CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

RECEIVED
FAIR POLITICAL PRACTICES COMMISSION
2013 MAY 17 PM 2:15

TN

Date Received
Official Use Only
received
5·15·13 SR

1 of 2

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
SAMANO	Elizabeth	O'Neal

1. Office, Agency, or Court

Agency Name: City of Isleton

Division, Board, Department, District, if applicable:

Your Position: Council Member

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

Agency: _____ Position: _____

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

- [ ] State
- [ ] Multi-County _____
- [x] City of Isleton
- [ ] Judge or Court Commissioner (Statewide Jurisdiction)
- [ ] County of _____
- [ ] Other _____

3. Type of Statement *(Check at least one box)*

- [x] **Annual:** The period covered is January 1, 2012, through December 31, 2012.
  -or-
  The period covered is ~~01/01/13~~ 3/3, through December 31, ~~2012~~ ~~2013~~ 3/3
- [ ] **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:*** _____

- [ ] **Schedule A-1** - *Investments* – schedule attached
- [x] **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

[redacted]

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

Date Signed 5·10·13
(month, day, year)

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name

---

1. BUSINESS ENTITY OR TRUST

Elizabeth Herrera Garcia Trust
Name
PO Box 285 Isleton CA 95641
Address (Business Address Acceptable)

Check one
[X] Trust, go to 2 [ ] Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Living Trust

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 [X] Trust (Other)

YOUR BUSINESS POSITION Trustee

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

[X] $0 - $499
[ ] $500 - $1,000
[ ] $1,001 - $10,000
[ ] $10,001 - $100,000
[ ] OVER $100,000

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 [X] REAL PROPERTY

157 0034 0060000
Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property
Member - Partner Rental
Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
[ ] $2,000 - $10,000
[ ] $10,001 - $100,000
[X] $100,001 - $1,000,000
[ ] Over $1,000,000

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

NATURE OF INTEREST
[X] Property Ownership/Deed of Trust [ ] Stock [ ] Partnership
[ ] Leasehold ____ Yrs. remaining [ ] Other

[ ] Check box if additional schedules reporting investments or real property are attached

---

1. BUSINESS ENTITY OR TRUST

Isleton Restoration LLC
Name
PO Box 984 Walnut Grove CA
Address (Business Address Acceptable)

Check one
[ ] Trust, go to 2 [X] Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Historic Rooming House Rental

FAIR MARKET VALUE
[ ] $0 - $1,999
[ ] $2,000 - $10,000
[ ] $10,001 - $100,000
[X] $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 Trustee

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

[X] $0 - $499
[ ] $500 - $1,000
[ ] $1,001 - $10,000
[ ] $10,001 - $100,000
[ ] OVER $100,000

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 [X] REAL PROPERTY

157003400600 00
Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property
Rooming house rental
Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
[ ] $2,000 - $10,000
[ ] $10,001 - $100,000
[X] $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 [X] Partnership
[ ] Leasehold ____ Yrs. remaining [ ] Other

[ ] Check box if additional schedules reporting investments or real property are attached

Comments: