

COVER PAGE

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Oroville City Council

Division, Board, Department, District, if applicable

CITY COUNCILMAN

Your Position

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

Agency: Oroville City Council

Position: CITY COUNCILMAN

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County

County of

City of Oroville

Other

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

Annual: The period covered is January 1, 2013, through December 31, 2013.

Leaving Office: Date Left / / (Check one)

-or-

The period covered is / / through December 31, 2013.

The period covered is January 1, 2013, through the date of leaving of office.

Assuming Office: Date assumed / /

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

Candidate: Election year 2014 and of office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

Total number of pages including this cover page: 1

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. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE

176 GRAND AVE

Oroville

CALIF

95965

DAYTIME TELEPHONE NUMBER

(530) 533-2241

E-MAIL ADDRESS (OPTIONAL)

N/A

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 07-25-14 (month, day, year)

Signature Jack R. Berry (File the originally signed statement with your filing of this.)

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Print Form