

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT

Filed Date: 03/23/2022 04:23 PM  
SAN: 022200432-STH-0432

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
City of Rocklin

Division, Board, Department, District, if applicable Your Position  
City Council City 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  Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- Multi-County \_\_\_\_\_  County of \_\_\_\_\_
- City of Rocklin  Other \_\_\_\_\_

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

- Annual: The period covered is January 1, 2021, through December 31, 2021.  Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
-or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through (Check one circle.)  
 Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_\_.  The period covered is January 1, 2021, through the date of leaving office.  
-or-  The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through the date of leaving office.
- Candidate: Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 2

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

5. Verification

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

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
greg.janda@rocklin.ca.us

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 03/23/2022 04:23 PM Signature \_\_\_\_\_  
(month, day, year) (File the originally signed paper statement with your filing official.)

# SCHEDULE C

## Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

---

Name

Greg Janda

| ▶ 1. INCOME RECEIVED  | ▶ 1. INCOME RECEIVED   |
|---|--|
| <p>NAME OF SOURCE OF INCOME<br/><u>ALM, Inc.</u></p> <p>ADDRESS (Business Address Acceptable)<br/>[REDACTED]</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE<br/><u>Landscape Services</u></p> <p>YOUR BUSINESS POSITION<br/><u>Controller</u></p> <p>GROSS INCOME RECEIVED    <input type="checkbox"/> No Income - Business Position Only<br/> <input type="checkbox"/> \$500 - \$1,000                      <input type="checkbox"/> \$1,001 - \$10,000<br/> <input type="checkbox"/> \$10,001 - \$100,000                <input checked="" type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED<br/> <input checked="" type="checkbox"/> Salary    <input type="checkbox"/> Spouse's or registered domestic partner's income<br/> <small>(For self-employed use Schedule A-2.)</small></p> <p><input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)</p> <p><input type="checkbox"/> Sale of _____<br/> <small>(Real property, car, boat, etc.)</small></p> <p><input type="checkbox"/> Loan repayment</p> <p><input type="checkbox"/> Commission or    <input type="checkbox"/> Rental Income, list each source of \$10,000 or more</p> <p>_____<br/> <small>(Describe)</small></p> <p><input type="checkbox"/> Other _____<br/> <small>(Describe)</small></p> | <p>NAME OF SOURCE OF INCOME<br/><u>Sutter Health</u></p> <p>ADDRESS (Business Address Acceptable)<br/>[REDACTED]</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE<br/><u>Health Care</u></p> <p>YOUR BUSINESS POSITION<br/><u>OT</u></p> <p>GROSS INCOME RECEIVED    <input type="checkbox"/> No Income - Business Position Only<br/> <input type="checkbox"/> \$500 - \$1,000                      <input type="checkbox"/> \$1,001 - \$10,000<br/> <input checked="" type="checkbox"/> \$10,001 - \$100,000                <input type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED<br/> <input type="checkbox"/> Salary    <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income<br/> <small>(For self-employed use Schedule A-2.)</small></p> <p><input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)</p> <p><input type="checkbox"/> Sale of _____<br/> <small>(Real property, car, boat, etc.)</small></p> <p><input type="checkbox"/> Loan repayment</p> <p><input type="checkbox"/> Commission or    <input type="checkbox"/> Rental Income, list each source of \$10,000 or more</p> <p>_____<br/> <small>(Describe)</small></p> <p><input type="checkbox"/> Other _____<br/> <small>(Describe)</small></p> |

**▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from a commercial lending institution, 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:

|   |  |
|---|--|
| <p>NAME OF LENDER* _____</p> <p>ADDRESS (Business Address Acceptable) _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF LENDER _____</p> <p>HIGHEST BALANCE DURING REPORTING PERIOD<br/> <input type="checkbox"/> \$500 - \$1,000<br/> <input type="checkbox"/> \$1,001 - \$10,000<br/> <input type="checkbox"/> \$10,001 - \$100,000<br/> <input type="checkbox"/> OVER \$100,000</p> | <p>INTEREST RATE                      TERM (Months/Years)</p> <p>_____ %    <input type="checkbox"/> None    _____</p> <p>SECURITY FOR LOAN<br/> <input type="checkbox"/> None                      <input type="checkbox"/> Personal residence</p> <p><input type="checkbox"/> Real Property _____<br/> <small style="margin-left: 150px;">Street address</small></p> <p>_____ <small style="margin-left: 150px;">City</small></p> <p><input type="checkbox"/> Guarantor _____</p> <p><input type="checkbox"/> Other _____<br/> <small style="margin-left: 150px;">(Describe)</small></p> |
|---|--|

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

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT

Filed Date: 03/24/2022 11:37 AM  
SAN: 022200432-STH-0432

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
City of Rocklin  
Division, Board, Department, District, if applicable  
Architectural Review Committee  
Your Position  
Appointed Official 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  Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)  
 Multi-County \_\_\_\_\_  County of \_\_\_\_\_  
 City of Rocklin  Other \_\_\_\_\_

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

Annual: The period covered is January 1, 2021, through December 31, 2021.  
-or- The period covered is \_\_\_\_\_, through December 31, 2021.  
 Assuming Office: Date assumed 01 / 11 / 2022  
 Leaving Office: Date Left \_\_\_\_\_ (Check one circle.)  
 The period covered is January 1, 2021, through the date of leaving office.  
-or-  
 The period covered is \_\_\_\_\_, through the date of leaving office.  
 Candidate: Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: 2

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

5. Verification

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

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
greg.janda@rocklin.ca.us

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 03/24/2022 11:37 AM  
(month, day, year)

Signature \_\_\_\_\_  
(File the originally signed paper statement with your filing official.)

# SCHEDULE C

## Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

---

Name

Greg Janda

**▶ 1. INCOME RECEIVED**

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
ALM, Inc.

ADDRESS (Business Address Acceptable)  
[REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Landscape Services

YOUR BUSINESS POSITION  
Controller

GROSS INCOME RECEIVED     No Income - Business Position Only

\$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  
Sutter Health

ADDRESS (Business Address Acceptable)  
[REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Health Care

YOUR BUSINESS POSITION  
OT

GROSS INCOME RECEIVED     No Income - Business Position Only

\$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 a commercial lending institution, 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: \_\_\_\_\_

STATEMENT OF ECONOMIC INTERESTS  
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A PUBLIC DOCUMENT

Filed Date: 03/02/2021 09:45 AM  
SAN: FPPC

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
City of Rocklin  
Division, Board, Department, District, if applicable Your Position  
City 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 Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Multi-County County of
City of Rocklin Other

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

- Annual: The period covered is January 1, 2020, through December 31, 2020. Leaving Office: Date Left
-or- The period covered is through December 31, 2020.
Assuming Office: Date assumed
Candidate: Date of Election and office sought, if different than Part 1:

4. Schedule Summary (must complete) Total number of pages including this cover page: 2

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
3970 Rocklin Rd Rocklin CA 95677-2720
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
( ) greg.janda@rocklin.ca.us

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 03/02/2021 09:45 AM Signature Electronic Submission
(month, day, year) (File the originally signed paper statement with your filing official.)



**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**  
**A PUBLIC DOCUMENT**

Date Initial Filing Received  
Filing Official Use Only



Please type or print in ink.

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

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

Agency Name (Do not use acronyms)  
City of Rocklin  
Division, Board, Department, District, if applicable  
Your Position  
City 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 \_\_\_\_\_
- City of Rocklin
- Judge, Retired Judge, Pro Tem 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, 2019, through December 31, 2019.
- or- The period covered is \_\_\_\_\_, through December 31, 2019.
- Assuming Office:** Date assumed \_\_\_\_\_
- Leaving Office:** Date Left \_\_\_\_\_ (Check one circle.)
- The period covered is January 1, 2019, through the date of leaving office.
- or-  The period covered is \_\_\_\_\_, through the date of leaving office.
- Candidate:** Date of Election 11/03/2020 and office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary (must complete) ► Total number of pages including this cover page: 2**

**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

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

Date Signed 08/04/2020  
(month, day, year)

Signature \_\_\_\_\_  
(File the originally signed paper statement with your filing official.)



COVER PAGE

A PUBLIC DOCUMENT

Filed Date: 01/08/2020 02:28 PM  
SAN: FPPC

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
City of Rocklin  
Division, Board, Department, District, if applicable Your Position  
City Council Member

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

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

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State  Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)  
 Multi-County \_\_\_\_\_  County of \_\_\_\_\_  
 City of Rocklin  Other \_\_\_\_\_

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

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-or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through (Check one circle.)  
 Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_\_.  The period covered is January 1, 2019, through the date of leaving office.  
-or-  The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through the date of leaving office.  
 Candidate: Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 3

Schedules attached

Schedule A-1 - Investments – schedule attached  Schedule C - Income, Loans, & Business Positions – schedule attached  
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 Schedule B - Real Property – schedule attached  Schedule E - Income – Gifts – Travel Payments – schedule attached

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DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( ) - greg.janda@rocklin.ca.us

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

Date Signed 01/08/2020 02:28 PM Signature Electronic Submission  
(month, day, year) (File the originally signed paper statement with your filing official.)

# SCHEDULE C

## Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

---

Name

Greg Janda

| ▶ 1. INCOME RECEIVED   | ▶ 1. INCOME RECEIVED  |
|--|---|
| <p>NAME OF SOURCE OF INCOME<br/><u>ALM Inc.</u></p> <p>ADDRESS (Business Address Acceptable)<br/>[REDACTED]</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE<br/><u>Landscape Services</u></p> <p>YOUR BUSINESS POSITION<br/><u>Controller</u></p> <p>GROSS INCOME RECEIVED    <input type="checkbox"/> No Income - Business Position Only</p> <p><input type="checkbox"/> \$500 - \$1,000                      <input type="checkbox"/> \$1,001 - \$10,000</p> <p><input type="checkbox"/> \$10,001 - \$100,000              <input checked="" type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED</p> <p><input checked="" type="checkbox"/> Salary    <input type="checkbox"/> Spouse's or registered domestic partner's income<br/>(For self-employed use Schedule A-2.)</p> <p><input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)</p> <p><input type="checkbox"/> Sale of _____<br/><span style="font-size: small;">(Real property, car, boat, etc.)</span></p> <p><input type="checkbox"/> Loan repayment</p> <p><input type="checkbox"/> Commission or    <input type="checkbox"/> Rental Income, list each source of \$10,000 or more</p> <p>_____ (Describe)</p> <p><input type="checkbox"/> Other _____<br/><span style="font-size: small;">(Describe)</span></p> | <p>NAME OF SOURCE OF INCOME<br/><u>Sutter Health</u></p> <p>ADDRESS (Business Address Acceptable)<br/>[REDACTED]</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE<br/><u>Health Care</u></p> <p>YOUR BUSINESS POSITION<br/><u>(Spouse) OT</u></p> <p>GROSS INCOME RECEIVED    <input type="checkbox"/> No Income - Business Position Only</p> <p><input type="checkbox"/> \$500 - \$1,000                      <input type="checkbox"/> \$1,001 - \$10,000</p> <p><input checked="" type="checkbox"/> \$10,001 - \$100,000              <input type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED</p> <p><input type="checkbox"/> Salary    <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income<br/>(For self-employed use Schedule A-2.)</p> <p><input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)</p> <p><input type="checkbox"/> Sale of _____<br/><span style="font-size: small;">(Real property, car, boat, etc.)</span></p> <p><input type="checkbox"/> Loan repayment</p> <p><input type="checkbox"/> Commission or    <input type="checkbox"/> Rental Income, list each source of \$10,000 or more</p> <p>_____ (Describe)</p> <p><input type="checkbox"/> Other _____<br/><span style="font-size: small;">(Describe)</span></p> |

**▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

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|   |  |
|---|--|
| <p>NAME OF LENDER* _____</p> <p>ADDRESS (Business Address Acceptable) _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF LENDER _____</p> <p>HIGHEST BALANCE DURING REPORTING PERIOD</p> <p><input type="checkbox"/> \$500 - \$1,000</p> <p><input type="checkbox"/> \$1,001 - \$10,000</p> <p><input type="checkbox"/> \$10,001 - \$100,000</p> <p><input type="checkbox"/> OVER \$100,000</p> | <p>INTEREST RATE                      TERM (Months/Years)</p> <p>_____ %    <input type="checkbox"/> None    _____</p> <p>SECURITY FOR LOAN</p> <p><input type="checkbox"/> None                      <input type="checkbox"/> Personal residence</p> <p><input type="checkbox"/> Real Property _____<br/><span style="font-size: small; margin-left: 150px;">Street address</span></p> <p>_____ <span style="font-size: small; margin-left: 150px;">City</span></p> <p><input type="checkbox"/> Guarantor _____</p> <p><input type="checkbox"/> Other _____<br/><span style="font-size: small;">(Describe)</span></p> |
|---|--|

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

**SCHEDULE D**  
**Income – Gifts**

Name

Greg Janda

▶ NAME OF SOURCE *(Not an Acronym)*  
Union Pacific Railroad  
 ADDRESS *(Business Address Acceptable)*  
 [REDACTED]  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy)     | VALUE           | DESCRIPTION OF GIFT(S) |
|---------------------|-----------------|------------------------|
| <u>09 / 14 / 19</u> | <u>\$ 220</u>   | <u>Event Tickets</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>           |

▶ 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>           |

▶ 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>           |

▶ 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>           |

▶ 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: \_\_\_\_\_

COVER PAGE

Filed Date: 01/15/2019 01:20 PM  
SAN: FPPC

A PUBLIC DOCUMENT

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Rocklin

Division, Board, Department, District, if applicable

Your Position

City 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, City of Rocklin, Judge or Court Commissioner, County of, Other

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

- Annual: The period covered is January 1, 2018, through December 31, 2018. Leaving Office: Date Left, Assuming Office: Date assumed, Candidate: Date of Election

4. Schedule Summary (must complete) Total number of pages including this cover page: 3

Schedules attached

- Schedule A-1, Schedule A-2, Schedule B, Schedule C, Schedule D, Schedule E

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE 3970 Rocklin Rd Rocklin CA 95677-2720 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS greg.janda@rocklin.ca.us

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 01/15/2019 01:20 PM Signature Electronic Submission

# 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  
Greg Janda

**▶ 1. BUSINESS ENTITY OR TRUST**

Cadpros PCB Design Experts, Inc

Name  
[REDACTED]

Address (Business Address Acceptable)  
[REDACTED]

Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**

Engineering Services

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

|  |                                   |          |
|--|-----------------------------------|----------|
| <input type="checkbox"/> \$0 - \$1,999                   | ____/____/18                      | ACQUIRED |
| <input type="checkbox"/> \$2,000 - \$10,000              | <u>01</u> / <u>31</u> / <u>18</u> | DISPOSED |
| <input checked="" type="checkbox"/> \$10,001 - \$100,000 |                                   |          |
| <input type="checkbox"/> \$100,001 - \$1,000,000         |                                   |          |
| <input type="checkbox"/> Over \$1,000,000                |                                   |          |

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     S-Corp     Other

YOUR BUSINESS POSITION President, CEO

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

|   |  |
|---|--|
| <input type="checkbox"/> \$0 - \$499        | <input checked="" type="checkbox"/> \$10,001 - \$100,000 |
| <input type="checkbox"/> \$500 - \$1,000    | <input type="checkbox"/> OVER \$100,000                  |
| <input type="checkbox"/> \$1,001 - \$10,000 |  |

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

None    or     Names listed below

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**▶ 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      | ____/____/18 | ACQUIRED |
| <input type="checkbox"/> \$10,001 - \$100,000    | ____/____/18 | DISPOSED |
| <input type="checkbox"/> \$100,001 - \$1,000,000 |              |          |
| <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           | ____/____/18 | ACQUIRED |
| <input type="checkbox"/> \$2,000 - \$10,000      | ____/____/18 | DISPOSED |
| <input type="checkbox"/> \$10,001 - \$100,000    |              |          |
| <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)**

|   |   |
|---|---|
| <input type="checkbox"/> \$0 - \$499        | <input type="checkbox"/> \$10,001 - \$100,000 |
| <input type="checkbox"/> \$500 - \$1,000    | <input type="checkbox"/> OVER \$100,000       |
| <input type="checkbox"/> \$1,001 - \$10,000 |   |

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

None    or     Names listed below

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**▶ 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      | ____/____/18 | ACQUIRED |
| <input type="checkbox"/> \$10,001 - \$100,000    | ____/____/18 | DISPOSED |
| <input type="checkbox"/> \$100,001 - \$1,000,000 |              |          |
| <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: \_\_\_\_\_



STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received  
Official Use Only

COVER PAGE

Filed Date: 03/10/2018 03:42 PM  
SAN: FPPC

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
City of Rocklin  
Division, Board, Department, District, if applicable  
Your Position  
City 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
- City of Rocklin
- 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, 2017, through December 31, 2017.
- Leaving Office: Date Left
- Assuming Office: Date assumed
- Candidate: Date of Election and office sought, if different than Part 1:

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

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  
3970 Rocklin Rd Rocklin CA 95677-2720  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
greg.janda@rocklin.ca.us

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 03/10/2018 03:42 PM  
(month, day, year)

Signature Electronic Submission  
(File the originally signed statement with your filing official.)

# SCHEDULE A-2

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

(Ownership Interest is 10% or Greater)

Name  
Greg Janda

**▶ 1. BUSINESS ENTITY OR TRUST**

Cadpros PCB Design Experts, Inc  
Name  
[REDACTED]  
Address (Business Address Acceptable)  
Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**  
Engineering Services

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999                                      \_\_\_\_\_/\_\_\_\_\_/17                      \_\_\_\_\_/\_\_\_\_\_/17  
 \$2,000 - \$10,000                                      \_\_\_\_\_/\_\_\_\_\_/17                      \_\_\_\_\_/\_\_\_\_\_/17  
 \$10,001 - \$100,000                                      ACQUIRED                      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     S-Corp                      Other \_\_\_\_\_

YOUR BUSINESS POSITION President, CEO

**▶ 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 (Attach a separate sheet if necessary)**

None    or     Names listed below

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**▶ 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:  
 \$2,000 - \$10,000                                      \_\_\_\_\_/\_\_\_\_\_/17                      \_\_\_\_\_/\_\_\_\_\_/17  
 \$10,001 - \$100,000                                      \_\_\_\_\_/\_\_\_\_\_/17                      \_\_\_\_\_/\_\_\_\_\_/17  
 \$100,001 - \$1,000,000                                      ACQUIRED                      DISPOSED  
 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:  
 \$0 - \$1,999                                      \_\_\_\_\_/\_\_\_\_\_/17                      \_\_\_\_\_/\_\_\_\_\_/17  
 \$2,000 - \$10,000                                      \_\_\_\_\_/\_\_\_\_\_/17                      \_\_\_\_\_/\_\_\_\_\_/17  
 \$10,001 - \$100,000                                      ACQUIRED                      DISPOSED  
 \$100,001 - \$1,000,000  
 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 (Attach a separate sheet if necessary)**

None    or     Names listed below

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**▶ 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:  
 \$2,000 - \$10,000                                      \_\_\_\_\_/\_\_\_\_\_/17                      \_\_\_\_\_/\_\_\_\_\_/17  
 \$10,001 - \$100,000                                      \_\_\_\_\_/\_\_\_\_\_/17                      \_\_\_\_\_/\_\_\_\_\_/17  
 \$100,001 - \$1,000,000                                      ACQUIRED                      DISPOSED  
 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: \_\_\_\_\_





**STATEMENT OF ECONOMIC INTERESTS**

Date Initial Filing Received  
Official Use Only

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Filed Date: 04/01/2017 01:14 PM  
SAN: FPPC

Please type or print in ink.

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

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

Agency Name (Do not use acronyms)  
City of Rocklin  
Division, Board, Department, District, if applicable Your Position  
City 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 \_\_\_\_\_
- City of Rocklin
- 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, 2016, through December 31, 2016.
- or-
- The period covered is \_\_\_\_\_, through December 31, 2016.
- Assuming Office:** Date assumed \_\_\_\_\_
- Candidate:** Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- Leaving Office:** Date Left \_\_\_\_\_ (Check one)
- The period covered is January 1, 2016, 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: 6**

**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)  
 3970 Rocklin Rd Rocklin CA 95677-2720  
 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 04/01/2017 01:14 PM Signature Electronic Submission  
(month, day, year) (File the originally signed statement with your filing official.)



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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
 Greg Janda

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME  
 Cadpros PCB Design Experts, Inc

ADDRESS (Business Address Acceptable)  
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Engineering Services

YOUR BUSINESS POSITION  
 President, CEO

GROSS INCOME RECEIVED  No Income - Business Position Only  
 \$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  
 ALM Inc.

ADDRESS (Business Address Acceptable)  
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Landscape Services

YOUR BUSINESS POSITION  
 Controller

GROSS INCOME RECEIVED  No Income - Business Position Only  
 \$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 \_\_\_\_\_%  None

TERM (Months/Years) \_\_\_\_\_

SECURITY FOR LOAN  
 None  Personal residence

Real Property \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City \_\_\_\_\_

Guarantor \_\_\_\_\_

Other \_\_\_\_\_  
 (Describe)

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



**SCHEDULE D  
Income – Gifts**

Name  
Greg Janda

▶ NAME OF SOURCE (Not an Acronym)  
North State BIA  
ADDRESS (Business Address Acceptable)  
[REDACTED]  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy)     | VALUE            | DESCRIPTION OF GIFT(S)  |
|---------------------|------------------|-------------------------|
| <u>01 / 15 / 16</u> | \$ <u>125</u>    | <u>Dinner Reception</u> |
| <u>   /   /   </u>  | \$ <u>      </u> | <u>          </u>       |
| <u>   /   /   </u>  | \$ <u>      </u> | <u>          </u>       |

▶ NAME OF SOURCE (Not an Acronym)  
Teichert Construction  
ADDRESS (Business Address Acceptable)  
[REDACTED]  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy)     | VALUE            | DESCRIPTION OF GIFT(S)  |
|---------------------|------------------|-------------------------|
| <u>04 / 11 / 16</u> | \$ <u>125</u>    | <u>Dinner Reception</u> |
| <u>   /   /   </u>  | \$ <u>      </u> | <u>          </u>       |
| <u>   /   /   </u>  | \$ <u>      </u> | <u>          </u>       |

▶ NAME OF SOURCE (Not an Acronym)  
Halldin PR  
ADDRESS (Business Address Acceptable)  
[REDACTED]  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy)     | VALUE            | DESCRIPTION OF GIFT(S)  |
|---------------------|------------------|-------------------------|
| <u>04 / 23 / 16</u> | \$ <u>250</u>    | <u>Non-Profit Event</u> |
| <u>   /   /   </u>  | \$ <u>      </u> | <u>          </u>       |
| <u>   /   /   </u>  | \$ <u>      </u> | <u>          </u>       |

▶ NAME OF SOURCE (Not an Acronym)  
Kaiser Permanente  
ADDRESS (Business Address Acceptable)  
[REDACTED]  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy)     | VALUE            | DESCRIPTION OF GIFT(S)  |
|---------------------|------------------|-------------------------|
| <u>04 / 10 / 16</u> | \$ <u>100</u>    | <u>Dinner Reception</u> |
| <u>   /   /   </u>  | \$ <u>      </u> | <u>          </u>       |
| <u>   /   /   </u>  | \$ <u>      </u> | <u>          </u>       |

▶ NAME OF SOURCE (Not an Acronym)  
Sutter Health  
ADDRESS (Business Address Acceptable)  
[REDACTED]  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy)     | VALUE            | DESCRIPTION OF GIFT(S)  |
|---------------------|------------------|-------------------------|
| <u>04 / 11 / 16</u> | \$ <u>125</u>    | <u>Dinner Reception</u> |
| <u>   /   /   </u>  | \$ <u>      </u> | <u>          </u>       |
| <u>   /   /   </u>  | \$ <u>      </u> | <u>          </u>       |

▶ NAME OF SOURCE (Not an Acronym)  
Delfino Madden, LLP  
ADDRESS (Business Address Acceptable)  
[REDACTED]  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy)     | VALUE            | DESCRIPTION OF GIFT(S)  |
|---------------------|------------------|-------------------------|
| <u>04 / 10 / 16</u> | \$ <u>100</u>    | <u>Dinner Reception</u> |
| <u>   /   /   </u>  | \$ <u>      </u> | <u>          </u>       |
| <u>   /   /   </u>  | \$ <u>      </u> | <u>          </u>       |

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

**SCHEDULE D  
 Income – Gifts**

Name  
 Greg Janda

▶ NAME OF SOURCE *(Not an Acronym)*  
 Hefner Law

ADDRESS *(Business Address Acceptable)*  
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE    | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 04 / 09 / 16    | \$ 125   | Dinner Reception       |
| ___ / ___ / ___ | \$ _____ | _____                  |
| ___ / ___ / ___ | \$ _____ | _____                  |

▶ 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)*

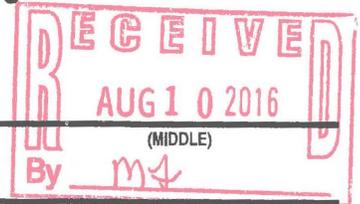
ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE    | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| ___ / ___ / ___ | \$ _____ | _____                  |
| ___ / ___ / ___ | \$ _____ | _____                  |
| ___ / ___ / ___ | \$ _____ | _____                  |

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

COVER PAGE



Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms) City of Rocklin  
Division, Board, Department, District, if applicable Your Position Councilmember

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 Rocklin, Judge or Court Commissioner, County of Placer, Other

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

- Annual, Leaving Office, Assuming Office, Candidate

4. Schedule Summary (must complete) Total number of pages including this cover page: 6

Schedules attached

- Schedule A-1, Schedule A-2, Schedule B, Schedule C, Schedule D, Schedule E

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE 3970 Rocklin Rd Rocklin CA 95677  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS greg.janda@rocklin.ca.us

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 08/10/2016 (month, day, year)

Signature [Handwritten Signature] (File the originally signed statement with your filing official.)

**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  
Greg Janda

**▶ 1. BUSINESS ENTITY OR TRUST**

Cadpros PCB Design Experts, Inc  
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**  
Engineering Services

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999                                      \_\_\_\_\_/\_\_\_\_\_/15                      \_\_\_\_\_/\_\_\_\_\_/15  
 \$2,000 - \$10,000                                      \_\_\_\_\_/\_\_\_\_\_/15                      \_\_\_\_\_/\_\_\_\_\_/15  
 \$10,001 - \$100,000                                      \_\_\_\_\_/\_\_\_\_\_/15                      \_\_\_\_\_/\_\_\_\_\_/15  
 \$100,001 - \$1,000,000                                      \_\_\_\_\_/\_\_\_\_\_/15                      \_\_\_\_\_/\_\_\_\_\_/15  
 Over \$1,000,000                                      \_\_\_\_\_/\_\_\_\_\_/15                      \_\_\_\_\_/\_\_\_\_\_/15

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     S-Corp    \_\_\_\_\_ Other

YOUR BUSINESS POSITION President, CEO

**▶ 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 (Attach a separate sheet if necessary.)**

None    or     Names listed below

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**▶ 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:  
 \$2,000 - \$10,000                                      \_\_\_\_\_/\_\_\_\_\_/15                      \_\_\_\_\_/\_\_\_\_\_/15  
 \$10,001 - \$100,000                                      \_\_\_\_\_/\_\_\_\_\_/15                      \_\_\_\_\_/\_\_\_\_\_/15  
 \$100,001 - \$1,000,000                                      \_\_\_\_\_/\_\_\_\_\_/15                      \_\_\_\_\_/\_\_\_\_\_/15  
 Over \$1,000,000                                      \_\_\_\_\_/\_\_\_\_\_/15                      \_\_\_\_\_/\_\_\_\_\_/15

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:  
 \$0 - \$1,999                                      \_\_\_\_\_/\_\_\_\_\_/15                      \_\_\_\_\_/\_\_\_\_\_/15  
 \$2,000 - \$10,000                                      \_\_\_\_\_/\_\_\_\_\_/15                      \_\_\_\_\_/\_\_\_\_\_/15  
 \$10,001 - \$100,000                                      \_\_\_\_\_/\_\_\_\_\_/15                      \_\_\_\_\_/\_\_\_\_\_/15  
 \$100,001 - \$1,000,000                                      \_\_\_\_\_/\_\_\_\_\_/15                      \_\_\_\_\_/\_\_\_\_\_/15  
 Over \$1,000,000                                      \_\_\_\_\_/\_\_\_\_\_/15                      \_\_\_\_\_/\_\_\_\_\_/15

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 (Attach a separate sheet if necessary.)**

None    or     Names listed below

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**▶ 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:  
 \$2,000 - \$10,000                                      \_\_\_\_\_/\_\_\_\_\_/15                      \_\_\_\_\_/\_\_\_\_\_/15  
 \$10,001 - \$100,000                                      \_\_\_\_\_/\_\_\_\_\_/15                      \_\_\_\_\_/\_\_\_\_\_/15  
 \$100,001 - \$1,000,000                                      \_\_\_\_\_/\_\_\_\_\_/15                      \_\_\_\_\_/\_\_\_\_\_/15  
 Over \$1,000,000                                      \_\_\_\_\_/\_\_\_\_\_/15                      \_\_\_\_\_/\_\_\_\_\_/15

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: \_\_\_\_\_

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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
 Greg Janda

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME  
 Cadpros PCB Design Experts, Inc

ADDRESS (Business Address Acceptable)  
 F [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 CAD Services

YOUR BUSINESS POSITION  
 President, CEO

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  
 Applied Landscape Materials

ADDRESS (Business Address Acceptable)  
 4 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Landscape Services

YOUR BUSINESS POSITION  
 Business Manager

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 \_\_\_\_\_ %     None

TERM (Months/Years) \_\_\_\_\_

SECURITY FOR LOAN  
 None     Personal residence

Real Property \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City \_\_\_\_\_

Guarantor \_\_\_\_\_

Other \_\_\_\_\_  
 (Describe)

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

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

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
Greg Janda

| ▶ 1. INCOME RECEIVED   | ▶ 1. INCOME RECEIVED  |
|--|---|
| NAME OF SOURCE OF INCOME<br><u>Sutter Health</u>   | NAME OF SOURCE OF INCOME<br>_____   |
| ADDRESS (Business Address Acceptable)<br>_____   | ADDRESS (Business Address Acceptable)<br>_____  |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE<br><u>Health Care</u>   | BUSINESS ACTIVITY, IF ANY, OF SOURCE<br>_____   |
| YOUR BUSINESS POSITION<br><u>(spouse) Occupational Therapist</u>   | YOUR BUSINESS POSITION<br>_____   |
| GROSS INCOME RECEIVED<br><input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000<br><input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000  | GROSS INCOME RECEIVED<br><input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000<br><input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000  |
| CONSIDERATION FOR WHICH INCOME WAS RECEIVED<br><input type="checkbox"/> Salary <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income<br>(For self-employed use Schedule A-2.)<br><input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use<br>Schedule A-2.)<br><input type="checkbox"/> Sale of _____<br>(Real property, car, boat, etc.)<br><input type="checkbox"/> Loan repayment<br><input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more<br>_____<br>(Describe)<br><input type="checkbox"/> Other _____<br>(Describe) | CONSIDERATION FOR WHICH INCOME WAS RECEIVED<br><input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income<br>(For self-employed use Schedule A-2.)<br><input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use<br>Schedule A-2.)<br><input type="checkbox"/> Sale of _____<br>(Real property, car, boat, etc.)<br><input type="checkbox"/> Loan repayment<br><input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more<br>_____<br>(Describe)<br><input type="checkbox"/> Other _____<br>(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*<br>_____   | INTEREST RATE<br>_____ % <input type="checkbox"/> None   | TERM (Months/Years)<br>_____ |
| ADDRESS (Business Address Acceptable)<br>_____   | SECURITY FOR LOAN<br><input type="checkbox"/> None <input type="checkbox"/> Personal residence<br><input type="checkbox"/> Real Property _____<br>Street address<br>_____<br>City<br>_____<br><input type="checkbox"/> Guarantor _____<br><input type="checkbox"/> Other _____<br>(Describe) |                              |
| BUSINESS ACTIVITY, IF ANY, OF LENDER<br>_____  |  |                              |
| HIGHEST BALANCE DURING REPORTING PERIOD<br><input type="checkbox"/> \$500 - \$1,000<br><input type="checkbox"/> \$1,001 - \$10,000<br><input type="checkbox"/> \$10,001 - \$100,000<br><input type="checkbox"/> OVER \$100,000 |  |                              |

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

**SCHEDULE D**  
**Income – Gifts**

Name  
**Greg Janda**

▶ NAME OF SOURCE *(Not an Acronym)*  
**North State BIA**

ADDRESS *(Business Address Acceptable)*  
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 01 / 15 / 16    | \$ 125.00 | Dinner Reception       |
| / /             | \$        |                        |
| / /             | \$        |                        |

▶ NAME OF SOURCE *(Not an Acronym)*  
**Teichert Construction**

ADDRESS *(Business Address Acceptable)*  
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 04 / 11 / 16    | \$ 125.00 | Dinner Reception       |
| / /             | \$        |                        |
| / /             | \$        |                        |

▶ NAME OF SOURCE *(Not an Acronym)*  
**Kaiser Permanente**

ADDRESS *(Business Address Acceptable)*  
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 04 / 10 / 16    | \$ 100.00 | Dinner Reception       |
| / /             | \$        |                        |
| / /             | \$        |                        |

▶ NAME OF SOURCE *(Not an Acronym)*  
**Sutter Health**

ADDRESS *(Business Address Acceptable)*  
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 04 / 11 / 16    | \$ 125.00 | Dinner Reception       |
| / /             | \$        |                        |
| / /             | \$        |                        |

▶ NAME OF SOURCE *(Not an Acronym)*  
**Delfino Madden, LLP**

ADDRESS *(Business Address Acceptable)*  
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 04 / 10 / 16    | \$ 100.00 | Dinner Reception       |
| / /             | \$        |                        |
| / /             | \$        |                        |

▶ NAME OF SOURCE *(Not an Acronym)*  
**Hefner Law**

ADDRESS *(Business Address Acceptable)*  
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 04 / 09 / 16    | \$ 125.00 | Dinner Reception       |
| / /             | \$        |                        |
| / /             | \$        |                        |

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

**SCHEDULE D**  
**Income – Gifts**

Name

GREG JANOA

▶ NAME OF SOURCE *(Not an Acronym)*  
 Halldin PR

ADDRESS *(Business Address Acceptable)*  
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 04 / 23 / 16    | \$ 250.00 | Non-Profit Event       |
| __ / __ / __    | \$ _____  | _____                  |
| __ / __ / __    | \$ _____  | _____                  |

▶ NAME OF SOURCE *(Not an Acronym)*  
 Region Builders

ADDRESS *(Business Address Acceptable)*  
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 10 / 09 / 15    | \$ 180.00 | Dinner Reception       |
| __ / __ / __    | \$ _____  | _____                  |
| __ / __ / __    | \$ _____  | _____                  |

▶ 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)*

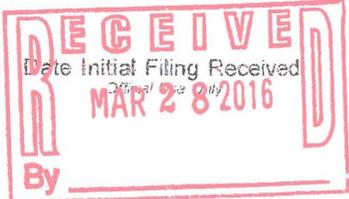
ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE    | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| __ / __ / __    | \$ _____ | _____                  |
| __ / __ / __    | \$ _____ | _____                  |
| __ / __ / __    | \$ _____ | _____                  |

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

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE



Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
City of Rocklin  
Division, Board, Department, District, if applicable  
Your Position  
Councilmember

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

Agency: see attachment Position: see attachment

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

- State
- Multi-County \_\_\_\_\_
- City of Rocklin
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of Placer
- 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 \_\_\_\_\_ (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.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 6

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)  
3970 Rocklin Rd Rocklin CA 95677  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
( 916 [redacted] greg.janda@rocklin.ca.us

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 03/26/2016  
(month, day, year)

Signature [Signature]  
(File the originally signed statement with your filing official.)



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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
 Greg Janda

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME  
 Cadpros PCB Design Experts, Inc

ADDRESS (Business Address Acceptable)  
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 CAD Services

YOUR BUSINESS POSITION  
 President, CEO

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  
 Applied Landscape Materials

ADDRESS (Business Address Acceptable)  
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Landscape Services

YOUR BUSINESS POSITION  
 Business Manager

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 \_\_\_\_\_%       None

TERM (Months/Years) \_\_\_\_\_

SECURITY FOR LOAN  
 None       Personal residence

Real Property \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City \_\_\_\_\_

Guarantor \_\_\_\_\_

Other \_\_\_\_\_  
 (Describe)

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

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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
 Greg Janda

**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
 Sutter Health

ADDRESS (Business Address Acceptable)  
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Health Care

YOUR BUSINESS POSITION  
 (spouse) Occupational Therapist

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 \_\_\_\_\_%     None

TERM (Months/Years) \_\_\_\_\_

SECURITY FOR LOAN  
 None     Personal residence

Real Property \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City \_\_\_\_\_

Guarantor \_\_\_\_\_

Other \_\_\_\_\_  
 (Describe)

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

**SCHEDULE D**  
**Income – Gifts**

Name

Greg Janda

▶ **NAME OF SOURCE (Not an Acronym)**  
 Halldin PR

ADDRESS (Business Address Acceptable)  
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Public Relations

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 05 / 02 / 15    | \$ 250.00 | Fundraising Event      |
| ___ / ___ / ___ | \$ _____  | _____                  |
| ___ / ___ / ___ | \$ _____  | _____                  |

▶ **NAME OF SOURCE (Not an Acronym)**  
 Region Builders

ADDRESS (Business Address Acceptable)  
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Business Association

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 10 / 09 / 15    | \$ 180.00 | Dinner Reception       |
| ___ / ___ / ___ | \$ _____  | _____                  |
| ___ / ___ / ___ | \$ _____  | _____                  |

▶ **NAME OF SOURCE (Not an Acronym)**  
 Kaiser Permanente

ADDRESS (Business Address Acceptable)  
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 06 / 26 / 15    | \$ 250.00 | Golf Event             |
| ___ / ___ / ___ | \$ _____  | _____                  |
| ___ / ___ / ___ | \$ _____  | _____                  |

▶ **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)**  
 State Farm Insurance

ADDRESS (Business Address Acceptable)  
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Insurance

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 05 / 15 / 15    | \$ 115.00 | Fundraising Event      |
| ___ / ___ / ___ | \$ _____  | _____                  |
| ___ / ___ / ___ | \$ _____  | _____                  |

▶ **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: \_\_\_\_\_

Attachment to Cover Page  
FPPC Form 700  
Annual Statement  
2015

1. Office, Agency or Court (cont'd (multiple positions)).

- Placer County Flood Control and Drainage Board: Board Member
- Highway 65 Interchange Financing JPA Board: Alternate Board Member
- Placer County Economic Development Board: Alternate Board Member
- South Placer Regional Transportation Authority: Alternate Board Member
- Placer Count Transportation Planning Agency: Alternate Board Member
- Placer County Air Pollution Control District: Alternate Board Memeber

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**

**RECEIVED**  
 Date Initial Filing Received  
**MAR - 5 2015**  
 Official Use Only  
 BY: \_\_\_\_\_

Please type or print in ink.

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

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

Agency Name (Do not use acronyms)  
 City of Rocklin  
 Division, Board, Department, District, if applicable  
 Oversight Board  
 Your Position  
 Board 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 \_\_\_\_\_  
 City of Rocklin  
 Judge or Court Commissioner (Statewide Jurisdiction)  
 County of Placer  
 Other \_\_\_\_\_

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

**Annual:** The period covered is January 1, 2014, through December 31, 2014.  
 -or-  
 The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2014.  
 **Assuming Office:** Date assumed 1/13/15  
 **Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)  
 The period covered is January 1, 2014, 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**

Check applicable schedules or "None." ▶ Total number of pages including this cover page: 4  
 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)  
 3970 Rocklin Rd Rocklin CA 95677  
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
 \_\_\_\_\_ greg.janda@rocklin.ca.us

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 03/03/2015  
 (month, day, year)

Signature [Signature]  
 (File the originally signed statement with your filing official.)



# SCHEDULE C

## Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

|  |
|--|
| <b>CALIFORNIA FORM 700</b>                         |
| <small>FAIR POLITICAL PRACTICES COMMISSION</small> |
| Name   |
| Greg Janda   |

**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Cadpros PCB Design Experts, Inc.

ADDRESS (Business Address Acceptable)  
[REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
CAD Services

YOUR BUSINESS POSITION  
President, CEO

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  
Sutter Health

ADDRESS (Business Address Acceptable)  
[REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Health Care

YOUR BUSINESS POSITION  
(spouse) Occupational Therapist

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  
 Greg Janda

▶ NAME OF SOURCE (Not an Acronym)  
**North State BIA**

ADDRESS (Business Address Acceptable)  
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Building Organization**

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 01 / 17 / 14    | \$ 250.00 | Dinner Reception       |
| 04 / 30 / 14    | \$ 35.00  | Mixer                  |
| 10 / 08 / 14    | \$ 35.00  | Mixer                  |

▶ NAME OF SOURCE (Not an Acronym)  
**Halldin PR**

ADDRESS (Business Address Acceptable)  
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Public Relations**

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S)       |
|-----------------|-----------|------------------------------|
| 05 / 05 / 14    | \$ 175.00 | Fundraiser - Golf Tournament |
| / /             | \$        |                              |
| / /             | \$        |                              |

▶ NAME OF SOURCE (Not an Acronym)  
**Kaiser Permanente**

ADDRESS (Business Address Acceptable)  
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Healthcare**

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 04 / 26 / 14    | \$ 250.00 | Fundraiser             |
| / /             | \$        |                        |
| / /             | \$        |                        |

▶ 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)  
**Studio Movie Grill**

ADDRESS (Business Address Acceptable)  
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Entertainment**

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 12 / 18 / 14    | \$ 150.00 | Grand Opening Event    |
| / /             | \$        |                        |
| / /             | \$        |                        |

▶ 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: \_\_\_\_\_

**STATEMENT OF ECONOMIC INTERESTS  
 COVER PAGE**

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 MAR - 5 2015  
 BY: \_\_\_\_\_

Please type or print in ink.

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

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

Agency Name (Do not use acronyms)

City of Rocklin

Division, Board, Department, District, if applicable

Your Position

Councilmember

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

Agency: see attachment

Position: see attachment

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County \_\_\_\_\_

County of Placer

City of Rocklin

Other \_\_\_\_\_

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

**Annual:** The period covered is January 1, 2014, through December 31, 2014.

**Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Check one)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2014.

The period covered is January 1, 2014, through the date of leaving office.

**Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

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

**Candidate:** Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary**

Check applicable schedules or "None."

► Total number of pages including this cover page: 5

**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  
 (Business or Agency Address Recommended - Public Document)

3970 Rocklin Rd

Rocklin

CA

95677

DAYTIME TELEPHONE NUMBER

E-MAIL ADDRESS

greg.janda@rocklin.ca.us

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 02/15/2015  
 (month, day, year)

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

# 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 \_\_\_\_\_  
Greg Janda

**1. BUSINESS ENTITY OR TRUST**

Cadpros PCB Design Experts, Inc.

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**  
CAD Services

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

\$0 - \$1,999                                      \_\_\_\_\_/\_\_\_\_\_/14                      \_\_\_\_\_/\_\_\_\_\_/14

\$2,000 - \$10,000                                      ACQUIRED                      DISPOSED

\$10,001 - \$100,000

\$100,001 - \$1,000,000

Over \$1,000,000

NATURE OF INVESTMENT

Partnership     Sole Proprietorship     S-Corp    \_\_\_\_\_ Other

YOUR BUSINESS POSITION President, CEO

**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 (Attach a separate sheet if necessary.)**

None    or     Names listed below

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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:

\$2,000 - \$10,000                                      \_\_\_\_\_/\_\_\_\_\_/14                      \_\_\_\_\_/\_\_\_\_\_/14

\$10,001 - \$100,000                                      ACQUIRED                      DISPOSED

\$100,001 - \$1,000,000

Over \$1,000,000

NATURE OF INTEREST

Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_                       Other \_\_\_\_\_

Yrs. remaining

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:

\$0 - \$1,999                                      \_\_\_\_\_/\_\_\_\_\_/14                      \_\_\_\_\_/\_\_\_\_\_/14

\$2,000 - \$10,000                                      ACQUIRED                      DISPOSED

\$10,001 - \$100,000

\$100,001 - \$1,000,000

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 (Attach a separate sheet if necessary.)**

None    or     Names listed below

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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:

\$2,000 - \$10,000                                      \_\_\_\_\_/\_\_\_\_\_/14                      \_\_\_\_\_/\_\_\_\_\_/14

\$10,001 - \$100,000                                      ACQUIRED                      DISPOSED

\$100,001 - \$1,000,000

Over \$1,000,000

NATURE OF INTEREST

Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_                       Other \_\_\_\_\_

Yrs. remaining

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

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

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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
 Greg Janda

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME  
 Cadpros PCB Design Experts, Inc.

ADDRESS (Business Address Acceptable)  
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 CAD Services

YOUR BUSINESS POSITION  
 President, CEO

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  
 Sutter Health

ADDRESS (Business Address Acceptable)  
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Health Care

YOUR BUSINESS POSITION  
 (spouse) Occupational Therapist

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 \_\_\_\_\_%       None

TERM (Months/Years) \_\_\_\_\_

SECURITY FOR LOAN  
 None       Personal residence

Real Property \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City \_\_\_\_\_

Guarantor \_\_\_\_\_

Other \_\_\_\_\_  
 (Describe)

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

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

Name  
 Greg Janda

▶ NAME OF SOURCE (Not an Acronym)  
 North State BIA

ADDRESS (Business Address Acceptable)  
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Building Organization

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 01 / 17 / 14    | \$ 250.00 | Dinner Reception       |
| 04 / 30 / 14    | \$ 35.00  | Mixer                  |
| 10 / 08 / 14    | \$ 35.00  | Mixer                  |

▶ NAME OF SOURCE (Not an Acronym)  
 Halldin PR

ADDRESS (Business Address Acceptable)  
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Public Relations

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S)       |
|-----------------|-----------|------------------------------|
| 05 / 05 / 14    | \$ 175.00 | Fundraiser - Golf Tournament |
| / /             | \$        |                              |
| / /             | \$        |                              |

▶ NAME OF SOURCE (Not an Acronym)  
 Kaiser Permanente

ADDRESS (Business Address Acceptable)  
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Healthcare

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 04 / 26 / 14    | \$ 250.00 | Fundraiser             |
| / /             | \$        |                        |
| / /             | \$        |                        |

▶ 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)  
 Studio Movie Grill

ADDRESS (Business Address Acceptable)  
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Entertainment

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 12 / 18 / 14    | \$ 150.00 | Grand Opening Event    |
| / /             | \$        |                        |
| / /             | \$        |                        |

▶ 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: \_\_\_\_\_

Attachment to Cover Page  
FPPC Form 700  
Annual Statement  
2014

1. Office, Agency or Court (cont'd (multiple positions)).

- Placer County Flood Control and Drainage Board: Board Member
- Highway 65 Interchange Financing JPA Board: Alternate Board Member

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE



Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Rocklin

Division, Board, Department, District, if applicable

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 \_\_\_\_\_
- City of Rocklin
- 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 \_\_\_\_/\_\_\_\_/\_\_\_\_
- 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.
- Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: \_\_\_\_\_

- 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)  
Rocklin CA 95677  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)

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 3/26/2014  
(month, day, year)

Signature [Signature]  
(File the originally signed statement with your filing official.)

Attachment to Cover Page  
FPPC Form 700  
Annual Statement  
2013-2014

1. Office, Agency or Court (cont'd (multiple positions)).

- Placer County Flood Control and Drainage Board: Board Member
- South Placer Regional Transportation Authority: Alternate Board Member
- Highway 65 Interchange Financing JPA Board: Alternate Board Member
- Placer County Air Pollution Control District Board: Alternate Board Member
- Placer County Economic Development Board: Alternate Board Member

**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  
 Greg Janda

▶ 1. BUSINESS ENTITY OR TRUST

Cadpros PCB Design Experts, Inc.  
 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:

\$0 - \$1,999                                      \_\_\_\_\_/\_\_\_\_\_/13                      \_\_\_\_\_/\_\_\_\_\_/13

\$2,000 - \$10,000                                      \_\_\_\_\_/\_\_\_\_\_/13                      \_\_\_\_\_/\_\_\_\_\_/13

\$10,001 - \$100,000                                      ACQUIRED                      DISPOSED

\$100,001 - \$1,000,000                                      \_\_\_\_\_/\_\_\_\_\_/13                      \_\_\_\_\_/\_\_\_\_\_/13

Over \$1,000,000                                      \_\_\_\_\_/\_\_\_\_\_/13                      \_\_\_\_\_/\_\_\_\_\_/13

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     \_\_\_\_\_ Other

YOUR BUSINESS POSITION President, CEO

▶ 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 (Attach a separate sheet if necessary.)

None

\_\_\_\_\_

\_\_\_\_\_

▶ 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:

\$2,000 - \$10,000                                      \_\_\_\_\_/\_\_\_\_\_/13                      \_\_\_\_\_/\_\_\_\_\_/13

\$10,001 - \$100,000                                      \_\_\_\_\_/\_\_\_\_\_/13                      \_\_\_\_\_/\_\_\_\_\_/13

\$100,001 - \$1,000,000                                      ACQUIRED                      DISPOSED

Over \$1,000,000                                      \_\_\_\_\_/\_\_\_\_\_/13                      \_\_\_\_\_/\_\_\_\_\_/13

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:

\$0 - \$1,999                                      \_\_\_\_\_/\_\_\_\_\_/13                      \_\_\_\_\_/\_\_\_\_\_/13

\$2,000 - \$10,000                                      \_\_\_\_\_/\_\_\_\_\_/13                      \_\_\_\_\_/\_\_\_\_\_/13

\$10,001 - \$100,000                                      ACQUIRED                      DISPOSED

\$100,001 - \$1,000,000                                      \_\_\_\_\_/\_\_\_\_\_/13                      \_\_\_\_\_/\_\_\_\_\_/13

Over \$1,000,000                                      \_\_\_\_\_/\_\_\_\_\_/13                      \_\_\_\_\_/\_\_\_\_\_/13

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 (Attach a separate sheet if necessary.)

None

\_\_\_\_\_

\_\_\_\_\_

▶ 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:

\$2,000 - \$10,000                                      \_\_\_\_\_/\_\_\_\_\_/13                      \_\_\_\_\_/\_\_\_\_\_/13

\$10,001 - \$100,000                                      \_\_\_\_\_/\_\_\_\_\_/13                      \_\_\_\_\_/\_\_\_\_\_/13

\$100,001 - \$1,000,000                                      ACQUIRED                      DISPOSED

Over \$1,000,000                                      \_\_\_\_\_/\_\_\_\_\_/13                      \_\_\_\_\_/\_\_\_\_\_/13

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: \_\_\_\_\_





SCHEDULE A-2  
Investments, Income, and Assets  
of Business Entities/Trusts  
(Ownership Interest is 10% or Greater)

1. BUSINESS ENTITY OR TRUST

Cadpros PCB Design Experts, Inc.

Name  
[Redacted]

Address (Business Address Acceptable)

Check one  
 Trust, go to 2  Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS  
CAD Services

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000 ACQUIRED      /      / 13 DISPOSED      /      / 13  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INVESTMENT  
 Partnership  Sole Proprietorship  S-Corp Other

YOUR BUSINESS POSITION President, CEO

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 (Attach a separate sheet if necessary.)

None

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:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000 ACQUIRED      /      / 13 DISPOSED      /      / 13  
 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:

Filer's Verification

Print Name Gregory A. Janda

Office, Agency or Court Rocklin City Council

Statement Type  2013/2014 Annual       Annual  Assuming  Leaving  Candidate

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

Date Signed 04/01/2014  
(month, day, year)

Filer's Signature

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE



Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name  
City of Rocklin  
Division, Board, Department, District, if applicable  
Your Position  
Councilmember

► If filing for multiple positions, list below or on an attachment.

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

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

- State
- Multi-County \_\_\_\_\_
- City of Rocklin
- 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, 2011, through December 31, 2011.
- or-
- The period covered is \_\_\_\_\_, through December 31, 2011.
- Assuming Office: Date assumed 12 / 11 / 2012
- Leaving Office: Date Left \_\_\_\_\_ (Check one)
- The period covered is January 1, 2011, through the date of leaving office.
- The period covered is \_\_\_\_\_, through the date of leaving office.
- Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 3

- 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)  
 \_\_\_\_\_ Rocklin CA 95677  
 E-MAIL ADDRESS (OPTIONAL)  
 greg.janda@rocklin.ca.us

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 01/10/2013  
(month, day, year)

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

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

Name  
Greg Janda

► 1. BUSINESS ENTITY OR TRUST

cadPROS PCB Design Experts, Inc.  
Name  
\_\_\_\_\_, CA 95050  
Address (Business Address Acceptable)  
Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
CAD Design Services

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999                                      \_\_\_\_\_/\_\_\_\_\_/11                      \_\_\_\_\_/\_\_\_\_\_/11  
 \$2,000 - \$10,000                                      \_\_\_\_\_/\_\_\_\_\_/11                      \_\_\_\_\_/\_\_\_\_\_/11  
 \$10,001 - \$100,000                                      ACQUIRED                      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INVESTMENT  
 Sole Proprietorship     Partnership     S-Corp    \_\_\_\_\_ Other

YOUR BUSINESS POSITION President, CEO

► 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 (Attach a separate sheet if necessary)

► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD 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:  
 \$2,000 - \$10,000                                      \_\_\_\_\_/\_\_\_\_\_/11                      \_\_\_\_\_/\_\_\_\_\_/11  
 \$10,001 - \$100,000                                      \_\_\_\_\_/\_\_\_\_\_/11                      \_\_\_\_\_/\_\_\_\_\_/11  
 \$100,001 - \$1,000,000                                      ACQUIRED                      DISPOSED  
 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: \_\_\_\_\_

► 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 BUSINESS ACTIVITY

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999                                      \_\_\_\_\_/\_\_\_\_\_/11                      \_\_\_\_\_/\_\_\_\_\_/11  
 \$2,000 - \$10,000                                      \_\_\_\_\_/\_\_\_\_\_/11                      \_\_\_\_\_/\_\_\_\_\_/11  
 \$10,001 - \$100,000                                      ACQUIRED                      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INVESTMENT  
 Sole Proprietorship     Partnership     \_\_\_\_\_ 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 (Attach a separate sheet if necessary)

► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD 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:  
 \$2,000 - \$10,000                                      \_\_\_\_\_/\_\_\_\_\_/11                      \_\_\_\_\_/\_\_\_\_\_/11  
 \$10,001 - \$100,000                                      \_\_\_\_\_/\_\_\_\_\_/11                      \_\_\_\_\_/\_\_\_\_\_/11  
 \$100,001 - \$1,000,000                                      ACQUIRED                      DISPOSED  
 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

