

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Initial Filing Received
Official Use Only
MAR 29 2017

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
WIEST CARY

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
ATHERTON CITY COUNCIL
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 Judge or Court Commissioner (Statewide Jurisdiction)
 Multi-County _____ County of _____
 City of ATHERTON Other _____

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

Annual: The period covered is January 1, 2016, through December 31, 2016.
-or- The period covered is _____ through December 31, 2016.
 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, 2016, 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: 1

Schedules attached

Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached
 Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached
 Schedule B - Real Property - 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
(Business or Agency Address Recommended - Public Document)
91 ASHFIELD ROAD ATHERTON CA 94027
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(650) _____ CWIEST@CI.ATHERTON.CA.US

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 3-29-17
(month, day, year)

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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Initial Filing Received
Official Use Only
MAR 27 2017

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
WIDMER WILLIAM R

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
ATHERTON CITY COUNCIL
Division, Board, Department, District, if applicable Your Position
COUNCIL MEMBER

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: SOUTH BAY WASTE MANAGEMENT AUTHORITY Position: BOARD MEMBER

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

- State
- Multi-County _____
- City of ATHERTON
- 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, 2016, through December 31, 2016.
- or- The period covered is _____ through December 31, 2016.
- 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, 2016, 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: 3

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
(Business or Agency Address Recommended - Public Document)
[REDACTED] ATHERTON CA 94027
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(650) [REDACTED] [REDACTED]

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 3-27-17
(month, day, year)

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

**SCHEDULE A-1
Investments**

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

Name **WIDMER**

▶ **NAME OF BUSINESS ENTITY**
APPLE

GENERAL DESCRIPTION OF THIS BUSINESS
MOBILE COMMUNICATION & MEDIA DEVICE

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:
 _____ / _____ / **16** _____ / _____ / **16**
 ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**
GENERAL MOTORS

GENERAL DESCRIPTION OF THIS BUSINESS
AUTO MAKER

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:
 _____ / _____ / **16** _____ / _____ / **16**
 ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**
AMERICAN AIRLINE

GENERAL DESCRIPTION OF THIS BUSINESS
AIRLINE INDUSTRY

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:
 _____ / _____ / **16** _____ / _____ / **16**
 ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**

GENERAL DESCRIPTION OF THIS BUSINESS

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:
 _____ / _____ / **16** _____ / _____ / **16**
 ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**

GENERAL DESCRIPTION OF THIS BUSINESS

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:
 _____ / _____ / **16** _____ / _____ / **16**
 ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**

GENERAL DESCRIPTION OF THIS BUSINESS

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:
 _____ / _____ / **16** _____ / _____ / **16**
 ACQUIRED DISPOSED

Comments: _____

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 WIDMER

NAME OF BUSINESS ENTITY COSTCO
GENERAL DESCRIPTION OF THIS BUSINESS RETAIL
FAIR MARKET VALUE \$10,001 - \$100,000
NATURE OF INVESTMENT Stock
IF APPLICABLE, LIST DATE: ACQUIRED / / 16 DISPOSED / / 16

NAME OF BUSINESS ENTITY HEWLETT PACKARD
GENERAL DESCRIPTION OF THIS BUSINESS COMPUTER/HARDWARE SOFTWARE
FAIR MARKET VALUE \$10,001 - \$100,000
NATURE OF INVESTMENT Stock
IF APPLICABLE, LIST DATE: ACQUIRED / / 16 DISPOSED / / 16

NAME OF BUSINESS ENTITY CISCO
GENERAL DESCRIPTION OF THIS BUSINESS COMMUNICATIONS
FAIR MARKET VALUE \$10,001 - \$100,000
NATURE OF INVESTMENT Stock
IF APPLICABLE, LIST DATE: ACQUIRED / / 16 DISPOSED / / 16

NAME OF BUSINESS ENTITY AT&T
GENERAL DESCRIPTION OF THIS BUSINESS COMMUNICATIONS
FAIR MARKET VALUE \$10,001 - \$100,000
NATURE OF INVESTMENT Stock
IF APPLICABLE, LIST DATE: ACQUIRED / / 16 DISPOSED / / 16

NAME OF BUSINESS ENTITY MICROSOFT
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE \$10,001 - \$100,000
NATURE OF INVESTMENT Stock
IF APPLICABLE, LIST DATE: ACQUIRED / / 16 DISPOSED / / 16

NAME OF BUSINESS ENTITY TOYOTA MOTOR CORPORATION
GENERAL DESCRIPTION OF THIS BUSINESS CAR MAKER
FAIR MARKET VALUE \$10,001 - \$100,000
NATURE OF INVESTMENT Stock
IF APPLICABLE, LIST DATE: ACQUIRED / / 16 DISPOSED / / 16

Comments:

SCHEDULE D
Income – Gifts

Name
WIDMER

▶ NAME OF SOURCE (Not an Acronym)
American Israeli Political Action Committee

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/04/16	\$ 100	Middle east strategy seminar
/ /	\$	
/ /	\$	

▶ 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)
/ /	\$	
/ /	\$	
/ /	\$	

▶ 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)
/ /	\$	
/ /	\$	
/ /	\$	

▶ 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)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____

COVER PAGE

MAR 27 2017

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 DeGolia Rick

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
 City of Atherton
 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 Atherton
- 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, 2016, through December 31, 2016.
- or-
- The period covered is _____, through December 31, 2016.
- Leaving Office:** Date Left ____/____/____
 (Check one)
- The period covered is January 1, 2016, through the date of leaving office.
- or-
- The period covered is _____, through the date of leaving office.
- Assuming Office:** Date assumed ____/____/____
- Candidate:** Election year _____ and office sought, if different than Part 1: _____

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

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
 (Business or Agency Address Recommended - Public Document)
 91 Ashfield Rd Atherton CA 94027-3897
 DAY TIME TELEPHONE NUMBER E-MAIL ADDRESS
 (650) _____ rdegolia@ci.atherton.ca.us

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 3/27/17 Signature Rick DeGolia
 (month, day, year) (File the originally signed statement with your filing official.)

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
Rick DeGolia

▶ 1. BUSINESS ENTITY OR TRUST

DeGolia Associates, Inc.
Name
84 Clay Drive, Atherton, CA 94027
Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF THIS BUSINESS
Business Consulting to Technology Companies

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED / /16 DISPOSED / /16

NATURE OF INVESTMENT
 Partnership Sole Proprietorship S Corporation
Other

YOUR BUSINESS POSITION Myself and my spouse are owners

▶ 1. BUSINESS ENTITY OR TRUST

KCF Ventures, Inc.
Name
84 Clay Drive, Atherton, CA 94027
Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF THIS BUSINESS
Vineyard Operation, Healdsburg, California

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED / /16 DISPOSED / /16

NATURE OF INVESTMENT
 Partnership Sole Proprietorship LLC
Other

YOUR BUSINESS POSITION Spouse is owner

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

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

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

\$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 or Names listed below

ABW-Medical, Inc.
Return on Intelligence, Inc.
Dinesh Butani

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)

None or Names listed below

Mayo Family Winery

▶ 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 IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED / /16 DISPOSED / /16

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

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

961 Limerick Lane, Healdsburg, CA 95448

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Zinfandel Vineyard and rental house

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

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED / /16 DISPOSED / /16

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

Comments: _____

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
Rick DeGolia

▶ 1. BUSINESS ENTITY OR TRUST

DeGolia-Kamb Wine Club
 Name
84 Clay Drive, Atherton, CA 94027
 Address (Business Address Acceptable)
 Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS
Service company to enable cooperative wine making

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999 / / 16 / / 16
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship LLC Other

YOUR BUSINESS POSITION Co-owner

▶ 1. BUSINESS ENTITY OR TRUST

Name
 Address (Business Address Acceptable)
 Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999 / / 16 / / 16
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

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

▶ 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 or Names listed below

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)

None or Names listed below

▶ 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 IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 / / 16 / / 16
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold Other
 Yrs. remaining

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

▶ 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 IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 / / 16 / / 16
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold Other
 Yrs. remaining

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

Comments: operates at 22000 Mt. Eden Road, Saratoga, CA

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Rick DeGolia

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
DeGolia Associates, Inc.

ADDRESS (Business Address Acceptable)
84 Clay Drive, Atherton, CA 94027

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business Consulting

YOUR BUSINESS POSITION
Co-owner

GROSS INCOME RECEIVED No Income - Business Position Only
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)
 Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.)
 Sale of _____
(Real property, car, boat, etc.)
 Loan repayment
 Commission or Rental Income, list each source of \$10,000 or more

(Describe)
 Other Consulting fees
(Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED No Income - Business Position Only
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)
 Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.)
 Sale of _____
(Real property, car, boat, etc.)
 Loan repayment
 Commission or Rental Income, list each source of \$10,000 or more

(Describe)
 Other _____
(Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
_____	_____% <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)		

BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
	<input type="checkbox"/> Real Property _____	Street address
HIGHEST BALANCE DURING REPORTING PERIOD		_____
<input type="checkbox"/> \$500 - \$1,000		City
<input type="checkbox"/> \$1,001 - \$10,000		
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Other _____	(Describe)

Comments: _____

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
LEMPRES MICHAEL

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
CITY COUNCIL
Division, Board, Department, District, if applicable Your Position
COUNCIL MEMBER

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Agency: _____ Position: _____

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State Judge or Court Commissioner (Statewide Jurisdiction)
 Multi-County _____ County of _____
 City of ATHERTON Other _____

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(Check one)
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 The period covered is ____/____/_____, through the date of leaving office.

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-or-

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
91 ASHFIELD ROAD ATHERTON CA 94027
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(650) 752-0500 MLEMPRES@CI.ATHERTON.CA.US

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 03/31/17
(month, day, year)

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

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <u>Michael Lempres</u>

▶ NAME OF SOURCE *(Not an Acronym)*
STANFORD UNIVERSITY

ADDRESS *(Business Address Acceptable)*
BUILDING 170, 1FT FL, STANFORD, CA 94305

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10/22/16	\$ 135-	TICKET/FOOD/DRINK
	\$	
	\$	

▶ 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)
	\$	
	\$	
	\$	

▶ 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)
	\$	
	\$	
	\$	

▶ 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)
	\$	
	\$	
	\$	

Comments: _____

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

Name
Michael Lempres

- 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 \$460 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel that occurred on or after January 1, 2016, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)
Zhangjiang management committee

ADDRESS (Business Address Acceptable)
#3 #1158 Zhangdong Rd.

CITY AND STATE
Shanghai, China

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Plane ticket (SFO-ShangHai/Beijing round trip)

DATE(S): 05 / 21 / 16 - 05 / 31 / 16 AMT: \$ 1,386.00
(if gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)
Zhangjiang management committee

ADDRESS (Business Address Acceptable)
#3 #1158 Zhangdong Rd.

CITY AND STATE
Shanghai, China

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Boarding, Meal, Transportation Made a few Speech

DATE(S): 05 / 21 / 16 - 05 / 23 / 16 AMT: \$ 3,846.00
(if gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)
Zhangjiang management committee

ADDRESS (Business Address Acceptable)
#3 #1158 Zhangdong Rd.

CITY AND STATE
Shanghai, China

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Plane tickets from Shanghai to Chongqing

DATE(S): 05 / 21 / 16 - 05 / 23 / 16 AMT: \$ 180.00
(if gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)
Zhengzhou Municipal Government

ADDRESS (Business Address Acceptable)
#233 Zhong yuan zhong Rd.

CITY AND STATE
Zhengzhou, HeNai, China

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Plane from Chongqing to Zhengzhou.

DATE(S): 05 / 26 / 16 - 05 / 27 / 16 AMT: \$ 142.00
(if gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

Comments: _____

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

- 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 \$460 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel that occurred on or after January 1, 2016, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)
Chongqing Municipal Government
 ADDRESS (Business Address Acceptable)
#232 Renmin Road, Yuzhong District
 CITY AND STATE
ChongQing, China
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Boarding, Meal, Transportation Participated in a Panel
 DATE(S): 05 / 24 / 16 - 05 / 26 / 16 AMT: \$ 3,462.00
 (if gift)
 ▶ MUST CHECK ONE: Gift -or- Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
 ▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)
Zhengzhou Municipal Government
 ADDRESS (Business Address Acceptable)
#233 Zhong yuan zhong Rd.
 CITY AND STATE
Zhengzhou, Henan province, China
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Boarding, Meal, Transportation Participated in a Panel
 DATE(S): 05 / 26 / 16 - 05 / 27 / 16 AMT: \$ 439.00
 (if gift)
 ▶ MUST CHECK ONE: Gift -or- Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
 ▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)
Zhengzhou Municipal Government
 ADDRESS (Business Address Acceptable)
#233 Zhong yuan zhong Rd.
 CITY AND STATE
Zhengzhou, Henan province, China
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Train from Zhengzhou to Beijing
 DATE(S): 05 / 26 / 16 - 05 / 27 / 16 AMT: \$ 48.00
 (if gift)
 ▶ MUST CHECK ONE: Gift -or- Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
 ▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)
Beijing Digital Content Industries Association.
 ADDRESS (Business Address Acceptable)
302 Municipal investment business building,
 CITY AND STATE
Peony Garden, North Lane A2, Haidian, Beijing, China
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Boarding, Meal, Transportation Participated in a Panel
 DATE(S): 05 / 27 / 16 - 05 / 31 / 16 AMT: \$ 1,608.00
 (if gift)
 ▶ MUST CHECK ONE: Gift -or- Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
 ▶ If Gift, Provide Travel Destination _____

Comments: _____

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

Name
Michael Lempres

- 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 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)
Gu'an Emerging Industry Demonstration Zone of Hebei
 ADDRESS (Business Address Acceptable)
188 Xinzhong Street, Guan'an County
 CITY AND STATE
Hebei Province
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

 DATE(S): 11, 14, 16, 11, 18, 16 AMT: \$ 1300
 (if gift)
 ▶ MUST CHECK ONE: Gift -or- Income
 Made a Speech/Participated in a Panel
 Other - Provide Description Flight tickets

 ▶ If Gift, Provide Travel Destination Gu'an

▶ NAME OF SOURCE (Not an Acronym)
Gu'an Emerging Industry Demonstration Zone of Hebei
 ADDRESS (Business Address Acceptable)
188 Xinzhong Street, Guan'an County
 CITY AND STATE
Hebei Province
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

 DATE(S): 11, 14, 16, 11, 18, 16 AMT: \$ 105
 (if gift)
 ▶ MUST CHECK ONE: Gift -or- Income
 Made a Speech/Participated in a Panel
 Other - Provide Description Commute

 ▶ If Gift, Provide Travel Destination Gu'an

▶ NAME OF SOURCE (Not an Acronym)
Gu'an Emerging Industry Demonstration Zone of Hebei
 ADDRESS (Business Address Acceptable)
188 Xinzhong Street, Guan'an County
 CITY AND STATE
Hebei Province
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

 DATE(S): 11, 14, 16, 11, 18, 16 AMT: \$ 508
 (if gift)
 ▶ MUST CHECK ONE: Gift -or- Income
 Made a Speech/Participated in a Panel
 Other - Provide Description Lodge for 5 days

 ▶ If Gift, Provide Travel Destination Gu'an

▶ NAME OF SOURCE (Not an Acronym)
Gu'an Emerging Industry Demonstration Zone of Hebei
 ADDRESS (Business Address Acceptable)
188 Xinzhong Street, Guan'an County
 CITY AND STATE
Hebei Province
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

 DATE(S): 11, 14, 16, 11, 18, 16 AMT: \$ 200
 (if gift)
 ▶ MUST CHECK ONE: Gift -or- Income
 Made a Speech/Participated in a Panel
 Other - Provide Description Meals for 5 days

 ▶ If Gift, Provide Travel Destination Gu'an

Comments: _____

MAR 16 2017

Please type or print in ink.

NAME OF FILER (LAST) LEWIS (FIRST) Elizabeth (MIDDLE) Ann

1. Office, Agency, or Court

Agency Name (Do not use acronyms) TOWN of ATHERTON
Division, Board, Department, District, if applicable City Council Your Position 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 Atherton
- 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, 2016, through December 31, 2016.
-or- The period covered is _____ through December 31, 2016.
- 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, 2016, 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: 3

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 (Business or Agency Address Recommended - Public Document) _____ STREET _____ CITY _____ STATE _____ ZIP CODE _____
 DAYTIME TELEPHONE NUMBER (7050) _____ E-MAIL ADDRESS lizlewis@gmail.com

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 03/15/17 (month, day, year) Signature _____ (File the originally signed statement with your filing official.)

SCHEDULE B Interests in Real Property (Including Rental Income)

Name
Elizabeth A Lewis

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
660 - 662 Cambridge Ave

CITY
Menlo Park CA 94025

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

IF APPLICABLE, LIST DATE:
 / / 16 / / 16
 ACQUIRED DISPOSED

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____
 Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None
Michele Kiato Tenant
Tien Hallesy Tenant
Jonathan Dahl Tenant

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

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

IF APPLICABLE, LIST DATE:
 / / 16 / / 16
 ACQUIRED DISPOSED

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____
 Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____ TERM (Months/Years) _____
 % None

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____ TERM (Months/Years) _____
 % None

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: _____

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
Elizabeth A Lewis

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
660-662 Cambridge Ave

ADDRESS (Business Address Acceptable)
Mentlo Park

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Rental

YOUR BUSINESS POSITION
OWNER

GROSS INCOME RECEIVED No Income - Business Position Only
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)
 Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)
 Sale of _____
 (Real property, car, boat, etc.)
 Loan repayment
 Commission or Rental Income, list each source of \$10,000 or more
Tenants' TRUCK RENTALS
 (Describe)
Jonathan Balk
 (Describe)
 Other *Michelle Berto*
 (Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Romel Enterprises

ADDRESS (Business Address Acceptable)
400 El Camino Real, SAN MATEO

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Management of Property

YOUR BUSINESS POSITION
OWNER

GROSS INCOME RECEIVED No Income - Business Position Only
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)
 Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)
 Sale of _____
 (Real property, car, boat, etc.)
 Loan repayment
 Commission or Rental Income, list each source of \$10,000 or more
 Other *Property Mgmt Fee*
 (Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE _____% None

TERM (Months/Years) _____

SECURITY FOR LOAN
 None Personal residence
 Real Property _____
 Street address _____
 City _____
 Guarantor _____
 Other _____
 (Describe)

Comments: _____