

Who is required to complete California Form 700:

Any active employee of SSU who will become a Procurement holder for a department/program.

When is California Form 700 due:

This form should be completed along with the Procurement Program Participation Form

How to complete California Form 700:

1. Complete name of the filer section

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Initial Filing
Received
Official Use Only

Please type or print in ink.

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

1. Office, Agency, or Court

2. Assuming Office date should be left blank. HR will complete this date upon receiving the fully approved Procurement Program Participation Form.

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

<input type="checkbox"/> Annual: The period covered is January 1, 2014, through December 31, 2014. -or- The period covered is ____/____/____, through December 31, 2014.	<input type="checkbox"/> Leaving Office: Date Left ____/____/____ (Check one) <input type="radio"/> The period covered is January 1, 2014, through the date of leaving office. <input type="radio"/> The period covered is ____/____/____, through the date of leaving office.
<input checked="" type="checkbox"/> Assuming Office: Date assumed ____/____/____ please leave blank	
<input type="checkbox"/> Candidate: Election year _____ and office sought, if different than Part 1: _____	

3. Per CSU Conflict of Interest Handbook, you are required to report on investments, interests in real property, and business positions held on the date of your assuming office. In addition, income (including loans, gifts, and travel payments) received during the 12 months prior to the date you assumed the office or position is reportable.

If you have none of these to report, please check the "None" box, under item 4, Schedule Summary. Otherwise, please select the [applicable schedules](#) and report accordingly.

4. Schedule Summary

Check applicable schedules or "None." ▶ Total number of pages including this cover page: _____

<input type="checkbox"/> Schedule A-1 - Investments – schedule attached <input type="checkbox"/> Schedule A-2 - Investments – schedule attached <input type="checkbox"/> Schedule B - Real Property – schedule attached	<input type="checkbox"/> Schedule C - Income, Loans, & Business Positions – schedule attached <input type="checkbox"/> Schedule D - Income – Gifts – schedule attached <input type="checkbox"/> Schedule E - Income – Gifts – Travel Payments – schedule attached
-or- <input type="checkbox"/> None - No reportable interests on any schedule	

E. Verification

4. This form requires a wet signature. Please print, sign and return this form, along with the Procurement Program Participation Form, to **Contracts & Procurement Office**.

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

Date Signed: _____
(month, day, year)

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

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE**

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Division, Board, Department, District, if applicable Your Position

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

Agency: Position:

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

- State Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of _____ Other _____

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

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

4. Schedule Summary

- Check applicable schedules or "None." ► Total number of pages including this cover page: _____
- Schedule A-1 - Investments** – schedule attached
 - Schedule A-2 - Investments** – schedule attached
 - Schedule B - Real Property** – schedule attached
 - Schedule C - Income, Loans, & Business Positions** – schedule attached
 - Schedule D - Income – Gifts** – schedule attached
 - Schedule E - Income – Gifts – Travel Payments** – schedule attached
- or-
- None** - No reportable interests on any schedule

5. Verification

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

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
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I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed _____ Signature _____
(month, day, year) (File the originally signed statement with your filing official.)