STATEMENT OF ECONOMIC INTERESTS

NAME OF FILER (LAST) (FIRST) MIDDLE)
Hartley Tai Marya

1. Office, Agency, or Court
   Agency Name (Do not use acronyms)
   City of Oxnard
   Division, Board, Department, District, if applicable
   Your Position
   City Council District 2
   ▶ 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
   □ Other
   □ City of Oxnard

3. Type of Statement (Check at least one box)
   -or-
   The period covered is __/__/______, through December 31, 2017.
   □ Leaving Office: Date Left __/__/______ (Check one)
   ◦ The period covered is January 1, 2017, through the date of leaving office.
   -or-
   ◦ The period covered is __/__/______, through the date of leaving office.
   □ Assuming Office: Date assumed __/__/______
   □ Candidate: Date of Election 11/06/2018 and office sought, if different than Part 1: City Council District 2

4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: 3
   Schedules attached
   □ Schedule A-1 - Investments - schedule attached
   □ Schedule A-2 - Investments - schedule attached
   □ Schedule A-3 - 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
   □ None - No reportable interests on any schedule

5. Verification
   MAILING ADDRESS STREET
   (Business or Agency Address Recommended - Public Document)
   371 Feather River Place Oxnard
   CITY STATE ZIP CODE CA 93036
   DAYTIME TELEPHONE NUMBER (805) 236-6693 E-MAIL ADDRESS Tai.Hartley.Oxnard@gmail.com
   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 Aug. 6, 2018
   (Month, day, year) Signature
   (Signature the original signed statement with your filing official)
SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)
Do not attach brokerage or financial statements.

► NAME OF BUSINESS ENTITY
Ameritrade

GENERAL DESCRIPTION OF THIS BUSINESS

Investments

FAIR MARKET VALUE
☑ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

NATURE OF INVESTMENT
☐ Stock
☐ Other
☐ (Describe)
☐ Partnership
☐ Income Received of $0 - $499
☒ Income Received of $500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
1/17
ACQUIRED
1/17
DISPOSED

► NAME OF BUSINESS ENTITY
Merrill Lynch

GENERAL DESCRIPTION OF THIS BUSINESS

Retirement Investments

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

NATURE OF INVESTMENT
☐ Stock
☐ Other
☐ (Describe)
☐ Partnership
☐ Income Received of $0 - $499
☐ Income Received of $500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
1/17
ACQUIRED
1/17
DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

NATURE OF INVESTMENT
☐ Stock
☐ Other
☐ (Describe)
☐ Partnership
☐ Income Received of $0 - $499
☐ Income Received of $500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
1/17
ACQUIRED
1/17
DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

NATURE OF INVESTMENT
☐ Stock
☐ Other
☐ (Describe)
☐ Partnership
☐ Income Received of $0 - $499
☐ Income Received of $500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
1/17
ACQUIRED
1/17
DISPOSED

Comments:

FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
NAME OF SOURCE OF INCOME
Amgen Inc.

ADDRESS (Business Address Acceptable)
One Amgen Center Drive

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Bio-chem

YOUR BUSINESS POSITION
Admin

GROSS INCOME RECEIVED
☐ $500 - $1,000
☐ $1,001 - $10,000
☒ $10,001 - $100,000
☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☒ Salary
☐ Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)

☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
☐ Sale of __________________________ (Describe)
☐ Loan repayment
☐ Commission or ____________________ (Describe)
☐ Rental Income, list each source of $10,000 or more
☐ Other __________________________ (Describe)

GROSS INCOME RECEIVED
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☐ Salary
☐ Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)

☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
☐ Sale of __________________________ (Describe)
☐ Loan repayment
☐ Commission or ____________________ (Describe)
☐ Rental Income, list each source of $10,000 or more
☐ 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*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

INTEREST RATE

TERM (Months/Years)

☐ % ☐ None

SECURITY FOR LOAN
☐ None
☐ Personal residence
☐ Real Property __________________________ Street address
............................................................................................... City
............................................................................................... County
☐ Guarantor
............................................................................................... Street address
............................................................................................... City
............................................................................................... County
☐ Other __________________________ (Describe)

Comments: