

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Harper Wade

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Antioch

Division, Board, Department, District, if applicable

Your Position

City Council

Mayor

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

Agency: California State Senate

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 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.

Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2014.

The period covered is January 1, 2014, through the date of leaving office.

Assuming Office: Date assumed 10 / 05 / 2015

The period covered is ____/____/____, through the date of leaving office.

Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 5

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

I certify under penalty of perjury under the laws of the State of California that

Date Signed 11/05/2015

Signature

(month, day, year)

COMMITTEE ASSIGNMENTS
January 1, 2015 to November 5, 2015

COMMITTEE	POSITION
Successor Agency to the Antioch Development Agency	Boardmember
Antioch Public Financing Authority	Boardmember
Association of Bay Area Governments	Delegate
Delta Diablo	Boardmember
Tri-Delta Transit / Eastern Contra Costa Transit Authority	Boardmember

Name
Harper, Wade

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 \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)
SiChuan Foreign Affairs Office of China

ADDRESS (Business Address Acceptable)

CITY AND STATE
Chengdu, Sichuan

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-profit

DATE(S): 09 / 19 / 15 - 09 / 30 / 15 AMT: \$ 1,298.00
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Flight to Chengdu and back.

▶ NAME OF SOURCE (Not an Acronym)
SiChuan Foreign Affairs Office of China

ADDRESS (Business Address Acceptable)

CITY AND STATE
Chengdu, Sichuan

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-profit

DATE(S): 09 / 19 / 15 - 09 / 30 / 15 AMT: \$ 285.00
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Meals

▶ NAME OF SOURCE (Not an Acronym)
SiChuan Foreign Affairs Office of China

ADDRESS (Business Address Acceptable)

CITY AND STATE
Chengdu, Sichuan

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-Profit

DATE(S): 09 / 22 / 15 - 09 / 27 / 15 AMT: \$ 838.00
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Boarding

▶ NAME OF SOURCE (Not an Acronym)
SiChuan Foreign Affairs Office of China

ADDRESS (Business Address Acceptable)
Chengdu, Sichuan

CITY AND STATE
Non-profit

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 09 / 19 / 15 - 09 / 30 / 15 AMT: \$ 159.00
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Transportation.

Comments: Per FPPC file Nos. 14-071, 14-072, 14-076& 14-079 request for advice, these payments are not subject to the gift limits because they will be provided in connection with a legislative or governmental purpose by both a foreign government and 501 (c) (3) organization.

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

Name
 Harper, Wade

- 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 \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)
 YanCheng Foreign Affairs Office of China

ADDRESS (Business Address Acceptable)

CITY AND STATE
 YanCheng, JiangSu

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Non-profit

DATE(S): 09 / 19 / 15 - 09 / 21 / 15 AMT: \$ 108.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Boarding

▶ NAME OF SOURCE (Not an Acronym)
 YanCheng Foreign Affairs Office of China

ADDRESS (Business Address Acceptable)

CITY AND STATE
 YanCheng, JiangSu

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Non-profit

DATE(S): 09 / 19 / 15 - 09 / 21 / 15 AMT: \$ 83.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Meals

▶ NAME OF SOURCE (Not an Acronym)
 YanCheng Foreign Affairs Office of China

ADDRESS (Business Address Acceptable)

CITY AND STATE
 YanCheng, JiangSu

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Non-Profit

DATE(S): 09 / 19 / 15 - 09 / 21 / 15 AMT: \$ 48.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Transportation

▶ NAME OF SOURCE (Not an Acronym)
 Guangzhou Panyu Foreign Affairs Office

ADDRESS (Business Address Acceptable)
 GuangZhou, Guangdong

CITY AND STATE
 Non-profit

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 09 / 27 / 15 - 09 / 27 / 15 AMT: \$ 159.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Plane tickets from Chengdu to Guangzhou

Comments: Per FPPC file Nos. 14-071, 14-072, 14-078& 14-079 request for advice, these payments are not subject to the gift limits because they will be provided in connection with a legislative or governmental purpose by both a foreign government and 501 (c) (3) organization.

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

Name
 Harper, Wade

- 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 \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)
 GuangZhou Foreign Affairs Office

ADDRESS (Business Address Acceptable)

CITY AND STATE
 Guangzhou, GuangDong

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Non-profit

DATE(S): 09/27/15 - 09/29/15 AMT: \$ 592.00
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Meals

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): _____ AMT: \$ _____
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ NAME OF SOURCE (Not an Acronym)
 GuangZhou Foreign Affairs Office

ADDRESS (Business Address Acceptable)

CITY AND STATE
 Guangzhou, GuangDong

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Non-Profit

DATE(S): 09/27/15 - 09/29/15 AMT: \$ 379.00
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Boarding

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): _____ AMT: \$ _____
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

Comments: Per FPPC file Nos. 14-071, 14-072, 14-078& 14-079 request for advice, these payments are not subject to the gift limits because they will be provided in connection with a legislative or governmental purpose by both a foreign government and 501 (c) (3) organization.