

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE



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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Wright, Daniel R

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Stockton
Division, Board, Department, District, if applicable
City Council
Your Position
District 2
► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
Agency: *SEE ATTACHED FOR ADDITIONAL POSITIONS Position:

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

State Judge or Court Commissioner (Statewide Jurisdiction)
 Multi-County _____ County of _____
 City of Stockton 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 _____
 Leaving Office: Date Left _____ (Check one)
 The period covered is January 1, 2015, through the date of leaving office.
 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: 5

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



There does not exist any agreement, signed or prepared, and disclosure has been made 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 04/01/2016
(month, day, year)

Signature

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
Expanded Statement Attachment**

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Daniel R Wright

* This table lists all positions including the primary position listed in the Office, Agency, or Court section of the Cover Page.

Agency	Division/Board/Dept/District	Position	Type of Statement
City of Stockton	City Council	District 2	Annual 1/1/2015 - 12/31/2015
City of Stockton	City Council Candidate	District 2	Annual 1/1/2015 - 12/31/2015

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Wright, Daniel R

▶ 1 INCOME RECEIVED

NAME OF SOURCE OF INCOME
H&R Block, Inc.

ADDRESS (Business Address Acceptable)
729 N. Wilson Way
Stockton, CA 95205

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Tax Preparation

YOUR BUSINESS POSITION

Tax Preparer

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)

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
 Wright, Daniel R

▶ NAME OF SOURCE (Not an Acronym)
San Joaquin Delta College Fashion Club
 ADDRESS (Business Address Acceptable)
 5151 Pacific Ave
 Stockton, CA 95207
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Education

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 01 / 15	\$ 250.00	Fashion Show, Gift Bag, Delta College
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Port of Stockton
 ADDRESS (Business Address Acceptable)
 2201 W. Washington Ave
 Stockton, CA 95203
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Shipping and Logistics

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 17 / 15	\$ 150.00	Cruise on Delta for 3 w/ drinks and appetizers.
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
French 25
 ADDRESS (Business Address Acceptable)
 110 N. El Dorado St.
 Stockton, CA 95202
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Restaurant

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 08 / 15	\$ 50.00	Dinner and Concert
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Schneider Electric
 ADDRESS (Business Address Acceptable)
 81 Blue Ravine Rd.
 Folsom, CA 95630
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Contractor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 01 / 15	\$ 118.00	Dinner and Drinks at Scott's Seafood
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Sierra Health Foundation
 ADDRESS (Business Address Acceptable)
 1321 Garden Highway
 Sacramento, CA 95833
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 13 / 15	\$ 51.00	Dinner and Beverages in Denver
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Stockton Building Industry Assn.
 ADDRESS (Business Address Acceptable)
 1701 W. March Lane
 Stockton, CA 95207
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy for Building Contractors

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 21 / 15	\$ 50.00	Reception for Policy Makers
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

**SCHEDULE D
 Income – Gifts**

▶ NAME OF SOURCE (Not an Acronym)
 Greater Stockton Chamber of Commerce
 ADDRESS (Business Address Acceptable)
 445 W. Weber Ave #220
 Stockton, CA 95202
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Chamber of Commerce

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 09 / 15	\$ 75.00	Industrial Technology BBQ Event
10 / 15 / 15	\$ 50.00	Ag Hall of Fame Dinner
/ /	\$	

▶ 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)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: _____