| CALIFORNIA FORM 70 | 0 |
|---------------------------------|------|
| FAIR POLITICAL PRACTICES COMMIS | SION |

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received Filing Official Use Only

A PUBLIC DOCUMENT

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

| Please type or print | in ink. | | 5AN: 02 | 2200432-STH-0432 |
|--|---|------------------------------------|--|-------------------------------|
| NAME OF FILER (LAST |) (FIRST) | | (MIDDLE) | |
| Janda | Greg | | | |
| 1. Office, Ageno | cy, or Court | | | |
| Agency Name (L | Do not use acronyms) | | | |
| City of Rockl | in | | | |
| Division, Board, D | Department, District, if applicable | Your Position | n | |
| City Council | | Citv Cou | ncil Member | |
| | tiple positions, list below or on an attachment. | | | |
| Agency: | | Position: | | |
| 5, | | | | |
| 2. Jurisdiction | of Office (Check at least one box) | | | |
| State | | | tired Judge, Pro Tem Judge, Jurisdiction) | or Court Commissioner |
| Multi-County | | County of | | |
| City of Roc | | | | |
| 3. Type of Stat | tement (Check at least one box) | | | |
| × Annual: The | e period covered is January 1, 2021, through cember 31, 2021 . | Leaving | Office: Date Left/ (Check one circl) | |
| -or- The | e period covered is/////// | leavin | eriod covered is January 1, 2 g office. | , |
| Assuming O | Office: Date assumed// | - or- The p the da | eriod covered is/ ate of leaving office. | , through |
| Candidate: | Date of Election and o | ffice sought, if different than Pa | rt 1: | |
| 4. Schedule Su | ummary (must complete) 🕨 Tota | I number of pages inclu | ding this cover page: | 2 |
| Schedules a | attached | | | |
| Schedule | A-1 - Investments – schedule attached | Schedule C - Inco | ome, Loans, & Business Pos | itions - schedule attached |
| Schedule | A-2 - Investments - schedule attached | Schedule D - Ince | ome – Gifts – schedule attac | hed |
| Schedule | B - Real Property - schedule attached | Schedule E - Inco | ome – Gifts – Travel Paymer | nts - schedule attached |
| | | | | |
| | No reportable interests on any sched | ule | | |
| 5. Verification | | | | |
| MAILING ADDRESS (Business or Agency) | STREET Address Recommended - Public Document) | CITY | STATE | ZIP CODE |
| | | | | |
| DAYTIME TELEPHON | NE NUMBER | EMAIL ADDRESS | 1.0 | |
| | | greg.janda@ro | | den the information contained |
| herein and in any | asonable diligence in preparing this statement. / attached schedules is true and complete. I a | cknowledge this is a public docu | ument. | dge the information contained |
| I certify under p | enalty of perjury under the laws of the State | of California that the foregoi | ng is true and correct. | |
| Date Signed | 03/23/2022 04:23 PM | Signature | | |
| · _ | (month, day, year) | | ile the originally signed paper statement | with your filing official.) |

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

AIR POLITICAL PRACTICES COMM

Name

Greg Janda

| ► 1. INCOME RECEIVED | ► 1. INCOME RECEIVED |
|---|---|
| NAME OF SOURCE OF INCOME | NAME OF SOURCE OF INCOME |
| ALM, Inc. | Sutter Health |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) |
| | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| Landscape Services | Health Care |
| YOUR BUSINESS POSITION | YOUR BUSINESS POSITION |
| Controller | ОТ |
| GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 \$\$ | GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$1,001 - \$100,000 \$\$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.) | 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.) | Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) |
| Sale of (Real property, car, boat, etc.) | Sale of |
| Loan repayment | Loan repayment |
| Commission or Rental Income, list each source of \$10,000 or more | Commission or Rental Income, <i>list each source of \$10,000 or more</i> |
| (Describe) | (Describe) |
| Other (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* | INTEREST RATE | TERM (Months/Years) |
|---|-----------------|---------------------|
| ADDRESS (Business Address Acceptable) | % | None |
| BUSINESS ACTIVITY, IF ANY, OF LENDER | SECURITY FOR LC | DAN |
| HIGHEST BALANCE DURING REPORTING PERIOD | Real Property | Street address |
| \$500 - \$1,000 | — | City |
| □ \$1,001 - \$10,000 □ \$10,001 - \$100,000 | Guarantor | |
| OVER \$100,000 | Other | (Describe) |
| Comments: | | |

| CALIFORNIA FORM 70 | 0 |
|--------------------------------|-------|
| FAIR POLITICAL PRACTICES COMMI | SSION |

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received Filing Official Use Only

A PUBLIC DOCUMENT

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

| Please type or print in ink. | SAN: 022200432-STH-0432 |
|--|---|
| 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 |
| Architectural Review Committee | Appointed Official Member |
| ► If filing for multiple positions, list below or on an attachment. (| |
| 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 |
| ── Contemport Cont | 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// (Check one circle.) |
| -or- The period covered is/, | |
| December 31, 2021 . | leaving office. -or- |
| X Assuming Office: Date assumed 01 / 11 / 2022 | The period covered is/, through the date of leaving office. |
| Candidate: Date of Election and office | ce 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 schedu | le |
| 5. Verification | |
| MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) | CITY STATE ZIP CODE |
| | |
| DAYTIME TELEPHONE NUMBER | EMAIL ADDRESS |
| | greg.janda@rocklin.ca.us |
| I have used all reasonable diligence in preparing this statement. I herein and in any attached schedules is true and complete. I ack | have reviewed this statement and to the best of my knowledge the information contained mowledge this is a public document. |
| I certify under penalty of perjury under the laws of the State of | of California that the foregoing is true and correct. |
| Date Signed 03/24/2022 11:37 AM | Signature |
| (month_day_year) | (File the originally signed paper statement with your filing official) |

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

AIR POLITICAL PRACTICES COMM

Name

Greg Janda

| ► 1. INCOME RECEIVED | ► 1. INCOME RECEIVED |
|---|---|
| NAME OF SOURCE OF INCOME | NAME OF SOURCE OF INCOME |
| ALM, Inc. | Sutter Health |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) |
| | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| Landscape Services | Health Care |
| YOUR BUSINESS POSITION | YOUR BUSINESS POSITION |
| Controller | ОТ |
| GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 \$\$ | GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$1,001 - \$100,000 \$\$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.) | 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.) | Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) |
| Sale of (Real property, car, boat, etc.) | Sale of |
| Loan repayment | Loan repayment |
| Commission or Rental Income, list each source of \$10,000 or more | Commission or Rental Income, <i>list each source of \$10,000 or more</i> |
| (Describe) | (Describe) |
| Other (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* | INTEREST RATE | TERM (Months/Years) |
|---|-----------------|---------------------|
| ADDRESS (Business Address Acceptable) | % | None |
| BUSINESS ACTIVITY, IF ANY, OF LENDER | SECURITY FOR LC | DAN |
| HIGHEST BALANCE DURING REPORTING PERIOD | Real Property | Street address |
| \$500 - \$1,000 | — | City |
| □ \$1,001 - \$10,000 □ \$10,001 - \$100,000 | Guarantor | |
| OVER \$100,000 | Other | (Describe) |
| Comments: | | |

| CALIFORNIA FORM | 7 | 0 | 0 |
|--------------------------|-----|------|------|
| FAIR POLITICAL PRACTICES | CON | IMIS | SION |

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received Filing Official Use Only

A PUBLIC DOCUMENT

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

| Please type or print | in ink. | | | | SAN: FPPC |
|-----------------------|---|---------------------|--------------------------------|-------------------------|-------------------------------------|
| NAME OF FILER (LAST | | | | (MIDDLE) | |
| Janda | Greg | | | . , | |
| 1. Office, Ageno | | | | | |
| | - | | | | |
| | Do not use acronyms) | | | | |
| City of Rockli | | | Your Position | | |
| Division, Board, L | Department, District, if applicable | | Your Position | | |
| | | | City Council M | lember | |
| ► If filing for mul | tiple positions, list below or on an attachmer | nt. (Do not use a | cronyms) | | |
| A | | | Desition | | |
| Agency: | | | | | |
| 2. Jurisdiction | of Office (Check at least one box) | | | | |
| State | | | Judge Retired Ju | idae. Pro Tem I | udge, or Court Commissioner |
| | | | (Statewide Jurisdie | | |
| Multi-County | | | County of | | |
| City of Roc | | | | | |
| | | | | | |
| 3. Type of Stat | tement (Check at least one box) | | | | |
| | e period covered is January 1, 2020, through | h | Leaving Office: | | // |
| De -or- | cember 31, 2020 . | | | (Check on | , |
| The | e period covered is/// | , through | | | ary 1, 2020, through the date of |
| De | cember 31, 2020 . | | leaving office -or- | | |
| Assuming C | Office: Date assumed// | | The period c the date of le | | _/, through |
| | | | | - | |
| Candidate: | Date of Election and | d office sought, if | different than Part 1: | | |
| 4. Schedule Su | ummary (must complete) ▶ <i>T</i> o | tal number of | pages including t | his cover pa | age: 2 |
| Schedules a | | | | | - <u>-</u> |
| | A-1 - Investments – schedule attached | ▼ S | chedule C - Income. Lo | oans. & Busines | ss Positions – schedule attached |
| | A-2 - Investments – schedule attached | | chedule D - Income - | | |
| | B - <i>Real Property</i> – schedule attached | | | | ayments – schedule attached |
| | | | | | , |
| -or- 🗆 None | - No reportable interests on any sch | edule | | | |
| 5. Verification | | | | | |
| MAILING ADDRESS | STREET | CITY | | STATE | ZIP CODE |
| (Business or Agency) | Address Recommended - Public Document) | | | | |
| 3970 Rocklin | | Rocklin | | CA | 95677-2720 |
| | | | MAIL ADDRESS | 00.110 | |
| | asonable diligence in propering this statemen | _ | reg.janda@rocklin | | nowledge the information contained |
| | asonable diligence in preparing this statemer attached schedules is true and complete. | | | ne best of my k | nowiedge the information contained |
| - | enalty of perjury under the laws of the St | - | | rue and correc | ·t. |
| · · · · · | | | | | |
| Date Signed | 03/02/2021 09:45 AM | Sign | ature | Electronic | Submission |
| | (month, day, year) | • | | ginally signed paper st | atement with your filing official.) |

(Other than Gifts and Travel Payments)

FAIR POLITICAL PRACTICES COMMISSION

Name

Greg Janda

| ► 1. INCOME RECEIVED | ► 1. INCOME RECEIVED |
|---|--|
| NAME OF SOURCE OF INCOME | NAME OF SOURCE OF INCOME |
| ALM Inc. | Sutter Health |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) |
| | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| Landscape Services | Health Care |
| YOUR BUSINESS POSITION | YOUR BUSINESS POSITION |
| Controller | (Spouse) OT |
| GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000 | GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$1,001 - \$10,000 \$1,001 - \$100,000 OVER \$100,000 |
| CONSIDERATION FOR WHICH INCOME WAS RECEIVED X Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) | 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.) | Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) |
| Sale of | Sale of |
| Loan repayment | Loan repayment |
| Commission or Rental Income, list each source of \$10,000 or more | Commission or Rental Income, list each source of \$10,000 or more |
| (Describe) | (Describe) |
| Describe) | Other(Describe) |

* 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* | INTEREST RATE | TERM (Months/Years) |
|---|-------------------|---------------------|
| ADDRESS (Business Address Acceptable) | % 🗌 Noi | ne |
| BUSINESS ACTIVITY, IF ANY, OF LENDER | SECURITY FOR LOAN | ersonal residence |
| HIGHEST BALANCE DURING REPORTING PERIOD | Real Property | Street address |
| \$500 - \$1,000 | | City |
| \$1,001 - \$10,000 | Guarantor | |
| \$10,001 - \$100,000 | | |
| OVER \$100,000 | Other | (Describe) |
| Comments: | | |

| CALÎFORNIA FORM 700 | STATEMENT | OF ECONOMIC INTERE | STS Date Initial Filing Received |
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| FAIR POLITICAL PRACTICES COMMISSION | | COVER PAGE | DEGERDE |
| | A PL | JBLIC DOCUMENT | DECEINED |
| Please type or print in ink. | | | AUG 0 4 2020 |
| NAME OF FILER (LAST) | (FIRST) | | By MIDLE |
| Janda | Greg | | Dy All Mart |
| 1. Office, Agency, or Court | | | 0 |
| Agency Name (Do not use acronyms) City of Rocklin | | | |
| Division, Board, Department, District, if appl | cable | Your Position | |
| | | City Council Member | |
| If filing for multiple positions, list below of | r on an attachment. (Do not | use acronyms) | |
| Agency: | | Position: | |
| 2. Jurisdiction of Office (Check at le | ast one box) | | |
| State | | Judge, Retired Judge, Pro (Statewide Jurisdiction) | Tem Judge, or Court Commissioner |
| Multi-County | | County of | |
| City of Rocklin | | Other | |
| 3. Type of Statement (Check at least | one box) | | |
| Annual: The period covered is Januar December 31, 2019. | y 1, 2019, through | | ft//eck one circle.) |
| -or- The period covered is December 31, 2019. | /, through | O The period covered is leaving office. | January 1, 2019, through the date of |
| Assuming Office: Date assumed | | | /, through ice. |
| ✓ Candidate: Date of Election 11/03/20 | 20 and office soug | ht, if different than Part 1: | |
| 4. Schedule Summary (must com | plete) 🕨 Total numbe | er of pages including this cov | er page: 2 |
| Schedules attached | | | |
| Schedule A-1 - Investments - sched | lule attached | Schedule C - Income, Loans, & B | usiness Positions - schedule attached |
| Schedule A-2 - Investments - sched | lule attached | Schedule D - Income - Gifts - sc | |
| Schedule B - Real Property – sched | ule attached | Schedule E - Income – Gifts – Tra | avel Payments - schedule attached |
| -or- D None - No reportable interes | sts on any schedule | | |
| 5. Verification | | | |
| MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Da | CITY CITY | STATE | ZIP CODE |
| | i i i i i i i i i i i i i i i i i i i | | |
| DAYTIME TELEPHONE NUMBER | | EMAIL ADDRESS | |
| | | | |
| I have used all reasonable diligence in prepa herein and in any attached schedules is true | | | my knowledge the information contained |
| I certify under penalty of perjury under the | e laws of the State of Califo | ornia that the foregoing is true and o | correct. |
| Date Signed 08/04/2020 | | Signatura | |
| Date Signed 08/04/2020 (month, day, year) | | Signature (File the originally signed) | paper statement with your filing official.) |
| | | | FPPC Form 700 - Cover Page (2019/2020) |

FPPC Form 700 - Cover Page (2019/2020) advice@fppc.ca.gov • 866-275-3772 • www.fppc.ca.gov Page - 5

(Other than Gifts and Travel Payments)

CALIFORNIA FORM

FAIR POLITICAL PRACTICES COMMISSION

Name

Greg Janda

| ► 1. INCOME RECEIVED | ► 1. INCOME RECEIVED |
|---|---|
| NAME OF SOURCE OF INCOME | NAME OF SOURCE OF INCOME |
| ALM Inc. | Sutter Health |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) |
| 4500 Pacific St. Rocklin, CA 95677 | 1 Medical Plaza Roseville, CA 95661 |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| Landscape Services | Health Care |
| YOUR BUSINESS POSITION | YOUR BUSINESS POSITION |
| Business Manager / Controller | (Spouse) 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 | 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 Solary \$10,000 + \$100,000 |
| 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.) | 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 | Sale of |
| Commission or Rental Income, list each source of \$10,000 or more | Commission or Rental Income, list each source of \$10,000 or more |
| (Describe) | (Describe) |
| Describe) | Describe) |
| ▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING F | PERIOD |
| a retail installment or credit card transaction, made in the | I lending institution, or any indebtedness created as part of ne lender's regular course of business on terms available status. Personal loans and loans received not in a lender's s: |
| NAME OF LENDER* | INTEREST RATE TERM (Months/Years) |
| ADDRESS (Business Address Acceptable) | % None |
| | SECURITY FOR LOAN |

| \$500 - | \$1,000 |
|---------|----------|
| \$1,001 | - \$10,0 |

٨

.....

| ¢10.001 | ¢400.00 | 1 |
|---------|---------|---|

| ADDRESS (Business Address Acceptable) | |
|---|------------------------------|
| BUSINESS ACTIVITY, IF ANY, OF LENDER | SECURITY FOR LOAN |
| HIGHEST BALANCE DURING REPORTING PERIOD | Real Property Street address |
| \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000 | City |
| Comments: | (Describe) |

| CALIFORNIA FORM | STATEMENT | OF ECONOM | IIC INTERE | STS Date | Initial Filing Receiv |
|---|---|--|---|---------------------------------|----------------------------------|
| FAIR POLITICAL PRACTICES COMM | | COVER PAGE | | Filed Date: 01/08/2020 02:28 PM | |
| Please type or print in ink. A | | UBLIC DOCUMENT | | SA | N: FPPC |
| AME OF FILER (LAST) | (FIRST) | | | | (MIDDLE) |
| anda | Greg | | | | |
| Office, Agency, or Cour | rt | | | | |
| Agency Name (Do not use acro | onyms) | | | | |
| City of Rocklin | | | | | |
| Division, Board, Department, Dis | strict, if applicable | Your Posi | | | |
| If filing for multiple positions | list below or on an attachment. (Do no | | ouncil Membe | r | |
| | | | | | |
| Agency: | | Position: | | | |
| Jurisdiction of Office (| Check at least one box) | | | | |
| State | | | Retired Judge, Pro de Jurisdiction) | o Tem Judge, or C | Court Commissioner |
| Multi-County | | | | | |
| | | • | | | |
| _ , | | | | | |
| Type of Statement (Che | | | | | |
| X Annual: The period covered December 31, 20 | | Leavin | g Office: Date Le (Ch | eft/ neck one circle.) | 1 |
| -or- The period covere December 31, 20 | ed is/, throu 19. | | e period covered is ving office. | s January 1, 2019 | , through the date of |
| Assuming Office: Date as | ssumed// | | e period covered is date of leaving of | | , through |
| Candidate: Date of Election | on and office so | ught, if different than I | Part 1: | | |
| Schedule Summary (m Schedules attached | ust complete) 🕨 Total num | ber of pages incl | luding this co | ver page: | 3 |
| _ | | 🗔 Sahadula C 🛛 | noomo Loono P | Pusinosa Desition | a achadula attachad |
| Schedule A-1 - Investme | | | ncome – Gifts – s | | s – schedule attached |
| Schedule B - Real Prop | | | | | schedule attached |
| | | | | | |
| or- 🗌 None - No reporta | bla interacta an anu achadula | | | | |
| · | idie interests on any schedule | | | | |
| Verification | _ | , , | 0.141 | - | |
| · | EET CITY nded - Public Document) | | STAT | E | ZIP CODE |
| Verification MAILING ADDRESS STR (Business or Agency Address Recommen 3970 Rocklin Rd | EET CITY | 1 | STAT CA | | |
| Verification MAILING ADDRESS STR (Business or Agency Address Recomment | EET CITY nded - Public Document) | EMAIL ADDRESS | CA | A 95677 | |
| Verification MAILING ADDRESS STR (Business or Agency Address Recomment 3970 Rocklin Rd DAYTIME TELEPHONE NUMBER ())))))))))]]]]]]]]] | EET CITY nded - Public Document) Rocklin nce in preparing this statement. I have | EMAIL ADDRESS greg.janda@ reviewed this statemer | CA Procklin.ca.us In and to the best | A 95677 | -2720 |
| Verification MAILING ADDRESS STR (Business or Agency Address Recomment 3970 Rocklin Rd DAYTIME TELEPHONE NUMBER () | EET CITY nded - Public Document) Rocklin | EMAIL ADDRESS greg.janda@ reviewed this statemen edge this is a public do | CA Procklin.ca.us Int and to the best occument. | A 95677 | -2720 |
| Verification MAILING ADDRESS STR (Business or Agency Address Recomment 3970 Rocklin Rd DAYTIME TELEPHONE NUMBER ()) | REET CITY nded - Public Document) Rocklin nce in preparing this statement. I have edules is true and complete. I acknowle | EMAIL ADDRESS greg.janda@ reviewed this statemen edge this is a public do | CA Procklin.ca.us and to the best pocument. going is true and | A 95677 | -2720 he information containe |

(Other than Gifts and Travel Payments)

FAIR POLITICAL PRACTICES COMMISSION

Name

Greg Janda

| ► 1. INCOME RECEIVED | ► 1. INCOME RECEIVED |
|---|---|
| NAME OF SOURCE OF INCOME | NAME OF SOURCE OF INCOME |
| ALM Inc. | Sutter Health |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) |
| | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| Landscape Services | Health Care |
| YOUR BUSINESS POSITION | YOUR BUSINESS POSITION |
| Controller | (Spouse) 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.) | 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.) | Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) |
| Sale of | Sale of |
| Loan repayment | Loan repayment |
| Commission or Rental Income, list each source of \$10,000 or more | Commission or Rental Income, list each source of \$10,000 or more |
| (Describe) | (Describe) |
| Other (Describe) | Other |

* 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* | INTEREST RATE | | TERM (Months/Years) |
|---|-----------------|------|---------------------|
| ADDRESS (Business Address Acceptable) | % | None | |
| | SECURITY FOR L | .OAN | sidence |
| BUSINESS ACTIVITY, IF ANY, OF LENDER | _ | | |
| HIGHEST BALANCE DURING REPORTING PERIOD | Real Property _ | | Street address |
| \$500 - \$1,000 | - | | City |
| \$1,001 - \$10,000 | Guarantor | | |
| \$10,001 - \$100,000 | | | |
| OVER \$100,000 | Other | | (Describe) |
| | | | |
| Comments: | | | |

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700

Greg Janda

Name

| NAME OF SOURCE (Not an Acronym) | ► NAME OF SOURCE (Not an Acronym) |
|--|--|
| Union Pacific Railroad | |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) |
| | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| | |
| DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) | DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) |
| | |
| <u>09 / 14 / 19</u> <u>\$220</u> Event Tickets | \$ \$ |
| | |
| /\$ | \$ \$ |
| | |
| /\$ | /\$ |
| NAME OF SOURCE (Not an Acronym) | ► NAME OF SOURCE (Not an Acronym) |
| | |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) |
| | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| | |
| DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) | DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) |
| | |
| /\$ | / \$ |
| | |
| /\$ | /\$ |
| | |
| /\$ | /\$ |
| NAME OF SOURCE (Not an Acronym) | ► NAME OF SOURCE (Not an Acronym) |
| | |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) |
| | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| | |
| DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) | DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) |
| | |
| /\$ | \$\$ |
| | |
| /\$ | \$ |
| | |
| | |
| /\$ | |

| CALIFORNIA FORM 700 | STATEMENT | OF ECONOMIC INTE | RESTS Date Initial Filing Receiv |
|--|--|---|--|
| FAIR POLITICAL PRACTICES COMMISSION | | COVER PAGE | Filed Date: 01/15/2019 01:20 PM |
| Please type or print in ink. | e type or print in ink. A PUBLIC DOCUMENT | | SAN: FPPC |
| 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 app | licable | Your Position | |
| | | City Council Men | ber |
| ► If filing for multiple positions, list below of | or on an attachment. (Do not | use acronyms) | |
| Agency: | | Position: | |
| Agency. | | FOSILIOII | |
| 2. Jurisdiction of Office (Check at I | least one box) | | |
| State | | Judge or Court Comm | nissioner (Statewide Jurisdiction) |
| Multi-County | | _ County of | |
| City of Rocklin | | Other | |
| | | | |
| 3. Type of Statement (Check at least | t one box) | | |
| Annual: The period covered is Januar | ry 1, 2018, through | Leaving Office: Dat | e Left/ |
| December 31, 2018. -or- | | | (Check one circle.) |
| The period covered is December 31, 2018. | ./, through | h O The period coverce -or- leaving office. | ed is January 1, 2018, through the date of |
| Assuming Office: Date assumed | 1 1 | | ed is/, through |
| Assuming Onice. Date assumed | // | the date of leavin | |
| Candidate: Date of Election | and office soug | ght, if different than Part 1: | |
| I. Schedule Summary (must con | nlete) Total numb | er of pages including this | cover page: 3 |
| Schedules attached | | er of pages including this | cover page. |
| _ | dula attached | Sebadula C. Jacoma Lana | 1 Dusiness Desitions askedula attached |
| Schedule A-1 - Investments – sche | | Schedule D - Income, Loans, | & Business Positions – schedule attached |
| Schedule B - Real Property – sche | | | - Travel Payments - schedule attached |
| ,,,,,,, | | | |
| | | | |
| -or- D None - No reportable intere | ests on any schedule | | |
| -or- D None - No reportable intere | ests on any schedule | | |
| | CITY | | STATE ZIP CODE |
| AILING ADDRESS STREET | CITY | | STATE ZIP CODE CA 95677-2720 |
| MAILING ADDRESS STREET (Business or Agency Address Recommended - Public D | CITY Document) | EMAIL ADDRESS | |
| MAILING ADDRESS STREET (Business or Agency Address Recommended - Public D 3970 Rocklin Rd DAYTIME TELEPHONE NUMBER | CITY Document) Rocklin | EMAIL ADDRESS greg.janda@rocklin.ca. | CA 95677-2720 us |
| MAILING ADDRESS STREET (Business or Agency Address Recommended - Public D 3970 Rocklin Rd DAYTIME TELEPHONE NUMBER | CITY Document) Rocklin aring this statement. I have re | EMAIL ADDRESS greg.janda@rocklin.ca. viewed this statement and to the be | CA 95677-2720 |
| 5. Verification MAILING ADDRESS STREET (Business or Agency Address Recommended - Public D 3970 Rocklin Rd DAYTIME TELEPHONE NUMBER I have used all reasonable diligence in prepa | CITY Document) Rocklin aring this statement. I have re le and complete. I acknowled | EMAIL ADDRESS greg.janda@rocklin.ca. viewed this statement and to the bo ge this is a public document. | CA 95677-2720 us est of my knowledge the information contained |
| S. Verification MAILING ADDRESS STREET (Business or Agency Address Recommended - Public D <u>3970 Rocklin Rd DAYTIME TELEPHONE NUMBER I have used all reasonable diligence in prepa herein and in any attached schedules is tru </u> | CITY Document) Rocklin aring this statement. I have re aring this statement. I have re and complete. I acknowled he laws of the State of Calif | EMAIL ADDRESS greg.janda@rocklin.ca. viewed this statement and to the bu- ge this is a public document. fornia that the foregoing is true a | CA 95677-2720 us est of my knowledge the information contained |

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700

Name

Greg Janda

| ► 1. BUSINESS ENTITY OR TRUST | ► 1. BUSINESS ENTITY OR TRUST |
|--|--|
| Cadpros PCB Design Experts, Inc | |
| Name | Name |
| Address (Business Address Acceptable) | Address (Business Address Acceptable) |
| Check one | Check one |
| Trust, go to 2 I Business Entity, complete the box, then go to 2 | Trust, go to 2 Business Entity, complete the box, then go to 2 |
| GENERAL DESCRIPTION OF THIS BUSINESS Engineering Services | GENERAL DESCRIPTION OF THIS BUSINESS |
| FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 $/ / 18$ \$2,000 - \$10,000 $/ / 18$ \$\$10,001 - \$100,000 ACQUIRED \$\$100,001 - \$1,000,000 Over \$1,000,000 | FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 //18 \$10,001 - \$100,000 /_/18 \$100,001 - \$1,000,000 ACQUIRED Disposed Over \$1,000,000 |
| NATURE OF INVESTMENT | NATURE OF INVESTMENT |
| | YOUR BUSINESS POSITION |
| 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) | 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 | □ \$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 | ► 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 | ► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR |
| LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: | LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: |
| | |
| Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property | Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property |
| Description of Business Activity <u>or</u> City or Other Precise Location of Real Property | Description of Business Activity <u>or</u> City or Other Precise Location of Real Property |
| FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 / / 18 \$10,001 - \$100,000 / / 18 \$100,001 - \$1,000,000 ACQUIRED Over \$1,000,000 DISPOSED | FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 18 \$10,001 - \$100,000 18 \$100,001 - \$1,000,000 ACQUIRED Over \$1,000,000 DISPOSED |
| NATURE OF INTEREST | NATURE OF INTEREST |
| Leasehold Other | Leasehold Other |
| Check box if additional schedules reporting investments or real property are attached | Check box if additional schedules reporting investments or real property are attached |

Comments:_

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

Name

Greg Janda

| ► 1. INCOME RECEIVED | ► 1. INCOME RECEIVED |
|--|---|
| NAME OF SOURCE OF INCOME | NAME OF SOURCE OF INCOME |
| ALM Inc. | Sutter Health |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) |
| | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| Landscape Services | Health Care |
| YOUR BUSINESS POSITION | YOUR BUSINESS POSITION |
| Controller | (Spouse) OT |
| GROSS INCOME RECEIVED No Income - Business Position Only | GROSS INCOME RECEIVED No Income - Business Position Only |
| \$500 - \$1,000 \$1,001 - \$10,000 | \$500 - \$1,000 \$1,001 - \$10,000 |
| S10,001 - \$100,000 VER \$100,000 | 🔀 \$10,001 - \$100,000 |
| CONSIDERATION FOR WHICH INCOME WAS RECEIVED | CONSIDERATION FOR WHICH INCOME WAS RECEIVED |
| Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) | 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.) | Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) |
| Cale of (Real property, car, boat, etc.) | Sale of (Real property, car, boat, etc.) |
| Loan repayment | Loan repayment |
| Commission or Rental Income, list each source of \$10,000 or more | Commission or Rental Income, list each source of \$10,000 or more |
| (Describe) | (Describe) |
| □ Other | Other |
| (Describe) | (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* | INTEREST RATE | | TERM (Months/Years) |
|---|-----------------|--------------|---------------------|
| ADDRESS (Business Address Acceptable) | % | None None | |
| BUSINESS ACTIVITY, IF ANY, OF LENDER | None None | Personal res | sidence |
| HIGHEST BALANCE DURING REPORTING PERIOD | Real Property _ | | Street address |
| \$500 - \$1,000 | 2- | | City |
| □ \$1,001 - \$10,000 □ \$10,001 - \$100,000 | Guarantor | | |
| OVER \$100,000 | Other | (| (Describe) |
| Comments: | | | |

CALIFORNIA FORM 700

A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received Official Use Only

| (| 201 | /ER | PA | GE |
|---|-----|-----|----|------------|
| | | | | V L |

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

| Please type or print in ink. | | SAN: FPPC | | |
|--|----------------------------------|---|--|--|
| 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 Memb | er | | |
| ► If filing for multiple positions, list below or on an attachment. (Do not | use acronyms) | | | |
| Agency: | Position: | | | |
| Agency. | | | | |
| 2. Jurisdiction of Office (Check at least one box) | | | | |
| State | Judge or Court Commis | sioner (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, 2017, through December 31, 2017. | Leaving Office: Date (Check one) | Left// | | |
| -or- | | is January 1, 2017, through the date of | | |
| The period covered is/, through December 31, 2017. | leaving office. | is bandary 1, 2017, through the date of | | |
| Assuming Office: Date assumed// | | is/, through | | |
| | the date of leaving | office. | | |
| Candidate: Date of Election and office soug | ht, if different than Part 1: | | | |
| 4. Schedule Summary (must complete) | er of pages including this c | over page: 4 | | |
| Schedules attached | | | | |
| Schedule A-1 - Investments - schedule attached | Schedule C - Income I gans | Business Positions - schedule attached | | |
| Schedule A-1 - Investments - schedule attached | Schedule D - Income - Gifts - | | | |
| Schedule B - Real Property – schedule attached | | Travel Payments - schedule attached | | |
| -or- | | | | |
| □ None - No reportable interests on any schedule | | | | |
| 5. Verification | | | | |
| MAILING ADDRESS STREET CITY (Business or Agency Address Recommended - Public Document) | ST | ATE ZIP CODE | | |
| 3970 Rocklin Rd Rock | | 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 containe | | | | |
| 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. | | | | |
| 03/10/2018 03:42 PM | e. Flei | ctronic Submission | | |
| (month, day, year) | Signature | signed statement with your filing official.) | | |
| | | FPPC Form 700 (2017/2018) | | |
| | FPPC Toll-Free I | FPPC Advice Email: advice@fppc.ca.gov Helpline: 866/275-3772 www.fppc.ca.gov | | |

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700

Greg Janda

Name

| ► 1. BUSINESS ENTITY OR TRUST | ► 1. BUSINESS ENTITY OR TRUST |
|---|--|
| Cadpros PCB Design Experts, Inc | |
| Name | Name |
| Address (Business Address Acceptable) | Address (Business Address Acceptable) |
| Check one | Check one |
| Trust, go to 2 M Business Entity, complete the box, then go to 2 | Trust, go to 2 Business Entity, complete the box, then go to 2 |
| GENERAL DESCRIPTION OF THIS BUSINESS Engineering Services | GENERAL DESCRIPTION OF THIS BUSINESS |
| | |
| FAIR MARKET VALUE IF APPLICABLE, LIST DATE: | FAIR MARKET VALUE IF APPLICABLE, LIST DATE: |
| \$2,000 - \$10,000 <u>17</u> <u>17</u> | \$2,000 - \$10,000 <u>17</u> <u>17</u> |
| | ☐ \$10,001 - \$100,000 ACQUIRED DISPOSED ☐ \$100,001 - \$1,000,000 |
| Over \$1,000,000 | Over \$1,000,000 |
| NATURE OF INVESTMENT | NATURE OF INVESTMENT |
| Partnership Sole Proprietorship S-Corp | Partnership Sole ProprietorshipOther |
| YOUR BUSINESS POSITION President, CEO | YOUR BUSINESS POSITION |
| | |
| 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) | 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST) |
| □ \$0 - \$499 | □ \$10,001 - \$100,000 □ \$500 - \$1,000 □ \$VER \$100,000 |
| □ \$1,001 - \$10,000 | St,000 - \$1,000 - \$1,000 |
| ▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF | ► 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 | 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 <u>BY</u> THE BUSINESS ENTITY OR TRUST | ► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST |
| | |
| INVESTMENT REAL PROPERTY | |
| Name of Business Entity, if Investment, or | Name of Business Entity, if Investment, <u>or</u> |
| Assessor's Parcel Number or Street Address of Real Property | Assessor's Parcel Number or Street Address of Real Property |
| Description of Business Activity <u>or</u> City or Other Precise Location of Real Property | Description of Business Activity <u>or</u> City or Other Precise Location of Real Property |
| FAIR MARKET VALUE IF APPLICABLE, LIST DATE: | FAIR MARKET VALUE IF APPLICABLE, LIST DATE: |
| \$2,000 - \$10,000 | □ \$2,000 - \$10,000 17 17 |
| \$10,001 - \$100,000 | \$10,001 - \$100,000 \$100,001 - \$1,000,000 ACQUIRED DISPOSED |
| Over \$1,000,000 | Over \$1,000,000 |
| NATURE OF INTEREST | NATURE OF INTEREST |
| | |
| Leasehold Other | Leasehold Other |
| Check box if additional schedules reporting investments or real property are attached | Check box if additional schedules reporting investments or real property are attached |
| Comments: | FPPC Form 700 (2017/2018) Sch. A-2 |
| Comments: | FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov |

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 70

FAIR POLITICAL PRACTICES COMMISSION

Name

Greg Janda

| ► 1. INCOME RECEIVED | ► 1. INCOME RECEIVED |
|---|--|
| NAME OF SOURCE OF INCOME | NAME OF SOURCE OF INCOME |
| ALM Inc. | Cadpros PCB Design Experts, Inc |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) |
| | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| Landscape Services | Engineering Services |
| YOUR BUSINESS POSITION | YOUR BUSINESS POSITION |
| Controller | President, CEO |
| GROSS INCOME RECEIVED No Income - Business Position Only □ \$500 - \$1,000 □ \$1,001 - \$10,000 □ \$10,001 - \$100,000 Image: Comparison of the state of | 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.) | Schedule A-2.) |
| Sale of (Real property, car, boat, etc.) | Real property, car, boat, etc.) |
| Loan repayment | Loan repayment |
| Commission or Rental Income, list each source of \$10,000 or more | Commission or Rental Income, list each source of \$10,000 or more |
| (Describe) | (Describe) |
| ☐ Other | Other (Describe) |

* 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* | INTEREST RATE | | TERM (Months/Years) |
|---|-----------------|--------------|---------------------|
| ADDRESS (Business Address Acceptable) | % | None None | |
| | SECURITY FOR LO | DAN | |
| BUSINESS ACTIVITY, IF ANY, OF LENDER | None None | Personal res | idence |
| | Real Property _ | | |
| HIGHEST BALANCE DURING REPORTING PERIOD | | | Street address |
| \$500 - \$1,000 | - | | City |
| \$1,001 - \$10,000 | | | |
| \$10,001 - \$100,000 | Guarantor | | |
| OVER \$100,000 | Other | | |
| | _ | (| Describe) |
| Comments: | | | |

FPPC Form 700 (2017/2018) Sch. C FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

Name

Greg Janda

| ► 1. INCOME RECEIVED | ► 1. INCOME RECEIVED |
|---|--|
| NAME OF SOURCE OF INCOME | NAME OF SOURCE OF INCOME |
| Sutter Health | |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) |
| | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| Health Care | |
| YOUR BUSINESS POSITION | YOUR BUSINESS POSITION |
| (Spouse) Occupational Therapist | |
| GROSS INCOME RECEIVED No Income - Business Position Only | GROSS INCOME RECEIVED No Income - Business Position Only |
| \$500 - \$1,000 \$1,001 - \$10,000 | □ \$500 - \$1,000 □ \$1,001 - \$10,000 |
| X \$10,001 - \$100,000 | S10,001 - \$100,000 OVER \$100,000 |
| CONSIDERATION FOR WHICH INCOME WAS RECEIVED | CONSIDERATION FOR WHICH INCOME WAS RECEIVED |
| Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) | 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.) | Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) |
| Sale of | Sale of |
| Loan repayment | Loan repayment |
| Commission or Rental Income, list each source of \$10,000 or more | Commission or Rental Income, list each source of \$10,000 or more |
| (Describe) | (Describe) |
| Other (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* | INTEREST RATE | TERM (Months/Years) |
|---|-------------------|---------------------|
| ADDRESS (Business Address Acceptable) | % 🗌 Non | e |
| | SECURITY FOR LOAN | |
| BUSINESS ACTIVITY, IF ANY, OF LENDER | None Pe | ersonal residence |
| | Real Property | Street address |
| HIGHEST BALANCE DURING REPORTING PERIOD | | Street address |
| \$500 - \$1,000 | | City |
| \$1,001 - \$10,000 | | |
| \$10,001 - \$100,000 | Guarantor | |
| OVER \$100,000 | Other | |
| | | (Describe) |
| Comments: | | |

FPPC Form 700 (2017/2018) Sch. C FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov CALIFORNIA FORM 700

A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received Official Use Only

FAIR POLITICAL PRACTICES COMMISSION

COVER PAGE

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

| Ple | ease type or print in ink. | | SAN: FFFC | | |
|-----|---|---|--|--|--|
| NA | ME OF FILER (LAST) (FIRST) | | (MIDDLE) | | |
| Ja | anda 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 Mem | ber | | |
| | ► If filing for multiple positions, list below or on an attachment. (Do not | use acronyms) | | | |
| | Agency: | Position | | | |
| _ | Ayency | | | | |
| 2. | Jurisdiction of Office (Check at least one box) | | | | |
| | State | Judge or Court Comm | issioner (Statewide Jurisdiction) | | |
| | | _ County of | | | |
| | City of Rocklin | | | | |
| | | | | | |
| 3. | Type of Statement (Check at least one box) | | | | |
| | Annual: The period covered is January 1, 2016, through December 31, 2016. | Leaving Office: Date (Check one) | e Left// | | |
| | -or- The period covered is//, through | | ed is January 1, 2016, through the date of | | |
| | December 31, 2016. | leaving office. -or- | | | |
| | Assuming Office: Date assumed// | The period covere the date of leaving | ed is/, through g office. | | |
| | Candidate: Election year and office sought, | if different than Part 1: | | | |
| A | | | | | |
| 4. | 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 Image: Schedule B - Real Property – schedule B - Real Property | Schedule D - Income – Gifts | schedule attached Travel Payments – schedule attached | | |
| -(| CI Schedule B - Real Property - schedule attached | | - Haver I ayments - schedune allached | | |
| | None - No reportable interests on any schedule | | | | |
| 5. | Verification | | | | |
| | MAILING ADDRESS STREET CITY | 5 | STATE ZIP CODE | | |
| | (Business or Agency Address Recommended - Public Document) 3970 Rocklin Rd Rockli | n | CA 95677-2720 | | |
| | | E-MAIL ADDRESS | | | |
| | | | | | |
| | I have used all reasonable diligence in preparing this statement. I have re herein and in any attached schedules is true and complete. I acknowledge | | est of my knowledge the information contained | | |
| | I certify under penalty of perjury under the laws of the State of Calif | ornia that the foregoing is true a | and correct. | | |
| | Date Signed04/01/2017 01:14 PM | SignatureE | ectronic Submission | | |
| - | (month, day, year) | | lly signed statement with your filing official.) | | |
| | | | FPPC Form 700 (2016/2017) | | |

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700

Name

Greg Janda

| ► 1. BUSINESS ENTITY OR TRUST | ► 1. BUSINESS ENTITY OR TRUST |
|---|---|
| Cadpros PCB Design Experts, Inc | |
| Name | Name |
| Address (Business Address Acceptable) | Address (Business Address Acceptable) |
| Check one | Check one |
| Trust, go to 2 If Business Entity, complete the box, then go to 2 | Trust, go to 2 Business Entity, complete the box, then go to 2 |
| GENERAL DESCRIPTION OF THIS BUSINESS Engineering Services | GENERAL DESCRIPTION OF THIS BUSINESS |
| FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 16 \$2,000 - \$10,000 16 \$10,001 - \$100,000 ACQUIRED \$100,001 - \$1,000,000 Over \$1,000,000 | FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 _//16 \$10,001 - \$100,000 _/_/16 \$100,001 - \$1,000,000 ACQUIRED DISPOSED \$100,000 |
| NATURE OF INVESTMENT | NATURE OF INVESTMENT Partnership Sole Proprietorship Other Other |
| YOUR BUSINESS POSITION President, CEO | YOUR BUSINESS POSITION |
| ▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST) | 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 | \$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000 \$1,000 |
| > 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) ✓ None or | 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 <u>BY</u> THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY | 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY |
| Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property | Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property |
| Description of Business Activity <u>or</u> City or Other Precise Location of Real Property | Description of Business Activity <u>or</u> City or Other Precise Location of Real Property |
| FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 | FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 |
| NATURE OF INTEREST | NATURE OF INTEREST |
| Leasehold | Leasehold Other |
| Yrs. remaining Yrs. remaining Check box if additional schedules reporting investments or real property are attached | Yrs. remaining Check box if additional schedules reporting investments or real property are attached |
| Comments: | FPPC Form 700 (2016/2017) Sch. A-2 |

FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

Name

Greg Janda

| ► 1. INCOME RECEIVED | ► 1. INCOME RECEIVED |
|--|---|
| NAME OF SOURCE OF INCOME | NAME OF SOURCE OF INCOME |
| Cadpros PCB Design Experts, Inc | ALM Inc. |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) |
| | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| Engineering Services | Landscape Services |
| YOUR BUSINESS POSITION | YOUR BUSINESS POSITION |
| President, CEO | Controller |
| GROSS INCOME RECEIVED No Income - Business Position Only | GROSS INCOME RECEIVED No Income - Business Position Only |
| S500 - \$1,000 \$1,001 - \$10,000 | S500 - \$1,000 \$1,001 - \$10,000 |
| X \$10,001 - \$100,000 | 🗶 \$10,001 - \$100,000 |
| CONSIDERATION FOR WHICH INCOME WAS RECEIVED | CONSIDERATION FOR WHICH INCOME WAS RECEIVED |
| Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) | 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.) | Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) |
| Sale of | Sale of |
| (Real property, car, boat, etc.) | (Real property, car, boat, etc.) |
| | |
| Commission or Rental Income, list each source of \$10,000 or more | Commission or Rental Income, list each source of \$10,000 or more |
| | |
| (Describe) | (Describe) |
| Other (Describe) | Other(Describe) |
| | 1 |

* 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* | INTEREST RATE | | TERM (Months/Years) |
|---|------------------|------|---------------------|
| ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER | SECURITY FOR LOA | None | idence |
| | 🗌 Real Property | | Street address |
| □ \$500 - \$1,000 □ \$1,001 - \$10,000 □ \$10,001 - \$100,000 | Guarantor | | City |
| OVER \$100,000 | Other | | Describe) |
| Comments: | | | |

FPPC Form 700 (2016/2017) Sch. C FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

Name

Greg Janda

| ► 1. INCOME RECEIVED | ► 1. INCOME RECEIVED |
|---|---|
| NAME OF SOURCE OF INCOME | NAME OF SOURCE OF INCOME |
| Sutter Health | |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) |
| | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| Health Care | |
| YOUR BUSINESS POSITION | YOUR BUSINESS POSITION |
| (Spouse) Occupational Therapist | |
| GROSS INCOME RECEIVED No Income - Business Position Only | GROSS INCOME RECEIVED No Income - Business Position Only |
| \$500 - \$1,000 \$1,001 - \$10,000 | S500 - \$1,000 \$1,001 - \$10,000 |
| 🗶 \$10,001 - \$100,000 | S10,001 - \$100,000 OVER \$100,000 |
| CONSIDERATION FOR WHICH INCOME WAS RECEIVED | CONSIDERATION FOR WHICH INCOME WAS RECEIVED |
| Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) | 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.) | Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) |
| Sale of (Real property, car, boat, etc.) | Sale of |
| Loan repayment | Loan repayment |
| Commission or Rental Income, list each source of \$10,000 or more | Commission or Rental Income, list each source of \$10,000 or more |
| (Describe) | (Describe) |
| Other | Other |
| (Describe) | (Describe) |
| ▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER | IOD |

* 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* | INTEREST RATE | | TERM (Months/Years) |
|---|-----------------|-----------------------|---------------------|
| ADDRESS (Business Address Acceptable) | SECURITY FOR LC | None NAN Personal res | sidence |
| BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD | Real Property _ | | Street address |
| \$500 - \$1,000 | - | | City |
| \$1,001 - \$10,000 \$10,001 - \$100,000 | Guarantor | | |
| OVER \$100,000 | Other | | (Describe) |
| Comments: | | | |

FPPC Form 700 (2016/2017) Sch. C FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

SCHEDULE D Income – Gifts



FAIR POLITICAL PRACTICES COMMISSION

Name

Greg Janda

| ▶ NAME OF SOURCE (Not an Acronym) | ▶ NAME OF SOURCE (Not an Acronym) |
|--|--|
| North State BIA | Teichert Construction |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) |
| | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| | |
| DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) | DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) |
| 01 / 15 / 16 \$ 125 Dinner Reception | |
| /\$ | \$ |
| <i></i> \$ | _ \$ |
| ► NAME OF SOURCE (Not an Acronym) | ► NAME OF SOURCE (Not an Acronym) |
| Halldin PR | Kaiser Permanante |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) |
| | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) | DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) |
| 04 / 23 / 16 <u>\$</u> 250 Non-Profit Event | <u>04 / 10 / 16</u> <u>\$</u> Dinner Reception |
| / \$ | \$ |
| \$ \$ | \$ |
| ► NAME OF SOURCE (Not an Acronym) | ► NAME OF SOURCE (Not an Acronym) |
| Sutter Health | Delfino Madden, LLP |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) |
| | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) | DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) |
| 04 / 11 / 16 \$ 125 Dinner Reception | <u>04 / 10 / 16</u> <u>\$</u> Dinner Reception |
| /\$ | \$ |
| / \$ | _ / \$ |
| Comments: | |

FPPC Form 700 (2016/2017) Sch. D FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

SCHEDULE D Income – Gifts



Name

Greg Janda

| NAME OF SOURC | E (Not an Acronym) | | ► NAME OF SOURCE | E (Not an Acroi | nym) |
|------------------|---------------------|------------------------|------------------|-----------------|------------------------|
| | ss Address Acceptat | ole) | ADDRESS (Busines | s Address Acco | eptable) |
| BUSINESS ACTIVI | TY, IF ANY, OF SOU | IRCE | BUSINESS ACTIVIT | 'Y, IF ANY, OF | SOURCE |
| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) | DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
| 04 / 09 / 16 | \$ <u>125</u> | Dinner Reception | | \$ | |
| // | \$ | | | \$ | |
| // | \$ | - | | \$ | |
| NAME OF SOURC | E (Not an Acronym) | | ► NAME OF SOURCE | E (Not an Acron | nym) |
| ADDRESS (Busines | ss Address Acceptat | ole) | ADDRESS (Busines | s Address Acce | eptable) |
| BUSINESS ACTIVI | TY, IF ANY, OF SOU | IRCE | BUSINESS ACTIVIT | Y, IF ANY, OF | SOURCE |
| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) | DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
| // | \$ | | | \$ | |
| // | \$ | | | \$ | |
| | \$ | | | \$ | |
| NAME OF SOURC | E (Not an Acronym) | | ► NAME OF SOURCE | E (Not an Acror | ıym) |
| ADDRESS (Busines | ss Address Acceptat | ole) | ADDRESS (Busines | s Address Acce | eptable) |
| BUSINESS ACTIVI | TY, IF ANY, OF SOL | IRCE | BUSINESS ACTIVIT | Y, IF ANY, OF | SOURCE |
| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) | DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
| // | \$ | | | \$ | |
| // | \$ | | | \$ | |
| | | | | \$ | |

FPPC Form 700 (2016/2017) Sch. D FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

| CALIFORNIA FORM 700 | STATEMENT | OF ECONOMIC INTERESTS | Date Initial Filing Received Official Use Only |
|--|----------------------------------|--|---|
| FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT | | COVER PAGE | DECEDVED |
| Please type or print in ink. | - | | AUG1 0 2016 |
| NAME OF FILER (LAST) | (FIRST) | | (MIDDLE) |
| Janda | Greg | | By |
| 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 bel | ow or on an attachment. (Do no | t use acronyms) | |
| Agency: | | Position: | |
| 2. Jurisdiction of Office (Check | at least one box) | | |
| State | | Judge or Court Commissioner (Sta | itewide Jurisdiction) |
| Multi-County | | Discor | , |
| | | | |
| City of Rocklin | | Other | |
| 3. Type of Statement (Check at la | east one box) | | |
| Annual: The period covered is Ja December 31, 2015. | nuary 1, 2015, through | Leaving Office: Date Left (Check one) | // |
| -or- The period covered is December 31, 2015. | /, throug | h O The period covered is January leaving office. | / 1, 2015, through the date of |
| Assuming Office: Date assumed |] | The period covered is the date of leaving office. | , through |
| X Candidate: Election year | and office sough | t, if different than Part 1: | |
| 4. Schedule Summary (must c | omplete) Total number | per of pages including this cover page | je :6 |
| Schedules attached | | | |
| Schedule A-1 - Investments - s | schedule attached | Schedule C - Income, Loans, & Business | Positions - schedule attached |
| Schedule A-2 - Investments - s | schedule attached | Schedule D - Income - Gifts - schedule a | attached |
| Schedule B - Real Property - s | chedule attached | Schedule E - Income – Gifts – Travel Pay | ments - schedule attached |
| -or- | | | |
| None - No reportable intere | sts on any schedule | | |
| 5. Verification | | | |
| MAILING ADDRESS STREET (Business or Agency Address Recommended - Pul | CITY 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 p herein and in any attached schedules is | | eviewed this statement and to the best of my kno Ige this is a public document. | wledge the information contained |
| I certify under penalty of perjury und | er the laws of the State of Cali | fornia that the foregoing is true and correct. | 7 |
| Date Signed 08/10/2016 | | A. A. X | |
| Date Signed (month, day, yea | ar) | Signature (File the originally signed statemet | nt with your filing official.) |
| | | | FPPC Form 700 (2015/2016) |

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SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

E.

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700

Name

Greg Janda

| ► 1. BUSINESS ENTITY OR TRUST | ▶ 1. BUSINESS ENTITY OR TRUST |
|--|--|
| Cadpros PCB Design Experts, Inc | |
| | Name |
| | |
| Address (Business Address Acceptable) | Address (Business Address Acceptable) |
| Check one Trust, go to 2 X Business Entity, complete the box, then go to 2 | Check one |
| GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS |
| Engineering Services | |
| FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 //15 \$2,000 - \$10,000 //15 \$10,001 - \$100,000 ACQUIRED \$10,001 - \$1,000,000 Over \$1,000,000 | FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 //15 \$2,000 - \$10,000 /_/15 \$10,001 - \$100,000 ACQUIRED \$100,001 - \$1,000,000 Over \$1,000,000 |
| NATURE OF INVESTMENT | NATURE OF INVESTMENT |
| YOUR BUSINESS POSITION President, CEO | YOUR BUSINESS POSITION |
| 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) | 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 \$0VER \$100,000 \$1,001 - \$10,000 | \$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 | 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: | ▲ INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: ■ INVESTMENT ■ REAL PROPERTY |
| INVESTMENT REAL PROPERTY | |
| Name of Business Entity, if Investment, \underline{or} Assessor's Parcel Number or Street Address of Real Property | Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property |
| Description of Business Activity <u>or</u> City or Other Precise Location of Real Property | Description of Business Activity <u>or</u> City or Other Precise Location of Real Property |
| FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 15 \$10,001 - \$100,000 15 \$100,001 - \$1,000,000 ACQUIRED Over \$1,000,000 DISPOSED | FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 /15 \$10,001 - \$100,000 /15 \$100,001 - \$1,000,000 ACQUIRED Over \$1,000,000 DISPOSED |
| NATURE OF INTEREST | NATURE OF INTEREST |
| Leasehold Other | Leasehold Other |
| Yrs. remaining Yrs. remaining Check box if additional schedules reporting investments or real property are attached | Yrs. remaining Check box if additional schedules reporting investments or real property are attached |
| Comments: | FPPC Form 700 (2015/2016) Sch. A-2 FPPC Advice Email: advice@fppc.ca.gov |

(Other than Gifts and Travel Payments)

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CALIFORNIA FORM 70

FAIR POLITICAL PRACTICES COMMISSION

Name

Greg Janda

| ► 1. INCOME RECEIVED | ► 1. INCOME RECEIVED |
|---|---|
| NAME OF SOURCE OF INCOME | NAME OF SOURCE OF INCOME |
| Cadpros PCB Design Experts, Inc | Applied Landscape Materials |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) |
| F | 4: |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| CAD Services | Landscape Services |
| YOUR BUSINESS POSITION | YOUR BUSINESS POSITION |
| President, CEO | Business Manager |
| GROSS INCOME RECEIVED | GROSS INCOME RECEIVED |
| \$500 - \$1,000 \$1,001 - \$10,000 | □ \$500 - \$1,000 □ \$1,001 - \$10,000 |
| ✓ \$10,001 - \$100,000 | ✓ \$10,001 - \$100,000 OVER \$100,000 |
| CONSIDERATION FOR WHICH INCOME WAS RECEIVED | CONSIDERATION FOR WHICH INCOME WAS RECEIVED |
| Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) | 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.) | Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) |
| Sale of | Sale of |
| (Real property, car, boat, etc.) | (Real property, car, boat, etc.) |
| | |
| Commission or Rental Income, list each source of \$10,000 or more | Commission or Rental Income, list each source of \$10,000 or more |
| (Describe) | (Describe) |
| Other | Other |
| (Describe) | (Describe) |
| 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERI | IOD |

* 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* | INTEREST RATE | TERM (Months/Years) |
|---|-------------------|---------------------|
| ADDRESS (Business Address Acceptable) | SECURITY FOR LOAN | |
| BUSINESS ACTIVITY, IF ANY, OF LENDER | | nal residence |
| HIGHEST BALANCE DURING REPORTING PERIOD | Real Property | Street address |
| □ \$500 - \$1,000 □ \$1,001 - \$10,000 | | City |
| □ \$10,001 - \$100,000 | Guarantor | |
| OVER \$100,000 | Other | (Describe) |
| Comments: | | |

FPPC Form 700 (2015/2016) Sch. C FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 70

FAIR POLITICAL PRACTICES COMMISSION

Name

Greg Janda

| ► 1. INCOME RECEIVED | 1. INCOME RECEIVED |
|--|--|
| NAME OF SOURCE OF INCOME | NAME OF SOURCE OF INCOME |
| Sutter Health | |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) |
| | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| Health Care | |
| YOUR BUSINESS POSITION | YOUR BUSINESS POSITION |
| (spouse) Occupational Therapist | |
| GROSS INCOME RECEIVED | GROSS INCOME RECEIVED |
| S500 - \$1,000 \$1,001 - \$10,000 | \$500 - \$1,000 \$1,001 - \$10,000 |
| ☑ \$10,001 - \$100,000 | S10,001 - \$100,000 |
| CONSIDERATION FOR WHICH INCOME WAS RECEIVED | CONSIDERATION FOR WHICH INCOME WAS RECEIVED |
| Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) | Be 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.) | Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) |
| Sale of | Sale of (Real property, car, boat, etc.) |
| Loan repayment | Loan repayment |
| Commission or Rental Income, list each source of \$10,000 c | r more Commission or Rental Income, list each source of \$10,000 or more |
| (Describe) | (Describe) |
| Other | Other |
| (Describe) | (Describe) |
| ► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPO | RTING 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* | INTEREST RATE | | TERM (Months/Years) |
|---|-----------------|---------------------------------------|---------------------|
| ADDRESS (Business Address Acceptable) | % | None None | · |
| | | | |
| BUSINESS ACTIVITY, IF ANY, OF LENDER | None None | Personal res | sidence |
| | Real Property _ | · · · · · · · · · · · · · · · · · · · | Street address |
| HIGHEST BALANCE DURING REPORTING PERIOD | | | |
| \$500 - \$1,000 | - | | City |
| \$1,001 - \$10,000 | Guarantor | | |
| \$10,001 - \$100,000 | | | |
| OVER \$100,000 | Other | | |
| | | (| (Describe) |
| Comments: | | | |

FPPC Form 700 (2015/2016) Sch. C FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700

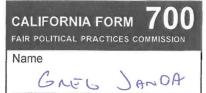
FAIR POLITICAL PRACTICES COMMISSION

Name

Greg Janda

| | E (Not an Acronym) | | | | E (Not an Acronym) | |
|-----------------|-------------------------------|------------------------|---------------------|---------------|---------------------|------------------------|
| North State B | IA | | Teiche | ert Cons | truction | |
| ADDRESS (Busine | ss Address Acceptat | ole) | ADDRES | S (Busines | s Address Acceptab | le) |
| BUSINESS ACTIVI | TY, IF ANY, OF SOU | IRCE | BUSINES | S ACTIVIT | Y, IF ANY, OF SOU | RCE |
| | | | | | | |
| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) | DATE (mr | m/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
| 01 , 15 , 16 | \$125.00 | Dinner Reception | 04 , 1 | 1 , 16 | \$125.00 | Dinner Reception |
| // | \$ | · | | _/ | \$ | |
| // | \$ | | / | | \$ | ······ |
| NAME OF SOURC | E (Not an Acronym) nante | | ► NAME OF Sutter | | E (Not an Acronym) | |
| DDRESS (Busines | ss Address Acceptab | le) | ADDRESS | S (Busines | s Address Acceptab | le) |
| BUSINESS ACTIVI | TY, IF ANY, OF SOU | RCE | BUSINES | S ACTIVIT | Y, IF ANY, OF SOU | RCE |
| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) | DATE (mr | m/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
| 04 , 10 , 16 | \$100.00 | Dinner Reception | 041 | 1 <u>, 16</u> | \$125.00 | Dinner Reception |
| // | \$ | | /_ | _/ | \$ | |
| | \$ | | / | | \$ | |
| AME OF SOURCE | E (Not an Acronym) en, LLP | | ► NAME OF Hefner | | (Not an Acronym) | |
| DDRESS (Busines | ss Address Acceptab | le) | ADDRESS | S (Busines | s Address Acceptabl | e) |
| USINESS ACTIVIT | TY, IF ANY, OF SOU | RCE | BUSINES | S ACTIVIT | Y, IF ANY, OF SOUI | RCE |
| ATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) | DATE (mn | n/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
| 04 , 10 , 16 | \$100.00 | Dinner Reception | 0409 | 9,16 | \$ | Dinner Reception |
| | \$ | | | _/ | \$ | |
| | \$ | | | | \$ | |
| | | | | | | |
| omments: | | | | | | |

SCHEDULE D Income -- Gifts



| NAME OF SOURCE (Not an A | cronym) | ► NAME OF SOURCE (Not an Acronym) |
|-----------------------------|------------------------|---|
| Halldin PR | | Region Builders |
| ADDRESS (Business Address) | Acceptable) | ADDRESS (Business Address Acceptable) |
| | | |
| BUSINESS ACTIVITY, IF ANY, | OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| DATE (mm/dd/yy) VALUE | DESCRIPTION OF GIFT(S) | DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(|
| 04 , 23 , 16 \$ 25 | 0.00 Non-Profit Event | <u>10,09,15</u> <u>\$ 180.00</u> Dinner Reception |
| | | \$\$ |
| /\$ | ······ | /\$ |
| NAME OF SOURCE (Not an A | cronym) | ► NAME OF SOURCE (Not an Acronym) |
| ADDRESS (Business Address) | Acceptable) | ADDRESS (Business Address Acceptable) |
| BUSINESS ACTIVITY, IF ANY, | OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| DATE (mm/dd/yy) VALUE | DESCRIPTION OF GIFT(S) | DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(|
| <i>JJ</i> \$ | | \$ |
| /\$ | | \$ \$ |
| /\$ | | \$ \$ |
| NAME OF SOURCE (Not an A | cronym) | ► NAME OF SOURCE (Not an Acronym) |
| ADDRESS (Business Address A | Acceptable) | ADDRESS (Business Address Acceptable) |
| BUSINESS ACTIVITY, IF ANY, | OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| DATE (mm/dd/yy) VALUE | DESCRIPTION OF GIFT(S) | DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S |
| /\$ | | \$\$ |
| /\$ | | /\$ |
| | | |



| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT Please type or print in ink. | | F ECONOMIC INTERESTS OVER PAGE | MAR [®] 2° 8″201 By |
|---|---------------------------------------|---|-----------------------------------|
| 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 applic | able | Your Position | |
| | | Councilmember | |
| ► If filing for multiple positions, list below or | on an attachment. (Do not us | e acronyms) | |
| Agency: | · · · · · · · · · · · · · · · · · · · | Position: see attachment | |
| 2. Jurisdiction of Office (Check at lea | st one box) | | |
| C State | | Judge or Court Commissioner (Sta | atewide Jurisdiction) |
| Multi-County | | County of Placer | , |
| City of Rocklin | | Other | |
| | | | |
| 3. Type of Statement (Check at least o | ne box) | | |
| Annual: The period covered is January December 31, 2015. | 1, 2015, through | Leaving Office: Date Left (Check one) | |
| The period covered is/_ December 31, 2015. | /, through | The period covered is January leaving office. -or- | / 1, 2015, through the date of |
| Assuming Office: Date assumed | JJ | O The period covered is | /, through |
| Candidate: Election year | and office sought, if | different than Part 1: | |
| 4. Schedule Summary (must comp | lete) Total number | of pages including this cover pages | ne: 6 |
| Schedules attached | , | o, pageog pa; | |
| Schedule A-1 - Investments schedu | le attached | Schedule C - Income, Loans, & Business | Positions - schedule attached |
| Schedule A-2 - Investments - schedu | | Schedule D - Income - Gifts - schedule | |
| Schedule B - Real Property - schedu | le attached | | ments - schedule attached |
| -or- | | | |
| None - No reportable interests of | n any schedule | | |
| 5. Verification | | | |
| MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Doc | CITY | STATE | ZIP CODE |
| 3970 Rocklin Rd | Rocklin | CA | 95677 |
| DAYTIME TELEPHONE NUMBER | · · · · · · · · · · · · · · · · · · · | E-MAIL ADDRESS | |
| (916 | | greg.janda@rocklin.ca.us | |
| I have used all reasonable diligence in prepari herein and in any attached schedules is true | | | owledge the information contained |

85

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

| Date Signed | Signature An A |
|--------------------|---|
| (month, day, year) | (File the originally signed statement with your filing official.) |

FPPC Form 700 (2015/2016) FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700

Name

Greg Janda

| ► 1. BUSINESS ENTITY OR TRUST | ► 1. BUSINESS ENTITY OR TRUST |
|---|---|
| Cadpros PCB Design Experts, Inc | |
| Name | Name |
| | |
| Address (Business Address Acceptable) Check one | Address (Business Address Acceptable) Check one |
| Trust, go to 2 Business Entity, complete the box, then go to 2 | Trust, go to 2 Business Entity, complete the box, then go to 2 |
| GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS |
| | |
| FAIR MARKET VALUE IF APPLICABLE, LIST DATE: | FAIR MARKET VALUE IF APPLICABLE, LIST DATE: |
| □ \$0 - \$1,999 □ \$2,000 - \$10,000 / _ / 15 / _ / 15 | \$0 - \$1,999 \$2,000 - \$10,000/ |
| \$2,000 - \$10,000 15 \$10,001 - \$100,000 ACQUIRED DISPOSED | \$2,000 - \$10,000 |
| \$100,001 - \$1,000,000 | \$100,001 - \$1,000,000 |
| Over \$1,000,000 | Over \$1,000,000 |
| NATURE OF INVESTMENT | NATURE OF INVESTMENT |
| Partnership Sole Proprietorship S-Corp | Partnership Sole ProprietorshipOther |
| YOUR BUSINESS POSITION President, CEO | YOUR BUSINESS POSITION |
| | |
| 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) | 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 | □ \$0 - \$499 □ \$10,001 - \$100,000 |
| S500 - \$1,000 OVER \$100,000 | S500 - \$1,000 OVER \$100,000 |
| ▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF | ▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF |
| INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) | INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below |
| ✓ None or Names listed below | None or Names listed below |
| | · · · · · · · · · · · · · · · · · · · |
| | ······································ |
| | |
| ▲ INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR | ► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR |
| LEASED BY THE BUSINESS ENTITY OR TRUST | LEASED BY THE BUSINESS ENTITY OR TRUST |
| Check one box: | Check one box: |
| | |
| Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property | Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property |
| Assessor's Parcel Number or Street Address of Real Property | Assessor's Parcel Number or Street Address of Real Property |
| Description of Business Activity or | Description of Business Activity or |
| City or Other Precise Location of Real Property | City or Other Precise Location of Real Property |
| FAIR MARKET VALUE IF APPLICABLE, LIST DATE: | FAIR MARKET VALUE IF APPLICABLE, LIST DATE: |
| \$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000 | \$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000 |
| S100,001 - \$1,000,000 ACQUIRED DISPOSED | S100,001 - \$1,000,000 ACQUIRED DISPOSED |
| Over \$1,000,000 | Over \$1,000,000 |
| NATURE OF INTEREST | NATURE OF INTEREST |
| | |
| Leasehold Other | Leasehold Other |
| Check box if additional schedules reporting investments or real property are attached | Check box if additional schedules reporting investments or real property are attached |
| | |
| Comments: | FPPC Form 700 (2015/2016) Sch. A-2 |

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(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

Name

Greg Janda

| ► 1. INCOME RECEIVED | ► 1. INCOME RECEIVED |
|---|---|
| NAME OF SOURCE OF INCOME | NAME OF SOURCE OF INCOME |
| Cadpros PCB Design Experts, Inc | Applied Landscape Materials |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) |
| | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| CAD Services | Landscape Services |
| YOUR BUSINESS POSITION | YOUR BUSINESS POSITION |
| President, CEO | Business Manager |
| GROSS INCOME RECEIVED | GROSS INCOME RECEIVED |
| \$500 - \$1,000 \$1,001 - \$10,000 | \$500 - \$1,000 \$1,001 - \$10,000 |
| 🖌 \$10,001 - \$100,000 🔲 OVER \$100,000 | ✓ \$10,001 - \$100,000 OVER \$100,000 |
| CONSIDERATION FOR WHICH INCOME WAS RECEIVED | CONSIDERATION FOR WHICH INCOME WAS RECEIVED |
| Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) | 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.) | Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) |
| Sale of (Real property, car, beat, etc.) | Sale of(Real property, car, boat, etc.) |
| Loan repayment | Loan repayment |
| Commission or Rental Income, list each source of \$10,000 or more | Commission or Rental Income, list each source of \$10,000 or more |
| | |
| (Describe) | (Describe) |
| Other (Describe) | Other(Describe) |
| 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERI | ob |

* 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* | INTEREST RATE | | TERM (Months/Years) |
|--|---------------|-----------|--|
| ADDRESS (Business Address Acceptable) | % | None None | |
| BUSINESS ACTIVITY, IF ANY, OF LENDER | | OAN | sidence |
| HIGHEST BALANCE DURING REPORTING PERIOD | Real Property | | Street address |
| S500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 | Guarantor | | City |
| \$10,001 - \$100,000 OVER \$100,000 | Other | | (Describe) |
| Comments: | | | FPPC Form 700 (2015/2016) Sch. C |
| Comments: | | | FPPC Form 700 (2015/2016 Advice Email: advice@fpp |

FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

SCHEDULE C Income, Loans, & Business



Positions

(Other than Gifts and Travel Payments)

Greg Janda

Name

| ► 1. INCOME RECEIVED | ► 1. INCOME RECEIVED |
|---|--|
| NAME OF SOURCE OF INCOME | NAME OF SOURCE OF INCOME |
| Sutter Health | |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) |
| | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| Health Care | |
| YOUR BUSINESS POSITION | YOUR BUSINESS POSITION |
| (spouse) Occupational Therapist | |
| GROSS INCOME RECEIVED | GROSS INCOME RECEIVED |
| \$500 - \$1,000 \$1,001 - \$10,000 | \$\$500 - \$1,000 |
| 🖉 \$10,001 - \$100,000 🔲 OVER \$100,000 | S10,001 - \$100,000 OVER \$100,000 |
| CONSIDERATION FOR WHICH INCOME WAS RECEIVED | CONSIDERATION FOR WHICH INCOME WAS RECEIVED |
| Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) | 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.) | Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) |
| Sale of | Sale of |
| (Real property, car, boat, etc.) | (Real property, car, boat, etc.) |
| Loan repayment | Loan repayment |
| Commission or Rental Income, list each source of \$10,000 or more | Commission or Rental Income, list each source of \$10,000 or more |
| (Describe) | (Describe) |
| | |
| Other (Describe) | (Describe) |
| 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERI | IOD |

* 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* | INTEREST RATE | | TERM (Months/Years) |
|---|-----------------|--------------|---------------------|
| ADDRESS (Business Address Acceptable) | % | None None | |
| | SECURITY FOR LO | | |
| BUSINESS ACTIVITY, IF ANY, OF LENDER | None None | Personal res | sidence |
| HIGHEST BALANCE DURING REPORTING PERIOD | Real Property _ | | Street address |
| \$500 - \$1,000 | | | City |
| \$1,001 - \$10,000 | Guarantor | | - |
| \$10,001 - \$100,000 | | | |
| OVER \$100,000 | Other | | (Describe) |
| Comments: | | | |

FPPC Form 700 (2015/2016) Sch. C FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Greg Janda

| | E (Not an Acronym) | | NAME OF SOURCE (Not an Acronym) Region Builders | | |
|---------------------------------------|---------------------|--|---|---------|--|
| ADDRESS (Business Address Acceptable) | | | Region Builders ADDRESS (Business Address Acceptable) | | |
| | | le) | | | |
| DUCINECS ACTN | TY, IF ANY, OF SOL | IDCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE | | |
| Public Relation | | | Business Association | | |
| | VALUE | DESCRIPTION OF GIFT(S) | DATE (mm/dd/yy) VALUE DESCRIPTION OF | GIFT(S) | |
| | | | | | |
| 05,02,15 | \$250.00 | Fundraising Event | <u>10,09,15</u> <u>\$180.00</u> Dinner Recep | tion | |
| | | | | | |
| / | \$ | - <u>10.7 7 7 10. 7 7 7 90. 0007</u> | - / \$ | | |
| 1 1 | \$ | | \$\$ | ¥. | |
| | | | | | |
| NAME OF SOURC Kaiser Perma | E (Not an Acronym) | | ► NAME OF SOURCE (Not an Acronym) | | |
| | ss Address Acceptab | <i>(</i> <u>a</u>) | ADDRESS (Business Address Acceptable) | | |
| | aa Auureaa Accepiac | | | | |
| BUSINESS ACTIVI | TY, IF ANY, OF SOU | RCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE | | |
| | ., | | | | |
| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) | DATE (mm/dd/yy) VALUE DESCRIPTION OF | GIFT(S) | |
| 06,26,15 | 250.00 | Golf Event | | | |
| | \$ | | - \$ | | |
| 1 1 | ¢ | | \$\$ | | |
| | φ | •••• ••••••••••••••••••••••••••••••••• | · · · · · · · · · · · · · · · · · · · | | |
| // | \$ | - | \$ | | |
| NAME OF SOURC | E (Not an Acronym) | | ▶ NAME OF SOURCE (Not an Acronym) | | |
| State Farm In | surance | | | | |
| ADDRESS (Busine | ss Address Acceptab | le) | ADDRESS (Business Address Acceptable) | | |
| | | | | | |
| BUSINESS ACTIVI | TY, IF ANY, OF SOU | RCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE | | |
| Insurance | | | | | |
| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) | DATE (mm/dd/yy) VALUE DESCRIPTION OF | GIFT(S) | |
| 05,15,15 | \$115.00 | Fundraising Event | ss | | |
| | | | | | |
| | \$ | - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 197 | \$ | | |
| // | | | | | |
| | | | | | |
| // | \$ | | | | |
|]] | \$ | | _ / \$ | | |

FPPC Form 700 (2015/2016) Sch. D FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

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

| CALIFORNIA FORM 70 FAIR POLITICAL PRACTICES COMMISS A PUBLIC DOCUMENT Please type or print in ink. | SION | COVER PAGE |
|--|---|--|
| NAME OF FILER | (LAST) | (FIRST) (MIDDLE) |
| Janda | Greg | |
| 1. Office, Agency, or Court | | |
| Agency Name (Do not use acron City of Rocklin | | |
| Division, Board, Department, Distr | ict, if applicable | Your Position |
| Oversight Board | | Board Member |
| ▹ If filing for multiple positions, li | st below or on an attachment. (Do not u | use acronyms) |
| Agency: | | Position: |
| 2. Jurisdiction of Office (C | heck at least one box) | |
| State | | Judge or Court Commissioner (Statewide Jurisdiction) |
| Multi-County | | County of Placer |
| City of Rocklin | AF | Other |
| 3. Type of Statement (Check | k at least one box) | |
| Annual: The period covered December 31, 2014 | | Leaving Office: Date Left/////// |
| The period covered December 31, 2014 | is/, through . | The period covered is January 1, 2014, through the date of leaving office. |
| Assuming Office: Date assu | umed 1,13,15 | O 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 schedule | es or "None." ► Tota | al number of pages including this cover page: |
| Schedule A-1 - Investments - Schedule A-2 - Investments - 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- | rests on any schedule |
| 5. Verification | | |
| MAILING ADDRESS STREE (Business or Agency Address Recommende | ed - Public Document) | STATE ZIP CODE |
| 3970 Rocklin Rd | Rocklin | CA 95677 |
| DAYTIME TELEPHONE NUMBER | | E-MAIL ADDRESS |
| | e in preparing this statement. I have revi les is true and complete. I acknowledge | greg.janda@rocklin.ca.us iewed this statement and to the best of my knowledge the information contained e this is a public document. |
| | / under the laws of the State of Califo | rnia that the foregoing is true and correct. |
| Date Signed 03/03/2015 | | Signature And |
| | day, year) | (File the originally signed statement with your filing official.) |

FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

.....

Greg Janda

| 1. BUSINESS ENTITY OR TRUST | ► 1. BUSINESS ENTITY OR TRUST |
|---|---|
| Cadpros PCB Design Experts, Inc. | |
| Name | Name |
| | |
| Address (Business Address Acceptable) | Address (Business Address Acceptable) |
| Check one | Check one |
| Trust, go to 2 Business Entity, complete the box, then go to 2 | Trust, go to 2 Business Entity, complete the box, then go to 2 |
| GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS |
| CAD Services | |
| FAIR MARKET VALUE IF APPLICABLE, LIST DATE: | FAIR MARKET VALUE IF APPLICABLE, LIST DATE: |
| 50 - \$1,999 | \$0 - \$1,999 |
| \$2,000 - \$10,000 14 14 \$10,001 - \$10,000 ACQUIRED DISPOSED | \$2,000 - \$10,000 |
| \$10,001 - \$100,000 ACQUIRED DISPOSED | \$10,001 - \$100,000 ACQUIRED DISPOSED |
| Over \$1,000,000 | Over \$1,000,000 |
| NATURE OF INVESTMENT | NATURE OF INVESTMENT |
| Pertnership Sole Proprietorship 2-001p | Partnershin Sole Proprietorshin |
| Other | Cither Other |
| | YOUR BUSINESS POSITION |
| | |
| 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) | 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 | \$0 - \$499 \$10,001 - \$100,000 |
| S500 - \$1,000 ✓ OVER \$100,000 | S500 - \$1,000 OVER \$100,000 |
| \$1,001 - \$10,000 | \$1,001 - \$10,000 |
| ➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF | ► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF |
| INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) | INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary) None or Names listed below |
| V None or Names listed below | |
| | |
| | |
| | |
| | |
| 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST | ► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST |
| Check one box: | Check one box: |
| INVESTMENT REAL PROPERTY | INVESTMENT REAL PROPERTY |
| | |
| Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property | Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property |
| | Access of a contraction of exect Address of Real Property |
| Description of Business Activity or | Description of Business Activity or |
| City or Other Precise Location of Real Property | City or Other Precise Location of Real Property |
| FAIR MARKET VALUE IF APPLICABLE, LIST DATE: | FAIR MARKET VALUE IF APPLICABLE, LIST DATE: |
| □ \$2,000 - \$10,000 □ \$10,001 - \$100,000 / / 14 / / 14 | \$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000 |
| \$10,001 - \$100,000 14 14 \$100,001 - \$1,000,000 ACQUIRED DISPOSED | \$10,001 - \$100,000 14 14 \$100,001 - \$1,000,000 ACQUIRED DISPOSED |
| Over \$1,000,000 | Over \$1,000,000 |
| NATURE OF INTEREST | NATURE OF INTEREST |
| Property Ownership/Deed of Trust Stock Partnership | Property Ownership/Deed of Trust Stock Partnership |
| Leasehold Other | Leasehold Other |
| Yrs. remaining | Yrs. remaining |
| Check box if additional schedules reporting investments or real property are attached | Check box if additional schedules reporting investments or real property are attached |
| | FPPC Form 700 (2014/2015) Sch. A-2 |
| Comments: | FPPC Form 700 (2014/2015) Scn. A-2 FPPC Advice Email: advice@fppc.ca.gov |
| | |

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

Name

Greg Janda

| ► 1. INCOME RECEIVED | ► 1. INCOME RECEIVED |
|---|---|
| NAME OF SOURCE OF INCOME | NAME OF SOURCE OF INCOME |
| Cadpros PCB Design Experts, Inc. | Sutter Health |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) |
| | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| CAD Services | Health Care |
| YOUR BUSINESS POSITION | YOUR BUSINESS POSITION |
| President, CEO | (spouse) Occupational Therapist |
| GROSS INCOME RECEIVED | GROSS INCOME RECEIVED |
| \$500 - \$1,000 \$1,001 - \$10,000 | \$500 - \$1,000 \$1,001 - \$10,000 |
| ✓ \$10,001 - \$100,000 | 🖌 \$10,001 - \$100,000 |
| CONSIDERATION FOR WHICH INCOME WAS RECEIVED | CONSIDERATION FOR WHICH INCOME WAS RECEIVED |
| Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) | 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.) | Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) |
| Real property, car, boat, etc.) | Sale of |
| Loan repayment | Loan repayment |
| Commission or Rental Income, list each source of \$10,000 or more | Commission or Rental Income, list each source of \$10,000 or more |
| (Describe) | (Describe) |
| Dther (Describe) | Describe) |
| ▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIC | 00 |

* 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* | INTEREST RATE | TERM (Months/Years) |
|---|-------------------|----------------------------------|
| ADDRESS (Business Address Acceptable) | % | None |
| BUSINESS ACTIVITY, IF ANY, OF LENDER | SECURITY FOR LOAN | Personal residence |
| HIGHEST BALANCE DURING REPORTING PERIOD | Real Property | Street address |
| \$500 - \$1,000 | | Cily |
| □ \$1,001 - \$10,000 □ \$10,001 - \$100,000 | Guarantor | - |
| OVER \$100,000 | Other | (Describe) |
| Comments: | | |
| | | FPPC Form 700 (2014/2015) Sch. C |

FPPC Advice Email: advice@fppc.ca.gov

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Greg Janda

| NAME OF SOURCE (N | lot an Acronym) | | NAME OF SOURCE | E (Not an Acronym) | |
|----------------------|--|------------------------|------------------|---------------------|-----------------------------|
| North State BIA | | | Halldin PR | | |
| ADDRESS (Business A | ddress Acceptable | >) | ADDRESS (Busines | s Address Acceptabl | e) |
| | | | | | |
| BUSINESS ACTIVITY, I | , | CE | BUSINESS ACTIVIT | Y, IF ANY, OF SOU | RCE |
| Building Organiz | | | Public Relati | | |
| DATE (mm/dd/yy) V/ | ALUE | DESCRIPTION OF GIFT(S) | DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
| 01,17,14 \$ | 250.00 | Dinner Reception | 05 / 05 / 14 | \$175.00 | Fundraiser - Golf Tournamer |
| <u>04,30,14</u> s | 35.00 | Mixer | // | \$ | |
| <u>10,08,14</u> s | 35.00 | Mixer | / | \$ | |
| NAME OF SOURCE (A | Vot an Acronym) | | NAME OF SOURCE | E (Not an Acronym) | |
| Kaiser Permanar | nte | | | | |
| ADDRESS (Business A | ddress Acceptable |) | ADDRESS (Busines | s Address Acceptabl | (e) |
| BUSINESS ACTIVITY, I | IF ANY, OF SOUF | CE | BUSINESS ACTIVIT | Y, IF ANY, OF SOU | RCE |
| Healthcare | | | | | |
| A | ALUE | DESCRIPTION OF GIFT(S) | DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
| 04,26,14 \$ | 250.00 | Fundraiser | | \$ | |
| / \$. | | | / | \$ | |
| | ana da minante a sina a na di dinan di kabana da k | | // | \$ | |
| NAME OF SOURCE (A | Not an Acronym) | | ► NAME OF SOURCE | E (Not an Acronym) | |
| Studio Movie Gri | Management of Academic of Acad | | | | |
| ADDRESS (Business A | ddress Acceptable | 9) | ADDRESS (Busines | s Address Acceptabl | e) |
| BUSINESS ACTIVITY, I | | RCE | BUSINESS ACTIVIT | Y, IF ANY, OF SOUI | RCE |
| Entertainment | | | | | |
| DATE (mm/dd/yy) V/ | ALUE | DESCRIPTION OF GIFT(S) | DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
| <u>12,18,14</u> s. | 150.00 | Grand Opening Event | // | \$ | |
| /\$. | | | / | \$ | |
| | an de ser an taille a part an a par part a de la companya de la companya de la companya de la companya de la co | 1 | // | \$ | |
| | | | | | |
| Comments: | | | | | |

FPPC Form 700 (2014/2015) Sch. D FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

| 1 | CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT lease type or print in ink. | | OF ECONOMIC INTERE | ECEI Milering Received MAR - 5 ⁷⁷²⁰¹⁵ |
|------------|--|-----------------------------------|---|--|
| NA | ME OF FILER (LAST) | | (FIRST) | (MIDDLE) |
| Ja | anda | Greg | | |
| 1. | Office, Agency, or Court | | | |
| | Agency Name (Do not use acronyms) | 1 | | |
| | 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 attachm | ent |
| 2. | Jurisdiction of Office (Check at least | one box) | | 2.5 |
| | State | , | Judge or Court Commiss | ioner (Statewide Jurisdiction) |
| | Multi-County | | Discou | |
| | City of Rocklin | | | |
| | | | | |
| 3. | Type of Statement (Check at least one | box) | | |
| | Annual: The period covered is January 1, 2 | 014, through | Leaving Office: Date L | eft// |
| | December 31, 2014. | | (Check one) | |
| | The period covered is/ December 31, 2014. | /, through | The period covered is leaving office. | s January 1, 2014, through the date of |
| | Assuming Office: Date assumed/ | / | O The period covered is the date of leaving of | s, through fice. |
| | Candidate: Election year | and office sought, | if different than Part 1: | |
| 4 | Schedule Summary | | | |
| | Check applicable schedules or "None. | " ► Tota | al number of pages including | g this cover page: |
| dec mistre | Schedule A-1 - Investments - schedule attac | hed | Schedule C - Income, Loans, | & Business Positions - schedule attached |
| | Schedule A-2 - Investments - schedule attact | hed | Schedule D - Income - Gifts - | schedule attached |
| 57 83 | Schedule B - Real Property - schedule attac | hed | Schedule E - Income - Gifts - | Travel Payments - schedule attached |
| | | -or- lone - No reportable inte | rests on any schedule | |
| 5. | Verification | | | |
| | MAILING ADDRESS STREET | CITY | STATI | ZIP CODE |
| | (Business or Agency Address Recommended - Public Documen 3970 Rocklin Rd | () Rocklin | CA | 95677 |
| | | RUCKIII | E-MAIL ADDRESS | 93077 |
| | | | greg.janda@rocklin.ca.us | |
| | I have used all reasonable diligence in preparing the herein and in any attached schedules is true and | | ewed this statement and to the best of | f my knowledge the information contained |
| | I certify under penalty of perjury under the law | | | correct. |
| | Date Signed | | Signature And | |
| | (monih, day, year) | | · / // | ned statement with your filing official.) |
| | | | | FPPC Form 700 (2014/2015) |

5 1

FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700

 $\hat{\tau}_{e}$

Name ---

Greg Janda

| ► 1. BUSINESS ENTITY OR TRUST | ► 1. BUSINESS ENTITY OR TRUST |
|---|---|
| Cadpros PCB Design Experts, Inc. | |
| Name | Name |
| Address (Business Address Acceptable) | Address (Business Address Acceptable) |
| Check one | Check one |
| Trust, go to 2 🕢 Business Entity, complete the box, then go to 2 | Trust, go to 2 Business Entity, complete the box, then go to 2 |
| GENERAL DESCRIPTION OF THIS BUSINESS CAD Services | GENERAL DESCRIPTION OF THIS BUSINESS |
| | |
| FAIR MARKET VALUE IF APPLICABLE, LIST DATE: | FAIR MARKET VALUE IF APPLICABLE, LIST DATE: |
| \$2,000 - \$10,000 /_/14 /_/14 \$10,001 - \$100,000 ACQUIRED DISPOSED | \$2,000 - \$10,000 |
| \$10,001 - \$100,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000 \$ | □ \$10,001 - \$1,000,000 ×0000kEB BISHOSEB |
| Over \$1,000,000 | Over \$1,000,000 |
| NATURE OF INVESTMENT | NATURE OF INVESTMENT |
| Partnership Sole Proprietorship M Other | Partnership Sole Proprietorship Other |
| YOUR BUSINESS POSITION President, CEO | YOUR BUSINESS POSITION |
| الــــــــــــــــــــــــــــــــــــ | ▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA |
| SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) | SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) |
| □ \$0 - \$499 □ \$10,001 - \$100,000 | \$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 |
| □ \$500 - \$1,000 | S500 - \$1,000 □ \$10,000 □ \$1,000 |
| ► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF | ▶ 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 | INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary) None or Names listed below |
| Lood • keed | |
| | |
| | |
| | |
| 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST | 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST |
| | |
| | |
| Name of Business Entity, if Investment, or | Name of Business Entity, if Investment, or |
| Assessor's Parcel Number or Street Address of Real Property | Assessor's Parcel Number or Street Address of Real Property |
| Description of Business Activity or | Description of Business Activity or |
| City or Other Precise Location of Real Property | City or Other Precise Location of Real Property |
| FAIR MARKET VALUE IF APPLICABLE, LIST DATE: | FAIR MARKET VALUE IF APPLICABLE, LIST DATE: |
| \$10,001 - \$100,000 //14 /_/14 \$100,001 - \$1,000,000 ACQUIRED DISPOSED | \$10,001 - \$100,000 /14 /14 \$100,001 - \$1,000,000 ACQUIRED DISPOSED |
| Over \$1,000,000 | Over \$1,000,000 |
| | NATURE OF INTEREST |
| Property Ownership/Deed of Trust Stock Partnership | Property Ownership/Deed of Trust Stock Partnership |
| Leasehold Other | Leasehold Other |
| Check box if additional schedules reporting investments or real property are attached | Check box if additional schedules reporting investments or real property are attached |
| Comments: | FPPC Form 700 (2014/2015) Sch. A-2 |
| | FPPC Advice Email: advice@fppc.ca.gov |

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

Name

Greg Janda

| ► 1. INCOME RECEIVED | ▶ 1. INCOME RECEIVED |
|---|---|
| NAME OF SOURCE OF INCOME | NAME OF SOURCE OF INCOME |
| Cadpros PCB Design Experts, Inc. | Sutter Health |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) |
| | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| CAD Services | Health Care |
| YOUR BUSINESS POSITION | YOUR BUSINESS POSITION |
| President, CEO | (spouse) Occupational Therapist |
| GROSS INCOME RECEIVED | GROSS INCOME RECEIVED |
| \$500 - \$1,000 \$1,001 - \$10,000 | \$500 - \$1,000 \$1,001 - \$10,000 |
| ✓ \$10,001 - \$100,000 ✓ OVER \$100,000 | ₩ \$10,001 - \$100,000 OVER \$100,000 |
| CONSIDERATION FOR WHICH INCOME WAS RECEIVED | CONSIDERATION FOR WHICH INCOME WAS RECEIVED |
| Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) | 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.) | Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) |
| Sale of(Real property, car, boat, etc.) | Sale of(Real property, car, boat, etc.) |
| Loan repayment | Loan repayment |
| Commission or Rental Income, list each source of \$10,000 or more | Commission or Rental Income, list each source of \$10,000 or more |
| (Describe) | (Describe) |
| Describe) | Other (Describe) |
| ▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER | IOD |

* 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* | INTEREST RATE | | TERM (Months/Years) |
|---|---------------|--------------|---|
| ADDRESS (Business Address Acceptable) | % | None OAN | |
| BUSINESS ACTIVITY, IF ANY, OF LENDER | None | Personal re- | sidence |
| HIGHEST BALANCE DURING REPORTING PERIOD | Real Property | | Street address |
| \$500 - \$1,000 | | | City |
| \$1,001 - \$10,000 | | | |
| \$10,001 - \$100,000 | | | |
| OVER \$100,000 | Other | | Describe) |
| Comments: | | | |
| | | | PPC Form 700 (2014/2015) Sch. C Advice Email: advice@fppc.ca.gov |

SCHEDULE D Income – Gifts

CALIFORNIA FORM 70

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FAIR POLITICAL PRACTICES COMMISSION

Name

Greg Janda

| NAME OF SOURCE (Not an Acronym) | | ► NAME OF SOURCE | (Not an Acronym) | |
|---|------------------------|---------------------------------------|--------------------|---------------------------|
| ADDRESS (Business Address Acceptable) | | ADDRESS (Business Address Acceptable) | | |
| | | | | |
| BUSINESS ACTIVITY, IF ANY, OF SOUR | CE | BUSINESS ACTIVIT | | JRCE |
| Building Organization | | Public Relati | ons | |
| DATE (mm/dd/yy) VALUE | DESCRIPTION OF GIFT(S) | DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
| 01 / 17 / 14 \$ 250.00 | Dinner Reception | 05/05/14 | \$ <u>175.00</u> | Fundraiser - Golf Tournam |
| 04 , 30 , 14 \$ 35.00 | Mixer | // | \$ | |
| <u>10,08,14</u> <u>\$</u> 35.00 | Mixer | // | \$ | |
| NAME OF SOURCE (Not an Acronym) | | NAME OF SOURCE | (Not an Acronym) | |
| Kaiser Permanante | | | | |
| ADDRESS (Business Address Acceptable) | | ADDRESS (Business | s Address Acceptal | ble) |
| BUSINESS ACTIVITY, IF ANY, OF SOUR | DE | BUSINESS ACTIVIT | Y, IF ANY, OF SOL | JRCE |
| Healthcare | | | | |
| and all the second s | DESCRIPTION OF GIFT(S) | DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
| 04 , 26 , 14 \$250.00 | Fundraiser | / | \$ | |
| / \$ | | // | \$ | |
| /\$ | ***** | // | \$ | |
| NAME OF SOURCE (Not an Acronym) Studio Movie Grill | | NAME OF SOURCE | (Not an Acronym) | 1 |
| ADDRESS (Business Address Acceptable |) | ADDRESS (Busines | s Address Acceptal | ble) |
| BUSINESS ACTIVITY, IF ANY, OF SOUR Entertainment | CE | BUSINESS ACTIVIT | Y, IF ANY, OF SOL | JRCE |
| DATE (mm/dd/yy) VALUE | DESCRIPTION OF GIFT(S) | DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
| 12,18,14 \$ 150.00 | Grand Opening Event | // | \$ | |
| <i>l</i> \$ | | // | \$ | |
| /\$ | | | \$ | |
| | | | | |

FPPC Form 700 (2014/2015) Sch. D FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

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

\$ 1.

,

CALIFORNIA FORM 7

FAIR POLITICAL PRACTICES COMMISSION

A PUBLIC DOCUMENT

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 attachmer | nt. <i>(Do not us</i> | ;e acronyms) |
| Agency: | | Position: |
| 2. Jurisdiction of Office (Check at least one box) | | |
| | | 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, 2013, through December 31, 2013. | ł. | Leaving Office: Date Left/////// |
| -or- The period covered is// December 31, 2013. | , through | The period covered is January 1, 2013, through the date of leaving office. |
| Assuming Office: Date assumed// | | O The period covered is/, through the date of leaving office. |
| Candidate: Election year | fice 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 | Γ | ✓ Schedule C - Income, Loans, & Business Positions - schedule attach |
| Schedule A-2 - Investments – schedule attached | ſ | Schedule D - Income – Gifts – schedule attached |
| Schedule B - Real Property - schedule attached | Ľ | Schedule E - Income - Gifts - Travel Payments - schedule attached |
| | - O ľ- | |
| | Jortadie Interes | sts on any schedule |
| 5. Verification | | |
| MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) | CITY | STATE ZIP CODE |
| R | tocklin | CA 95677 |
| DAYTIME TELEPHONE NUMBER | | E-MAIL ADDRESS (OPTIONAL) |
| I have used all reasonable diligence in preparing this statement. herein and in any attached schedules is true and complete. I a | | wed this statement and to the best of my knowledge the information containe this is a public document. |
| I certify under penalty of perjury under the laws of the Stat | te of Californi | ia that the foregoing is true and correct. |
| Date Signed 3126/2014 | Sig | gnature_AnAl |
| (month, day, year) | | (File the originally signed statement with your filing official.) |

FPPC Form 700 (2013/2014) FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov 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

Name

Greg Janda

| ► 1. BUSINESS ENTITY OR TRUST | ► 1. BUSINESS ENTITY OR TRUST |
|---|---|
| Cadpros PCB Design Experts, Inc. | |
| Name | Name |
| | |
| Address (Business Address Acceptable) | Address (Business Address Acceptable) |
| Check one Trust, go to 2 Z Business Entity, complete the box, then go to 2 | Check one |
| GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS |
| | |
| FAIR MARKET VALUE IF APPLICABLE, LIST DATE: | FAIR MARKET VALUE IF APPLICABLE, LIST DATE: |
| 50 - \$1,999 | ☐ \$0 - \$1,999 |
| \$2,000 - \$10,000 /_/13 /_/13 [] \$10,001 - \$100,000 ACQUIRED DISPOSED | \$2,000 - \$10,000 /1 1 |
| | \$10,001 - \$100,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000 |
| Over \$1,000,000 | Over \$1,000,000 |
| NATURE OF INVESTMENT | NATURE OF INVESTMENT |
| Partnership Sole Proprietorship 🖌 Other | Partnership Sole Proprietorship Other |
| | Other |
| YOUR BUSINESS POSITION President, CEO | YOUR BUSINESS POSITION |
| 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) | 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 | \$0 - \$499 \$10,001 - \$100,000 |
| S500 - \$1,000 OVER \$100,000 | S500 - \$1,000 OVER \$100,000 |
| \$1,001 - \$10,000 | 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.) | 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) |
| None None | None None |
| | |
| | |
| | |
| | ····· |
| 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST | ► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST |
| Check one box: | Check one box: |
| INVESTMENT REAL PROPERTY | |
| | |
| Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property | Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property |
| | |
| Description of Business Activity or | Description of Business Activity or |
| City or Other Precise Location of Real Property | City or Other Precise Location of Real Property |
| FAIR MARKET VALUE IF APPLICABLE, LIST DATE: | FAIR MARKET VALUE IF APPLICABLE, LIST DATE: |
| \$10,001 - \$100,000 <u>1 13</u> <u>1 13</u> | \$10,001 - \$100,000/ |
| S100,001 - \$1,000,000 ACQUIRED DISPOSED | \$100,001 - \$1,000,000 ACQUIRED DISPOSED |
| Over \$1,000,000 | Over \$1,000,000 |
| NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership | NATURE OF INTEREST |
| Leasehold Other | Leasehold Other |
| Check box if additional schedules reporting investments or real property are attached | Check box if additional schedules reporting investments or real property are attached |
| | FPPC Form 700 (2013/2014) Sch. A-2 |
| Comments: | FPPC Advice Email: advice@fppc.ca.gov |

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

Name

Greg Janda

| | ► 1. INCOME RECEIVED |
|---|---|
| NAME OF SOURCE OF INCOME | NAME OF SOURCE OF INCOME |
| Sutter Health | |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) |
| | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| Health Care | |
| YOUR BUSINESS POSITION | YOUR BUSINESS POSITION |
| (wife) Occupational Therapist | Took bookess roomon |
| | |
| GROSS INCOME RECEIVED | GROSS INCOME RECEIVED |
| \$500 - \$1,000 \$1,001 - \$10,000 | \$500 - \$1,000 \$1,001 - \$10,000 |
| ✓ \$10,001 - \$100,000 OVER \$100,000 | S10,001 - \$100,000 OVER \$100,000 |
| CONSIDERATION FOR WHICH INCOME WAS RECEIVED | CONSIDERATION FOR WHICH INCOME WAS RECEIVED |
| Salary Spouse's or registered domestic partner's income | Salary Spouse's or registered domestic partner's income |
| Loan repayment Partnership | 🗌 Loan repayment 🔛 Partnership |
| Sale of | Sale of |
| (Real property, car, boat, etc.) | (Real property, car, boat, etc.) |
| Commission or Rental Income, list each source of \$10,000 or more | Commission or Rental Income, list each source of \$10,000 or more |
| | |
| | |
| (Describe) | (Describe) |
| | |
| ► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIO | do |
| * You are not required to report loans from commercial ler | nding institutions, or any indebtedness created as part of a |
| retail installment or credit card transaction, made in the I | |
| members of the public without regard to your official stat | |
| regular course of business must be disclosed as follows: | |
| NAME OF LENDER* | INTEREST RATE TERM (Months/Years) |
| | |
| ADDRESS (Business Address Acceptable) | % None |
| | SECURITY FOR LOAN |
| BUSINESS ACTIVITY, IF ANY, OF LENDER | None Personal residence |
| | |
| | Real Property Street address |
| | |
| \$500 - \$1,000 | City |
| \$1,001 - \$10,000 | |
| | Guarantor |
| \$10,001 - \$100,000 | Guarantor |
| \$10,001 - \$100,000 VER \$100,000 | Other |
| | |

Comments:

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FPPC Form 700 (2013/2014) Sch. C FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov



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

CALIFORNIA FORM 700

AMENDMENT

| ► 1. BUSINESS ENTITY OR TRUST | ▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST |
|--|--|
| Cadpros PCB Design Experts, Inc. | Check one box: |
| Name | |
| Address (Business Address Acceptable) | |
| Check one | Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property |
| GENERAL DESCRIPTION OF THIS BUSINESS CAD Services | |
| FAIR MARKET VALUE IF APPLICABLE, LIST DATE: | Description of Business Activity <u>or</u> City or Other Precise Location of Real Property |
| \$0 - \$1,999 /_/ 13 /_/ 13 \$2,000 - \$10,000 /_/ 13 /_/ 13 \$X\$ \$10,001 - \$100,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000 Over \$1,000,000 0 | FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 |
| NATURE OF INVESTMENT | Over \$1,000,000 |
| Dranidant CEO | NATURE OF INTEREST |
| YOUR BUSINESS POSITION President, CEO | Property Ownership/Deed of Trust |
| 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) | Leasehold Other |
| □ \$0 - \$499 | Check box if additional schedules reporting investments or real property are attached |
| ► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF | |
| INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) | |
| X None | Comments: |
| | |
| | |
| | |
| | |
| Filer's Verification | |
| Print Name Gregory A. Janda | |
| Office, Agency or Court | |
| Statement Type 2013/2014 Annual Annual _ A | ssuming 🔲 Leaving 🔛 Candidate |
| I have used all reasonable diligence in preparing this statement. I have re contained herein and in any attached schedules is true and complete. | viewed this statement and to the best of my knowledge the information |
| I certify under penalty of perjury under the laws of the State of C | California that the foregoing is true and correct. |
| Date Signed04/01/2014 Filer's | Signature And A |
| (month, day, year) | |

CALIFORNIA FORM 700

A PUBLIC DOCUMENT

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STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

| JEC | E | ME | |
|-----|----|------|---|
| JAN | 10 | 2013 | U |

| Please type or print in ink. | | | BY: | |
|--|-----------------------|---|--------------------------------|--------------|
| 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 attachm | ient. | | | |
| Agency: | | Position: | | |
| , | | | | |
| 2. Jurisdiction of Office (Check at least one box) | | | | |
| State | | Judge or Court Commission | ner (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, 2011, through | gh | Leaving Office: Date Left | I / / | |
| December 31, 2011. | | (Check one) | | |
| The period covered is// December 31, 2011. | , through | The period covered is a leaving office. | January 1, 2011, through the c | date of |
| X Assuming Office: Date assumed <u>12</u> , <u>11</u> , <u>20</u> | 012 | The period covered is . the date of leaving offic | /, tł ce. | hrough |
| Candidate: Election Year Offi | ice sought, if differ | ent than Part 1: | | |
| 4. Schedule Summary | | | | |
| Check applicable schedules or "None." | ► Total n | number of pages including | this cover page: $_$ | |
| Schedule A-1 - Investments - schedule attached | × | Schedule C - Income, Loans, & | Business Positions – schedule | e attached |
| Schedule A-2 - Investments - schedule attached | | Schedule D - Income - Gifts - s | chedule attached | |
| Schedule B - Real Property - schedule attached | | Schedule E - Income - Gifts - 7 | ravel Payments - schedule at | tached |
| | -or- | | | |
| None - No | reportable interests | s on any schedule | | |
| 5. Verification | | | | |
| MAILING ADDRESS STREET | CITY | STATE | ZIP CODE | |
| (Business or Adency Address Recommended - Public Document) | Rocklin | CA | 05677 | |
| | | -MAIL ADDRESS (OPTIONAL) | 95677 | |
| | | greg.janda@rocklin.ca.us | | |
| I have used all reasonable diligence in preparing this statement herein and in any attached schedules is true and complete. | nt. I have reviewe | d this statement and to the best of | my knowledge the information | contained |
| I certify under penalty of perjury under the laws of the S | | | orrect. | |
| · · · · Follow A august and 1640 of 186 of | er eunernig | | - | |
| 01/10/2012 | | the st | | |

| Date Signed | 01/10/2013 | Signature |
|-------------|--------------------|---|
| | (month, day, year) | (File the originally signed statement with your filing official.) |
| | | |

| FPPC Form 700 (2011/2012 | 2) |
|--|----|
| FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.go | v |

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

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(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700

Name

Greg Janda

| ► 1. BUSINESS ENTITY OR TRUST | ► 1. BUSINESS ENTITY OR TRUST |
|--|---|
| cadPROS PCB Design Experts, Inc. | |
| Name , CA 95050 | Name |
| Address (Business Address Acceptable) | Address (Business Address Acceptable) |
| Check one | Check one |
| Trust, go to 2 Resiness Entity, complete the box, then go to 2 | Trust, go to 2 Business Entity, complete the box, then go to 2 |
| GENERAL DESCRIPTION OF BUSINESS ACTIVITY CAD Design Services | GENERAL DESCRIPTION OF BUSINESS ACTIVITY |
| FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 / / 11 \$2,000 - \$10,000 / / 11 \$10,001 - \$100,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000 Over \$1,000,000 | FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 111 \$2,000 - \$10,000 111 \$10,001 - \$100,000 ACQUIRED \$100,001 - \$1,000,000 Over \$1,000,000 |
| NATURE OF INVESTMENT | NATURE OF INVESTMENT |
| YOUR BUSINESS POSITION President, CEO | YOUR BUSINESS POSITION |
| 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) | 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 X OVER \$100,000 \$1,001 - \$10,000 | \$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) | ▶ 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 <u>BY</u> THE BUSINESS ENTITY OR TRUST | 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD <u>BY</u> THE BUSINESS ENTITY OR TRUST |
| | |
| | |
| Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property | Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property |
| Description of Business Activity <u>or</u> City or Other Precise Location of Real Property | Description of Business Activity <u>or</u> City or Other Precise Location of Real Property |
| FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 /_11 \$10,001 - \$100,000 /_11 \$100,001 - \$1,000,000 ACQUIRED Over \$1,000,000 DISPOSED | FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 11 \$10,001 - \$100,000 11 \$100,001 - \$1,000,000 ACQUIRED Over \$1,000,000 DISPOSED |
| NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership | NATURE OF INTEREST |
| C Leasehold Other | Leasehold Other |
| Check box if additional schedules reporting investments or real property are attached | Check box if additional schedules reporting investments or real property are attached |
| Comments: | FPPC Form 700 (2011/2012) Sch. A-2 |

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 70(

AIR POLITICAL PRACTICES COMM

Name

Greg Janda

| ► 1. INCOME RECEIVED | ► 1. INCOME RECEIVED |
|---|---|
| NAME OF SOURCE OF INCOME | NAME OF SOURCE OF INCOME |
| Sutter Health | |
| ADDRESS (Business Address Accentable) | ADDRESS (Business Address Acceptable) |
| | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| Health Care | |
| YOUR BUSINESS POSITION | YOUR BUSINESS POSITION |
| Occupational Therapist | |
| GROSS INCOME RECEIVED | GROSS INCOME RECEIVED |
| \$500 - \$1,000 \$1,001 - \$10,000 | S500 - \$1,000 \$1,001 - \$10,000 |
| X \$10,001 - \$100,000 □ OVER \$100,000 | S10,001 - \$100,000 |
| CONSIDERATION FOR WHICH INCOME WAS RECEIVED | CONSIDERATION FOR WHICH INCOME WAS RECEIVED |
| Salary Spouse's or registered domestic partner's income | Salary Spouse's or registered domestic partner's income |
| Loan repayment Partnership | Loan repayment Partnership |
| | |
| Sale of | Sale of (Real property, car, boat, etc.) |
| Commission or Rental Income, list each source of \$10,000 or more | Commission or Rental Income, list each source of \$10,000 or more |
| | |
| | |
| Other (Describe) | Other (Describe) |
| (BOOLDY) | |
| ▶ ∰2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER | lop |
| · · · · · · · · · · · · · · · · · · · | ending institutions, or any indebtedness created as part of a |
| | elender's regular course of business on terms available to |
| | atus. Personal loans and loans received not in a lender's |
| regular course of business must be disclosed as follows | |
| - | |
| NAME OF LENDER* | INTEREST RATE TERM (Months/Years) |
| ADDEFEC (During a Address Association) | % None% |
| ADDRESS (Business Address Acceptable) | SECURITY FOR LOAN |
| | None Personal residence |
| BUSINESS ACTIVITY, IF ANY, OF LENDER | |
| | Real Property Street address |
| HIGHEST BALANCE DURING REPORTING PERIOD | |
| \$500 - \$1,000 | City |
| \$1,001 - \$10,000 | Guarantor |
| \$10,001 - \$100,000 | |
| OVER \$100,000 | Other |

Comments: __

*

FPPC Form 700 (2011/2012) Sch. C FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

(Describe)