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, <b>2021,</b> through cember 31, <b>2021</b> .	Leaving	Office: Date Left/ (Check one circl)	
<b>-or-</b> The	e period covered is///////	leavin	eriod covered is January 1, 2 g office.	,
Assuming O	Office: Date assumed//	- <b>or-</b> 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
	<ul> <li>No reportable interests on any sched</li> </ul>	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
<b>\$500 - \$1,000</b>	—	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, <b>2021</b> .	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
<b>\$500 - \$1,000</b>	—	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 <b>-or-</b>	cember 31, <b>2020</b> .			(Check on	,
The	e period covered is///	, through			ary 1, 2020, through the date of
De	cember 31, <b>2020</b> .		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) <b>▶</b> <i>T</i> o	tal number of	pages including t	his cover pa	age: 2
Schedules a					- <u>-</u>
	A-1 - Investments – schedule attached	<b>▼</b> S	chedule C - Income. Lo	oans. & Busines	ss Positions – schedule attached
	<b>A-2</b> - Investments – schedule attached		chedule D - Income -		
	<b>B</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
<b>\$1,001 - \$10,000</b>	Guarantor	
<b>\$10,001 - \$100,000</b>		
OVER \$100,000	Other	(Describe)
Comments:		

CALÎFORNIA FORM 700	STATEMENT	OF ECONOMIC INTERE	STS Date Initial Filing Received
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
<ul> <li>Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)</li> <li>Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)</li> </ul>	<ul> <li>Salary ✓ Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)</li> <li>Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)</li> </ul>
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
<ul> <li>\$500 - \$1,000</li> <li>\$1,001 - \$10,000</li> <li>\$10,001 - \$100,000</li> <li>OVER \$100,000</li> </ul>	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	<b>g Office:</b> 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
<b>or- 🗌 None</b> - No reporta	bla interacta an anu achadula				
·	idie interests on any schedule				
Verification	_	, ,	0.141	<b>-</b>	
·	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)
/\$	\$\$
/\$	\$ <b></b>
/\$	

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)	<ul> <li>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</li> </ul>
\$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
<ul> <li>► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)</li> <li>☑ None or □ Names listed below</li> </ul>	<ul> <li>► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)</li> <li>None or Names listed below</li> </ul>
► 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	<b>\$500 - \$1,000 \$1,001 - \$10,000</b>
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
<b>\$500 - \$1,000</b>	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
				<b>V</b> 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-				
□ <b>None</b> - 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
<ul> <li>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</li> </ul>	<ul> <li>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)</li> </ul>
□ \$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
<b>\$500 - \$1,000</b>	-		City
<b>\$1,001 - \$10,000</b>			
<b>\$10,001 - \$100,000</b>	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
<b>\$500 - \$1,000</b>		City
<b>\$1,001 - \$10,000</b>		
<b>\$10,001 - \$100,000</b>	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.	<b>Type of Statement</b> (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//	<ul> <li>The period covere the date of leaving</li> </ul>	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: <sup>6</sup> 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	<ul> <li>schedule attached</li> <li>Travel Payments – schedule attached</li> </ul>		
-(	CI Schedule B - Real Property - schedule attached		- Haver I ayments - schedune allached		
	<b>None -</b> 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)	<ul> <li>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</li> </ul>
\$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
<ul> <li>&gt; 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)</li> <li>✓ None or</li></ul>	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
<ul> <li>4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST</li> <li>Check one box:</li> <li>INVESTMENT</li> <li>REAL PROPERTY</li> </ul>	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
<b>X</b> \$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
<ul> <li>□ \$500 - \$1,000</li> <li>□ \$1,001 - \$10,000</li> <li>□ \$10,001 - \$100,000</li> </ul>	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
<b>\$500 - \$1,000</b>	-		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.	-		<b>AUG1 0</b> 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)	//
<b>-or-</b> 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	]	<ul> <li>The period covered is</li> <li>the date of leaving office.</li> </ul>	, 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	<b>je</b> :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-			
<b>None</b> - 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)

- .

,

## 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
<ul> <li>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</li> </ul>	<ul> <li>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</li> </ul>
\$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
<ul> <li>▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)</li> <li>✓ None or Names listed below</li> </ul>	<ul> <li>3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)</li> <li>None or Names listed below</li> </ul>
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:	<ul> <li>▲ INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST</li> <li>Check one box:</li> <li>■ INVESTMENT</li> <li>■ REAL PROPERTY</li> </ul>
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)

Ľ

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			
<b>\$500 - \$1,000</b>	-		City
<b>\$1,001 - \$10,000</b>	Guarantor		
<b>\$10,001 - \$100,000</b>			
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 <sup>®</sup> 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	<ul> <li>The period covered is January leaving office.</li> <li>-or-</li> </ul>	/ 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
<ul> <li>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</li> </ul>	<ul> <li>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</li> </ul>
□ \$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

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	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
<b>\$500 - \$1,000</b>			City
<b>\$1,001 - \$10,000</b>	Guarantor		-
<b>\$10,001 - \$100,000</b>			
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 .	<ul> <li>The period covered is January 1, 2014, through the date of leaving office.</li> </ul>
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:
<ul> <li>Schedule A-1 - Investments -</li> <li>Schedule A-2 - Investments -</li> <li>Schedule B - Real Property -</li> </ul>	- schedule attached	<ul> <li>Schedule C - Income, Loans, &amp; Business Positions – schedule attached</li> <li>Schedule D - Income – Gifts – schedule attached</li> <li>Schedule E - Income – Gifts – Travel Payments – schedule attached</li> </ul>
	-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	<b>\$0 - \$1,999</b>
\$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
<ul> <li>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</li> </ul>	<ul> <li>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</li> </ul>
\$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
<b>\$500 - \$1,000</b>		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 <sup>772015</sup>
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	<ul> <li>The period covered is leaving office.</li> </ul>	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	
<ul> <li>4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST</li> </ul>	<ul> <li>4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST</li> </ul>
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
<b>\$1,001 - \$10,000</b>			
<b>\$10,001 - \$100,000</b>			
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

¢

¢

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	<ul> <li>The period covered is January 1, 2013, through the date of leaving office.</li> </ul>
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
	- <b>O</b> 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
<ul> <li>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</li> </ul>	<ul> <li>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</li> </ul>
\$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	<b>1</b> ,001 - \$10,000
<ul> <li>3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)</li> </ul>	<ul> <li>3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)</li> </ul>
None None	None None
	·····
<ul> <li>4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST</li> </ul>	► 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:

÷

. ×

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
<ul> <li>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</li> </ul>	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

4

h

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	<ul> <li>The period covered is a leaving office.</li> </ul>	January 1, 2011, through the c	date of
X Assuming Office: Date assumed <u>12</u> , <u>11</u> , <u>20</u>	012	<ul> <li>The period covered is . the date of leaving offic</li> </ul>	/, tł ce.	hrough
Candidate: Election Year Offi	ice sought, if differ	ent than Part 1:		<del> </del>
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

10

. .

(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
<ul> <li>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</li> </ul>	<ul> <li>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</li> </ul>
\$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	<ul> <li>4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD <u>BY</u> THE BUSINESS ENTITY OR TRUST</li> </ul>
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	
<b>\$500 - \$1,000</b>	City
<b>\$1,001 - \$10,000</b>	Guarantor
<b>\$10,001 - \$100,000</b>	
OVER \$100,000	Other

Comments: \_\_

\*

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

(Describe)