

AN 2015



STATEMENT OF ECONOMIC INTERESTS

Date Filed: MAR 31 2016

COVER PAGE

City Clerk's Office City of Menlo Park

Please type or print in ink.

NAME OF FILER (LAST) MUELLER (FIRST) RAYMOND (MIDDLE) DONALD

1. Office, Agency, or Court

Agency Name (Do not use acronyms) MENLO Park City Council Your Position Council member

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

Agency: See Attachment Position:

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

- State Multi-County City of Menlo Park Judge or Court Commissioner (Statewide Jurisdiction) County of 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) The period covered is January 1, 2015, through the date of leaving office. Assuming Office: Date assumed Candidate: Election year and office sought, if different than Part 1:

4. Schedule Summary (must complete) Total number of pages including this cover page: 6

Schedules attached

- Schedule A-1 - Investments - schedule attached Schedule A-2 - Investments - schedule attached Schedule B - Real Property - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule D - Income - Gifts - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached

None - No reportable interests on any schedule



herein and in any attached schedules is true and complete. I acknowledge this is a true and correct copy of the information reported. I certify under penalty of perjury under the laws of the State of California that

Date Signed 3/31/16 Signature

RAY MUELLER
FORM 700 STATEMENT OF ECONOMIC INTEREST

Item #1: Multiple positions

South Bay Waste Management Authority (SBWMA) – Board Member
City/County Association of Governments – Alternate Board Member
LAFCo - Member

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

Name
RAYMOND DONALD MUELLER

NAME OF BUSINESS ENTITY
ALPHABET INC CL A
GENERAL DESCRIPTION OF THIS BUSINESS
INTERNET
FAIR MARKET VALUE
[X] \$2,000 - \$10,000
NATURE OF INVESTMENT
[X] Stock

NAME OF BUSINESS ENTITY
GENERAL ELECTRIC
GENERAL DESCRIPTION OF THIS BUSINESS
CONSUMABLE
FAIR MARKET VALUE
[X] \$10,001 - \$100,000
NATURE OF INVESTMENT
[X] Stock

NAME OF BUSINESS ENTITY
CISCO SYS INC
GENERAL DESCRIPTION OF THIS BUSINESS
TECHNOLOGY
FAIR MARKET VALUE
[X] \$10,001 - \$100,000
NATURE OF INVESTMENT
[X] Stock

NAME OF BUSINESS ENTITY
HOME DEPOT
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
[X] \$10,001 - \$100,000
NATURE OF INVESTMENT
[X] Stock

NAME OF BUSINESS ENTITY
JOHNSON AND JOHNSON
GENERAL DESCRIPTION OF THIS BUSINESS
HEALTHCARE
FAIR MARKET VALUE
[X] \$10,001 - \$100,000
NATURE OF INVESTMENT
[X] Stock

NAME OF BUSINESS ENTITY
MICROSOFT CORP
GENERAL DESCRIPTION OF THIS BUSINESS
SOFTWARE
FAIR MARKET VALUE
[X] \$2,000 - \$10,000
NATURE OF INVESTMENT
[X] Stock

Comments:

**SCHEDULE A-1
Investments**

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)
Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>RAYMOND DONALD MUELLER</u>
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▶ NAME OF BUSINESS ENTITY
ORACLE CORP

GENERAL DESCRIPTION OF THIS BUSINESS
SOFTWARE

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE
 ____/____/15 ____/____/15
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
PROCTOR AND GAMBLE

GENERAL DESCRIPTION OF THIS BUSINESS
APPLIANCE

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE
 ____/____/15 ____/____/15
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
TESLA MOTORS, INC

GENERAL DESCRIPTION OF THIS BUSINESS
AUTOMOTIVE

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE
 ____/____/15 ____/____/15
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE
 ____/____/15 ____/____/15
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE
 ____/____/15 ____/____/15
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE
 ____/____/15 ____/____/15
 ACQUIRED DISPOSED

Comments: _____

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
RAYMOND DONALD MUELLER

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
HATCHALK, INC.

ADDRESS (Business Address Acceptable)
1999 S. BASCOM AVE, Campbell CA 95008

BUSINESS ACTIVITY, IF ANY, OF SOURCE
ONLINE EDUCATION TECHNOLOGY

YOUR BUSINESS POSITION
MANAGING DIRECTOR

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 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)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental income, list each source of \$10,000 or more

 (Describe)

Other _____
 (Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 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)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental income, list each source of \$10,000 or more

 (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)
_____	_____ % <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 _____	Street address

		City
	<input type="checkbox"/> Guarantor _____	
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> Other _____	(Describe)
<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		

Comments: _____

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 \$460 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel that occurred on or after January 1, 2016, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)
City of Kochi, INDIA
 ADDRESS (Business Address Acceptable)
City Hall, Government Office
 CITY AND STATE
Kochi, Kerala
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Government
 DATE(S) 2/8/15 - 2/15/15 AMT \$ 2560.00
 (If gift)
 ▶ MUST CHECK ONE Gift -or- Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
 ▶ If Gift, Provide Travel Destination INDIA, KERALA

▶ 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)
 ▶ MUST CHECK ONE Gift -or- Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
 ▶ If Gift, Provide Travel Destination _____

▶ 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)
 ▶ MUST CHECK ONE Gift -or- Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
 ▶ If Gift, Provide Travel Destination _____

▶ 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)
 ▶ MUST CHECK ONE Gift -or- Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
 ▶ If Gift, Provide Travel Destination _____

Comments: _____