VALUE  \$2,000 - \$10,000  \$10,001 - \$100,000  \$100,001 - \$1,000,000  Over \$1,000,000
NATURE OF INVESTMENT  Stock Other  Cetirsmant Acct  (Describe)  Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	NATURE OF INVESTMENT  Stock Other (Describe)  Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
02,10,12,2000 , 12 ACQUIRED DISPOSED	
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE  \$2,000 - \$10,000	FAIR MARKET VALUE  \$2,000 - \$10,000  \$10,001 - \$100,000  \$100,001 - \$1,000,000  Over \$1,000,000
Stock Other (Describe)  Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Stock Other (Describe)  Partnership O Income Received of \$0 - \$499  Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	/ / 12 / / 12
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE  \$2,000 - \$10,000	FAIR MARKET VALUE  \$2,000 - \$10,000  \$10,001 - \$100,000  \$100,001 - \$1,000,000  Over \$1,000,000
NATURE OF INVESTMENT  Stock Other (Describe)  Partnership O Income Received of \$0 - \$499	NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income Received of \$0 - \$499
O income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
Comments:	

#### SCHEDULE A-2

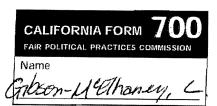
#### Investments, Income, and Assets 13 APR - 20f Business Entities/Trusts (Ownership Interest is 10% or Greater)



► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Name /	Name
Address (Business Address Acceptable)	
Check one	Check one
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2	2 Trust, go to 2 Business Entity, complete the box, then go to
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:    \$0 - \$1,999	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$0 \ \$1,999 \$2,000 \ \$10,000 \$100,001 \ \$1,000,000 Over \$1,000,000  NATURE OF INVESTMENT Partnership Sole Proprietorship
YOUR BUSINESS POSITION Other	YOUR BUSINESS POSITION
2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATE SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	<u> </u>
\$0 - \$499	\$0 - \$499
3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)  None	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)  None
4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:  INVESTMENT REAL PROPERTY	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST  Check one box:  INVESTMENT  REAL PROPERTY
ame of Business Entity, if Investment, or ssessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
escription of Business Activity or ity or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
AIR MARKET VALUE   IF APPLICABLE, LIST DATE:  3 \$2,000 - \$10,000	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000     \$10,001 - \$100,000
ATURE OF INTEREST  Property Ownership/Deed of Trust  Slock  Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Yrs. remaining  Check box if additional schedules reporting investments or real property are attached	Yrs remaining  Check box if additional schedules reporting investments or real property are attached
omments:	FPPC Form 700 (2012/2013) Sch. A-2 FPPC Advice Email: advice@fppc.ca.pov

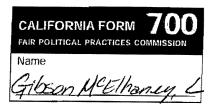
#### SCHEDULE B



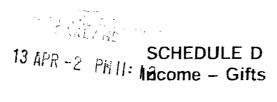


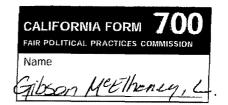
► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
CITY	CITY
S2,000 - \$10,000	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000
	nding institutions made in the lender's regular course of ithout regard to your official status. Personal loans and ess must be disclosed as follows:
NAME OF LENDER*	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
%	% None
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 UVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
mmonter	

# SCHEDULE C Income, Loans, & Business Positions Positions Gifts and Travel Payments)



➤ 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
RICHMOND NHS	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
2320 Custing Blvd Richmond 94804	<i>\$</i>
BUSINESS ACTIVITY, IF MY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
2320 Cutting Blvd, Richmond 94804 BUSINESS ACTIVITY, IF DNY, OF SOURCE EXECUTIVE DIRECTOR	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
<b>85.00</b> - \$1,000 <b>\$1,001</b> · \$10,000	\$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONCIDEDATION FOR MUICH INCOME MAS DECEMED	CONSIDERATION FOR WHICH INCOME WAS DESERVED
CONSIDERATION FOR WHICH INCOME WAS RECEIVED    Salary	CONSIDERATION FOR WHICH INCOME WAS RECEIVED  Salary Spouse's or registered domestic partner's income
Loan repayment Partnership	Loan repayment Partnership
Sale of (Real property, car, boal, etc.)	Sale of(Real property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Commission of Trema madrie, as case or are, see or more	Commission of Section Medium, and each subset of \$10,000 of more
Other	Other
(Describe)	(Describe)
	<u> </u>
➤ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERI	OD
	nding institutions, or any indebtedness created as part of a
	lender's regular course of business on terms available to tus. Personal loans and loans received not in a lender's
regular course of business must be disclosed as follows	
Togalar course of back soo when be also seed as the world	
NAME OF LENDER'	INTEREST RATE TERM (Months/Years)
	% None
ADDRESS (Business Address Acceptable)	
	SECURITY FOR LOAN    None
BUSINESS ACTIVITY, IF ANY, OF LENDER	
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	City
\$1,001 · \$10,000	Customer
S10,001 - \$100,000	Guarantor
OVER \$100,000	Other
	(Describe)
Comments:	





/	/ <b> </b>
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	\ \ \s
NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	\$
	\$
IAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
DDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
USINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
ATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
\$	
\$	\$ \$ \$
	1 1

CARLANL

## 13 APR - 2 PM II: 13 SCHEDULE E Income - Gifts Travel Payments, Advances, and Reimbursements

CA	LIFORNI	IA FORM	700
FAIR	POLITICAL	PRACTICES C	OMMISSION
Nar	ne		
GI	bson A	UCECh:	any,

- You must mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE (No! an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
DATE(S):/ AMT: \$	DATE(S):/
TYPE OF PAYMENT: (must check one)	TYPE OF PAYMENT: (must check one) Gift Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
DATE(S):/ AMT: \$	DATE(S):/
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
Comments:	