

**STATEMENT OF ECONOMIC INTERESTS**

**COVER PAGE**

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Dahlmeier Linda L.

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

City of Oroville

Division, Board, Department, District, if applicable

City Council

Your Position

Mayor

► 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 \_\_\_\_\_
- City of Oroville
- 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, 2013, through December 31, 2013.
- or-
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2013.
- Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_
- Candidate:** Election year 2014 and office sought, if different than Part 1: \_\_\_\_\_
- Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)
- The period covered is January 1, 2013, through the date of leaving office.
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

**4. Schedule Summary**

Check applicable schedules or "None."

► Total number of pages including this cover page: 8

- 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**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
 (Business or Agency Address Recommended - Public Document)  
 1735 Montgomery Street Oroville CA 95965

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)  
 ( 530 ) 519-1117 dahlmeierll@cityoforoville.org

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 July 30<sup>th</sup> 2014  
 (month, day, year)

Signature *Linda L. Dahlmeier*  
 (File the originally signed statement with your filing official.)

# 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 \_\_\_\_\_

▶ NAME OF BUSINESS ENTITY  
**Northern California National Bank**

GENERAL DESCRIPTION OF THIS BUSINESS  
**Community Bank**

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:  
\_\_\_\_/\_\_\_\_/13      \_\_\_\_/\_\_\_\_/13  
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:  
\_\_\_\_/\_\_\_\_/13      \_\_\_\_/\_\_\_\_/13  
ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
**Mid Valley Title & Escrow**

GENERAL DESCRIPTION OF THIS BUSINESS  
**Title & Escrow Company**

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:  
\_\_\_\_/\_\_\_\_/13      \_\_\_\_/\_\_\_\_/13  
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:  
\_\_\_\_/\_\_\_\_/13      \_\_\_\_/\_\_\_\_/13  
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:  
\_\_\_\_/\_\_\_\_/13      \_\_\_\_/\_\_\_\_/13  
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:  
\_\_\_\_/\_\_\_\_/13      \_\_\_\_/\_\_\_\_/13  
ACQUIRED      DISPOSED

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

# SCHEDULE A-2

## Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
**Dahlmeier, Linda L.**

**1. BUSINESS ENTITY OR TRUST**

**Dahlmeier Brothers Partnership**  
Name  
**2080 Myers Street, Oroville**  
Address (Business Address Acceptable)  
Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/13
<input type="checkbox"/> \$2,000 - \$10,000	____/____/13
<input checked="" type="checkbox"/> \$10,001 - \$100,000	ACQUIRED      DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     Other

YOUR BUSINESS POSITION **Partner (Spouse)**

**2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499     \$10,001 - \$100,000  
 \$500 - \$1,000     OVER \$100,000  
 \$1,001 - \$10,000

**3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE**

None

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**4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT     REAL PROPERTY

**Dahlmeier Brothers Partnership**  
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property  
**2080 Myers Street, Oroville**  
Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/13
<input checked="" type="checkbox"/> \$10,001 - \$100,000	____/____/13
<input type="checkbox"/> \$100,001 - \$1,000,000	ACQUIRED      DISPOSED
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

**1. BUSINESS ENTITY OR TRUST**

Name  
Address (Business Address Acceptable)  
Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/13
<input type="checkbox"/> \$2,000 - \$10,000	____/____/13
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED      DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     Other

YOUR BUSINESS POSITION

**2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499     \$10,001 - \$100,000  
 \$500 - \$1,000     OVER \$100,000  
 \$1,001 - \$10,000

**3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE**

None

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**4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT     REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property  
Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/13
<input type="checkbox"/> \$10,001 - \$100,000	____/____/13
<input type="checkbox"/> \$100,001 - \$1,000,000	ACQUIRED      DISPOSED
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

Comments: Spouse is the partner

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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
 Dahlmeier, Linda L.

1. INCOME RECEIVED	1. INCOME RECEIVED
<b>NAME OF SOURCE OF INCOME</b> Dahlmeier Insurance Agency <hr/> <b>ADDRESS (Business Address Acceptable)</b> 1368 Longfellow Avenue, Chico <hr/> <b>BUSINESS ACTIVITY, IF ANY, OF SOURCE</b> Insurance Agency <hr/> <b>YOUR BUSINESS POSITION</b> Management <hr/> <b>GROSS INCOME RECEIVED</b> <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000  <b>CONSIDERATION FOR WHICH INCOME WAS RECEIVED</b> <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <hr/> <input type="checkbox"/> Other _____ <small>(Describe)</small>	<b>NAME OF SOURCE OF INCOME</b> Dahlmeier Insurance Agency <hr/> <b>ADDRESS (Business Address Acceptable)</b> 1368 Longfellow Avenue, Chico <hr/> <b>BUSINESS ACTIVITY, IF ANY, OF SOURCE</b> Insurance Agency <hr/> <b>YOUR BUSINESS POSITION</b> President <hr/> <b>GROSS INCOME RECEIVED</b> <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000  <b>CONSIDERATION FOR WHICH INCOME WAS RECEIVED</b> <input type="checkbox"/> Salary <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <hr/> <input type="checkbox"/> Other _____ <small>(Describe)</small>

**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:

<b>NAME OF LENDER*</b> <hr/> <b>ADDRESS (Business Address Acceptable)</b> <hr/> <b>BUSINESS ACTIVITY, IF ANY, OF LENDER</b> <hr/> <b>HIGHEST BALANCE DURING REPORTING PERIOD</b> <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	<b>INTEREST RATE</b> _____% <input type="checkbox"/> None  <b>SECURITY FOR LOAN</b> <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ <small>Street address</small> _____ <small>City</small> <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ <small>(Describe)</small>
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**Comments:** \_\_\_\_\_

**SCHEDULE D**  
**Income - Gifts**

Name  
Linda L. Dahlmeier

▶ NAME OF SOURCE (Not an Acronym)  
Fred Reynolds

ADDRESS (Business Address Acceptable)  
5231B Cove Canyon Dr. Park City, UT

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 15 / 13</u>	<u>\$ 220.00</u>	<u>check</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE (Not an Acronym)  
David Girard

ADDRESS (Business Address Acceptable)  
5784 Thompson Hill Rd., Placerville, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 30 / 13</u>	<u>\$ 440.00</u>	<u>check</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE (Not an Acronym)  
F. Vincent Carano Jr.

ADDRESS (Business Address Acceptable)  
8 Casa Loma Way, Oroville, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 15 / 13</u>	<u>\$ 200.00</u>	<u>check</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE (Not an Acronym)  
Steve Seidenglanz

ADDRESS (Business Address Acceptable)  
4801 Feather River Blvd #29  
Oroville, CA 95965

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 17 / 13</u>	<u>\$ 440</u>	<u>check</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE (Not an Acronym)  
Jim Jones

ADDRESS (Business Address Acceptable)  
p.o. box 9, Paradise, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 15 / 13</u>	<u>\$ 200.00</u>	<u>check</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ 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)
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

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

FRED D REYNOLDS 08/06  
5231B COVE CANYON DR  
PARK CITY, UT 84098-8542

1700  
31-297/1240-2797  
6732650665

5.10.2013  
Date

Pay to the Order of LINDA DAHLMEIER \$ 220.<sup>00</sup>  
TWO HUNDRED TWENTY & 00/100 Dollars

WELLS FARGO Wells Fargo Bank, N.A. Utah wellsfargo.com

*[Handwritten Signature]*

For CHINA TRIP

⑆ 124002971⑆ 6732650665⑆ 01700

FREDRICK VINCENT CARANO JR  
8 CASA LOMA WAY  
OROVILLE, CA 95966

4319  
90-7477/3211  
35

5/10/2013  
Date

Pay to the Order of Linda Dahlmeier \$ 200.<sup>00</sup>  
two hundred 00/100 Dollars

SIERRA CENTRAL www.sierracentral.com  
800-222-7228  
1036 Oro Dam Blvd., Oroville, CA 95965

*[Handwritten Signature]*

For Gift China

⑆ 321174770⑆ 0000002850597⑆ 4319

With Compliments

COMPAC ENGINEERING, INC.  
P.O. BOX 9  
PARADISE, CA 95967  
(530) 872-2042

TRI COUNTIES BANK  
PARADISE, CA 95969  
90-3504-1211

14967

CHECK

PAY TO THE ORDER OF two hundred & 00/100 \*\*\*\*\*  
DATE CONTROL NO. AMOUNT

04-26-13

200.00

LINDA DAHLMEIER

*[Handwritten Signature]*  
AUTHORIZED SIGNATURE

FOR DONATION  
⑆ 014967⑆ ⑆ 221135045⑆

041300437⑆

Security features. Details on back.

DAVID GIRARD  
PERSONAL GENERAL ACCOUNT  
5784 THOMPSON HILL RD.  
PLACERVILLE, CA 95667

90-203/1211

4201

DATE 8-19-13

0 CASHIER WALSH OR EQUIVALENT 08/17/13

PAY TO THE ORDER OF

*Linda Salmeier*

*Four Hundred Forty & 10/100*

\$ 440 <sup>00</sup>

DOLLARS

Security Features  
Included  
Details on Back.



**Mechanics Bank**

Commitment That Lasts Generations  
Ph. 800-737-6324

MEMO

*[Signature]*

⑆ 1 2 1 1 0 2 0 3 6 ⑆ 4 2 0 1 0 1 4 ⑆ 3 0 0 5 4 0 ⑆

HWY 70 INDUSTRIAL PARK  
4801 FEATHER RIVER BLVD. # 29  
OROVILLE, CA 95965  
PH (530) 532-0738

TRI COUNTIES BANK  
OROVILLE, CA 95965

15653

90-3504/1211

10/17/2013

PAY TO THE ORDER OF LINDA DAHLMEIER

\$ \*\*440.00

Four Hundred Forty and 00/100

DOLLARS

LINDA DAHLMEIER  
109 PINE OAKS RD  
OROVILLE, CA 95965

MEMO

⑈015653⑈ ⑆121135045⑆

⑈191009745⑈

HWY 70 INDUSTRIAL PARK

15653

LINDA DAHLMEIER  
7023 - DONATIONS

10/17/2013

440.00