

Exhibit C - Financial Disclosure Statement

Local Agency Formation Commission of Alameda County  
**FINANCIAL DISCLOSURE STATEMENT**

Consistent with the requirements of the State of California Fair Political Practices Commission, each applicant or their agent must complete and submit this Statement of Disclosure form with any application that requires discretionary action by Alameda LAFCo (Government Code Section 84308 of the Political Reform Act).

Person is defined as: "Any individual, firm, co-partnership, joint venture, association, social club, fraternal organization, corporation, estate, trust, receiver, syndicate, this and any other county, city and county, city, municipality, district or other political subdivision, or any other group or combination acting as a unit."

1. List the names of all persons having any ownership interest in the property involved or any financial interest in the application.

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2. If any person identified pursuant to #1 is a corporation or partnership, list the names of all individuals owning more than 10% of the shares in the corporation or owning any partnership interest in the partnership.

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3. If any person identified pursuant to #1 is a non-profit organization or a trust, list the names of any person serving as director of the non-profit organization or as trustee or beneficiary or trustor of the trust.

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4. Has any person identified pursuant to #1 had \$250 or more worth of business transacted with any Commissioner or Alternate or Commission staff person within the past 12 months? Yes / No \_\_\_\_\_

If "Yes", please indicate person's name/s: \_\_\_\_\_  
\_\_\_\_\_

**5. Has any person identified pursuant to #1, or his or her agent, contributed \$250 or more to any Commissioner or Alternate within the past 12 months?**

**Yes \_\_\_\_\_ No \_\_\_\_\_**

If Yes, please indicate person(s) or agent(s) making contribution:

\_\_\_\_\_

and name/s of Commissioner(s)/Alternate(s) receiving contribution:

\_\_\_\_\_

**I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
**Name/Title and Number of Application (Please print or type)**

\_\_\_\_\_  
**Name of Applicant (Please print or type)**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**