

AUG 03 2016

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) Administration
Hemstark Clay W

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Oroville

Candidate
Your Position

Division, Board, Department, District, if applicable

► 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, 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.
-or-
○ The period covered is _____ through the date of leaving office.
- Candidate: Election year 2016 and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 1

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

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

Oroville Ca. 95966

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS

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 8-3-16
(month, day, year)

Signature _____
(the originally signed statement with your filing official.)