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CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

A PUBLIC DOCUMENT

(month, day, year)

STATEMENT OF ECONOMIC INTERESTS



Please type or print in ink.		à	CITY OF ANT	
NAME OF FILER (LAST)	(FIRST)		(UPPYE)CLE	RK
Wright	Sean	Kyle)	
1. Office, Agency, or Court				
Agency Name (Do not use acronyms)				CT 1 - 1 - 1
City of Antioch			, Ī	(* * · *
Division, Board, Department, District, if applicable		Your Position		
City Council		Mayor	<u>ריד</u>	- <u></u>
► If filing for multiple positions, list below or on an	attachment. (Do not use ad	cronyms)		
Agency:See attached Sheet		Position:	00	
2. Jurisdiction of Office (Check at least one				— भूज -स
	f DOAJ	Judge or Court Commissioner (Statew	vide Jurisdiction)	
 Multi-County		County of		
City of Antioch		☐ Other		
3. Type of Statement (Check at least one bo				
Annual: The period covered is January 1, 201		Leaving Office: Date Left/_	/	
December 31, 2015.		(Check one)		
The period covered is/ December 31, 2015.	-	 The period covered is January 1, leaving office. -or- 	2015, through the da	te of
Assuming Office: Date assumed08	3 _ 2016	 The period covered is/ the date of leaving office. 	, thr	ough
Candidate: Election year	_ and office sought, if diff	erent than Part 1:		
4. Schedule Summary (must complete)	► Total number of	pages including this cover page:	5	
Schedules attached				
Schedule A-1 - Investments - schedule atta	ached 🛛 🗹 S	chedule C - Income, Loans, & Business Po	sitions – schedule att	ached
Schedule A-2 - Investments – schedule atta		chedule D - Income - Gifts - schedule atta		
Schedule B - Real Property – schedule atta	iched S	chedule E - Income – Gifts – Travel Payme	ents - schedule attach	ed
-or-				
None - No reportable interests on any	/ schedule			
5.				
herein and in any attached schedules is true and co	omplete, Lacknowledge			
I certify under penalty of perjury under the laws				
Data Signad 01/06/2017				
Date Signed	S			

C FOITH 700 (20 FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov List of Multiple Positions of Agencies- Form 700

Sean Wright

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Successor Agency/Housing Successor to the Antioch Development Agency/Antioch Public Financing Authority

Delta Diablo Sanitation District

Association of Bay Area Governments

Transplan

State Route 4 By-Pass Authority

East Contra Costa Regional Fee and Financing Authority

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

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(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700

Name

Sean Wright

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST			
Paradise Skate Roller Rink	The Wright Start Chiropractic			
Name	Name			
1201 W 10th St, Antioch, CA 94509	3432 Hillcrest Ave, Ste 200			
Address (Business Address Acceptable) Check one	Address (Business Address Acceptable)			
□ Trust, go to 2	Check one Trust, go to 2 Business Entity, complete the box, then go to 2			
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS			
Roller Skating Rink	Chiropractic			
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 /15 \$10,001 - \$100,000 /15 \$10,001 - \$1,000,000 ACQUIRED Disposed /15 Over \$1,000,000 /15	FAIR MARKET VALUE IF APPLICABLE, LIST DATE. \$0 - \$1,999 15 \$2,000 - \$10,000 15 \$10,001 - \$100,000 ACQUIRED \$100,001 - \$1,000,000 Over \$1,000,000			
NATURE OF INVESTMENT	NATURE OF INVESTMENT			
YOUR BUSINESS POSITION CO-OWNER	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 \$100,000 	 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>10</u> THE ENTITY/TRUST) \$0 - \$499 \$10,001 - \$100,000 \$10,001 - \$100,000 			
S500 - \$1,000 OVER \$100,000	□ \$500 - \$1,000 □ OVER \$100,000 □ \$1,001 - \$10,000			
S. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary) None or	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 <u>BY</u> THE BUSINESS ENTITY OR TRUST Check one box.	 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST Check one box: 			
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property			
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property			
FAIR MARKET VALUE IF APPLICABLE, LIST DATE \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE \$2,000 - \$10,000			
NATURE OF INTEREST	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership			
Leasehold Other	Leasehold Other			
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached			
Comments:	FPPC Form 700 (2015/2016) Sch. A-2			

FPPC Form 700 (2015/2016) Sch. A-2 FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

SCHEDULE B Interests in Real Property

CALIFORNIA FORM 700

Name

(Including Rental Income)

Sean Wright

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
3432 Hillcrest Ave, Ste 200	
CITY	CITY
Antioch	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE \$2,000 - \$10,000 //15 \$10,001 - \$100,000 //15 \$100,001 - \$1,000,000 ACQUIRED Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE \$2,000 - \$10,000
NATURE OF INTEREST	NATURE OF INTEREST
✓ Ownership/Deed of Trust	Ownership/Deed of Trust Easement
Leasehold D Cther	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$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.	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.

* 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*	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	% 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	S10,001 - \$100,000			
Guarantor, if applicable	Guarantor, if applicable			

Comments: ____

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SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

Name

Sean Wright

▶ 1. INCOME RECEIVED	► 1. INCOME RECEIVED		
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME		
East County Business Education Alliance	Antioch Chamber of Commerce		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
3432 Hillcrest Ave, Ste 200	101 H St, Ste 4		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Consultant			
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION		
Executive Director	Co- Operating Officer		
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED		
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000		
✓ \$10,001 - \$100,000 OVER \$100,000	☑ \$10,001 - \$100,000		
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED		
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	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)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)		
(Real property, car, boat, etc.)	Sale of(Real property, car, boat, etc.)		
Loan repayment	Loan repayment		
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more		
(Descnbe)	(Describe)		
Other (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)
ADDRESS (Business Address Acceptable)	%	None None	
	SECURITY FOR LO	DAN	
BUSINESS ACTIVITY, IF ANY, OF LENDER	None None	Personal res	sidence
	Real Property _		Street address
HIGHEST BALANCE DURING REPORTING PERIOD			Sileer address
\$ 500 - \$ 1,000	-		City
\$1,001 - \$10,000			
\$10,001 - \$100,000	Guarantor		
OVER \$100,000	Other		
		(Descnbe)	
Comments:			

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