

**STATEMENT OF ECONOMIC INTERESTS**

Date Initial Filing Received  
**DEC 8 2016**  
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**COVER PAGE**

**CITY OF ANTIOCH**  
**CITY CLERK**

Please type or print in ink

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Roche Mary Helen

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
City of Antioch  
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 Antioch Public Finance Authority  
City of Antioch as Successor Agency Position:  
Housing Successor to the Antioch Development Agency

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

State  Judge or Court Commissioner (Statewide Jurisdiction)  
 Multi-County \_\_\_\_\_  County of \_\_\_\_\_  
 City of Antioch  Other \_\_\_\_\_

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

**Annual:** The period covered is January 1, 2014, through December 31, 2014.  
-or-  
The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2014.  
 **Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_  
 **Candidate:** Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_  
 **Leaving Office:** Date Left 12/08/2016  
(Check one)  
 The period covered is January 1, 2014, 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: 2**

**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. [Redacted]

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 12/06/2016 Signature \_\_\_\_\_  
(month, day, year)

May Helen Kocher

① Tr: Delta

East Contra Costa Transit

**SCHEDULE D  
 Income - Gifts**

Name  
*Mary Helen Poche*

▶ NAME OF SOURCE (Not an Acronym)  
Unique Bank  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Banking

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7/27/2016</u>	<u>\$65<sup>00</sup></u>	<u>Elderly Wish Foundation Dinner</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ 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)  
Republic Service Inc  
 ADDRESS (Business Address Acceptable)  
441 N. Buchanan Circle Pacheco Calif  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Garbage

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9/30/2016</u>	<u>\$150<sup>00</sup></u>	<u>Labor to be or Dinner Event</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ 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: \_\_\_\_\_