

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**

RECEIVED Date Received  
 CITY CLERKS OFFICE  
 CITY OF RICHMOND  
 2014 APR -3 AM 8:35

Please type or print in ink

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Myrick Jael Petri

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

Agency Name (Do not use acronyms)  
 City of Richmond  
 Division, Board, Department, District, if applicable  
 City Council  
 Your Position  
 City Councilmember  
 If filing for multiple positions, list below or on an attachment. (Do not use acronyms)  
 Agency: California State Assembly Position: Senior Field Representative

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

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

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

Annual: The period covered is January 1, 2013, through December 31, 2013.  
 -or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_ through December 31, 2013.  
 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, 2013, 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  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)  
 \_\_\_\_\_ Richmond CA 94804  
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)  
 ( 510 \_\_\_\_\_ \_\_\_\_\_)

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 04/01/2014 Signature \_\_\_\_\_  
 (month, day, year) (File the originally signed statement with your filing official)

**SCHEDULE D**  
**Income – Gifts**

Name \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)  
**George Atkinson**

ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Virtual Development Corporation**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 15 / 13	\$ 260.00	2 tickets, Club area
/ /	\$ _____	Raiders Game
/ /	\$ _____	

▶ 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)  
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BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$ _____	
/ /	\$ _____	
/ /	\$ _____	

Comments: \_\_\_\_\_