CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

FAIR POLITICAL PRACTICES COMMISSION
13 APR -1 AM 10:55

RECEIVED
CITY OF MADERA
Date Received
By D. Alvarez
CITY CLERK
DATE 4/1/13

TN

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
FRAZIER	BRETT	FORREST

1. Office, Agency, or Court

Agency Name: CITY OF MADERA

Division, Board, Department, District, if applicable: CITY COUNCIL

Your Position: COUNCIL MEMBER

► If filing for multiple positions, list below or on an attachment.

Agency: See attached.

Position:

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

- ☐ State
- ☐ Multi-County
- ☒ City of MADERA
- ☐ 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, 2012, through December 31, 2012.

-or-

The period covered is __/__/__, through December 31, 2012.

☐ **Assuming Office:** Date assumed __/__/__

☐ **Candidate:** Election year ____ and office sought, if different than Part 1:

☐ **Leaving Office:** Date Left __/__/__ *(Check one)*

○ The period covered is January 1, 2012, through the date of leaving office.

○ The period covered is __/__/__, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

► ***Total number of pages including this cover page:*** 4

- ☐ **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*

[redacted]

herein and in any attached schedules is true and complete. I ack[redacted]

I certify under penalty of perjury under the laws of the State o[redacted]

Date Signed 4/1/13
(month, day, year)

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)
Do not attach brokerage or financial statements.

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
Name

SS ENTITY

PTION OF BUSINESS ACTIVITY

JE
) ☐ $10,001 - $100,000
)0,000 ☐ Over $1,000,000

TMENT
Other _____ (Describe)
Income Received of $0 - $499
Income Received of $500 or More *(Report on Schedule C)*

ST DATE:
___/___/ 12 DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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 ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
___/___/ 12 ACQUIRED ___/___/ 12 DISPOSED

SS ENTITY

PTION OF BUSINESS ACTIVITY

JE
) ☐ $10,001 - $100,000
)0,000 ☐ Over $1,000,000

TMENT
Other _____ (Describe)
Income Received of $0 - $499
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ST DATE:
___/___/ 12 DISPOSED

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GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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 ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
___/___/ 12 ACQUIRED ___/___/ 12 DISPOSED

SS ENTITY

PTION OF BUSINESS ACTIVITY

JE
) ☐ $10,001 - $100,000
)0,000 ☐ Over $1,000,000

TMENT
Other _____ (Describe)
Income Received of $0 - $499
Income Received of $500 or More *(Report on Schedule C)*

ST DATE:
___/___/ 12 DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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 ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
___/___/ 12 ACQUIRED ___/___/ 12 DISPOSED

SCHEDULE A-2
Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FO
FAIR POLITICAL PRACT
Name Brett Frazier

► 1. BUSINESS ENTITY OR TRUST

Name: Piccolo's Pizza INC (DBA PAPA MURPHY'S)
Address *(Business Address Acceptable)*: 324 N. GATEWAY DR.

Check one
☐ Trust, *go to 2* ☒ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/ 12 ACQUIRED ___/___/ 12 DISPOSED

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☐ _____ Other

YOUR BUSINESS POSITION _____

► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499 ☐ $10,001 - $100,000
☐ $500 - $1,000 ☐ OVER $100,000
☒ $1,001 - $10,000

► 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

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/ 12 ACQUIRED ___/___/ 12 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold _____ Yrs. remaining ☐ Other _____
☐ Check box if additional schedules reporting investments or real property are attached

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► 1. BUSINESS ENTITY OR TRUST

Name
Address *(Business Address Acceptable)*

Check one
☐ Trust, *go to 2* ☐ Business Entity, *complete t*

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LI
___/___/ 12 ACQUIRED

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☐ _____

YOUR BUSINESS POSITION _____

► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLU SHARE OF THE GROSS INCOME TO THE ENTITY/

☐ $0 - $499 ☐ $10,001 - $100,000
☐ $500 - $1,000 ☐ OVER $100,000
☐ $1,001 - $10,000

► 3. LIST THE NAME OF EACH REPORTABLE SINGLE INCOME OF $10,000 OR MORE (Attach a separate sheet i

☐ None

► 4. INVESTMENTS AND INTERESTS IN REAL PROPER LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Prop

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE,
___/___/ 12 ACQUIRED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock
☐ Leasehold _____ Yrs. remaining ☐ Other _____
☐ Check box if additional schedules reporting investment are attached

Comments: _____

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Brett Frazier

: (Not an Acronym)

s Address Acceptable)

Y, IF ANY, OF SOURCE

VALUE	DESCRIPTION OF GIFT(S)
$	
$	
$	

▶ NAME OF SOURCE (Not an Acronym): MEDIA SOLUTIONS

ADDRESS (Business Address Acceptable): 707 Commons Dr., Sacramento CA 95825

BUSINESS ACTIVITY, IF ANY, OF SOURCE: MEDIA BUYER

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/19/12	$125	FOOTBALL TICKETS
/ /	$	
/ /	$	

: (Not an Acronym)

s Address Acceptable)

Y, IF ANY, OF SOURCE

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)
/ /	$	
/ /	$	
/ /	$	

: (Not an Acronym)

s Address Acceptable)

Y, IF ANY, OF SOURCE

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)
/ /	$	
/ /	$	
/ /	$	

SCHEDULE E
Income – Gifts
Travel Payments, Advances, and Reimbursements

CALIFORNIA F
FAIR POLITICAL PRAC

Name

- **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) or or the "Speech" box if you made a speech or participated in a panel. These payme subject to the $440 gift limit, but may result in a disqualifying conflict of interest.**

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): __/__/__ - __/__/__ (If gift) AMT: $

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): __/__/__ - __/__/__ (If gift) AMT:

TYPE OF PAYMENT: (must check one) ☐ Gift

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): __/__/__ - __/__/__ (If gift) AMT: $

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): __/__/__ - __/__/__ (If gift) AMT:

TYPE OF PAYMENT: (must check one) ☐ Gift

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

Comments:

EXPANDED STATEMENT OF ECONOMIC INTERESTS
Committees / Commissions / Boards

BRETT FRAZIER

1. Community Action Partnership of Madera County – Leaving office required.
2. Madera County Economic Development Commission - Alternate
3. Madera County Transportation Commission
4. Madera County Council on Aging
5. Madera Housing Authority
6. Madera Public Financing Authority
7. Oversight Board to the Successor Agency of the Former Madera Redevelopment Agency
8. Successor Agency to the Former Madera Redevelopment Agency and Successor Housing Agency