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COVER PAGE RECEIVED FAIR POLITICAL PRACTICES COMMISSION

APR 12 2016

Janae... Deputy CITY MANAGERS OFFICE

NAME OF FILER (LAST)

Harris

(FIRST)

Dil... PM 1:43

(MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Vacaville

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: Yolo Solano Air Quality Mgmt. Dist

Position: Member

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County

County of

City of Vacaville

Other

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

Annual: The period covered is January 1, 2015, through December 31, 2015.

Leaving Office: Date Left (Check one)

-or- The period covered is through December 31, 2015.

The period covered is January 1, 2015, through the date of leaving office.

Assuming Office: Date assumed

-or- The period covered is through the date of leaving office.

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

4. Schedule Summary (must complete)

Total number of pages including this cover page: 2

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.

(d)(5)

herein and in any attached schedules is true and complete. I acknowledge this is

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

Date Signed 3-25-16

Signature

(month, day year)

THE  
NATIONAL  
MUSEUM OF NATURAL HISTORY

WASHINGTON, D.C. 20560

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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
Harris

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>Kaiser Permanente</u>	NAME OF SOURCE OF INCOME _____
ADDRESS (Business Address Acceptable) <u>1 Quality Drive Vacaville</u>	ADDRESS (Business Address Acceptable) _____
BUSINESS ACTIVITY IF ANY, OF SOURCE <u>Health Care</u>	BUSINESS ACTIVITY IF ANY, OF SOURCE _____
YOUR BUSINESS POSITION <u>Employee</u>	YOUR BUSINESS POSITION _____
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ <i>(Real property, car, boat, etc.)</i> <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <i>(Describe)</i> <input type="checkbox"/> Other _____ <i>(Describe)</i>	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ <i>(Real property, car, boat, etc.)</i> <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <i>(Describe)</i> <input type="checkbox"/> Other _____ <i>(Describe)</i>

**▶ 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 _____ <i>Street address</i>	
HIGHEST BALANCE DURING REPORTING PERIOD		
<input type="checkbox"/> \$500 - \$1,000		
<input type="checkbox"/> \$1,001 - \$10,000		
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Guarantor _____	
	<input type="checkbox"/> Other _____ <i>(Describe)</i>	

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



## City of Vacaville Council Assignments Form 700 – Expanded Statement

**Dilenna Harris, Councilmember  
City of Vacaville**

<b>Name of Agency</b>	<b>Position</b>	<b>Jurisdiction</b>	<b>Type of Statement</b>
Oversight Board to the Vacaville Successor Agency (File with Vacaville City Clerk)	Vice Chair	County of Solano	Annual
Vacaville/Dixon Greenbelt Authority City of Dixon File with Vacaville City Clerk	Member, Board of Directors	Cities/County of Solano	Annual
Yolo-Solano Air Quality Management Dist. 1947 Galileo Court, Suite 103 Davis, CA 95616	Member, Board of Directors	Multi-County	Annual