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COVER PAGE

ORIGINAL

MAR 16 REC'D
2016
CITY OF ANTIOCH
CITY CLERK

Please type or print in ink

NAME OF FILER (LAST) Tiscareno (FIRST) Tony (MIDDLE) G

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Antioch

Division, Board, Department, District, if applicable

See Attachment

Your Position

Council Member

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

Agency: Position:

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

- State
Multi-County Antioch
City of Antioch
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.
-or- The period covered is through December 31, 2015.
Assuming Office: Date assumed
Candidate: Election year and office sought, if different than Part 1:
Leaving Office: Date Left
The period covered is January 1, 2015, through the date of leaving office.
-or- The period covered is through the date of leaving office.

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

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

-or-

None - No reportable interests on any schedule

5. Verification

[Redacted Signature Area]

Date Signed 03/16/2016 (month, day, year)

Signature

1. Office, Agency, or Court

Division, Board, Department, District, if applicable

Successor Agency to the Antioch Development Agency of the City of Antioch
Antioch Public Financing Authority

Sub Committees:

Transplan

State Route 4 Bypass Authority

East Contra Costa Regional Fee and Finance Authority

Graffiti

Lone Tree Golf Course

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

CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small> Name Tony Tiscareno
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▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
City of Antioch

ADDRESS (Business Address Acceptable)
200 H St. Antioch CA 94509

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION
Council Member

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*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE TERM (Months/Years)

_____ % None _____

SECURITY FOR LOAN
 None Personal residence

Real Property _____
Street address

_____ City

Guarantor _____

Other _____
(Describe)

Comments: _____

**SCHEDULE D
 Income – Gifts**

▶ NAME OF SOURCE (Not an Acronym)
 Water Education for Latino Leaders Conference

ADDRESS (Business Address Acceptable)
 930 Colorado Blvd. Bld #2 Los Angeles CA 90041

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Conference March 5 & 6 2015

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 05 15	200	Transporation
03 05 15	100	Hotel

▶ 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)

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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)

Comments: