CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

	Date Gitia Filing Receive	
7	JUL 29 2020	U

Please type or print in ink.

NAME OF FILER (LAST) (FIRS		(FIRST)			CITY (OP) RIPON	
de	e Graaf	Daniel		Leo	OIII OI MI ON	
1.	Office, Agency, or Court					
	Agency Name (Do not use acronyms)					
	City of Ripon					
	Division, Board, Department, District, if applicable		Your Position			
			City Council Member			
	▶ If filing for multiple positions, list below or on an	attachment. (Do not u	se acronyms)			
	Agency:		Position:			
2.	Jurisdiction of Office (Check at least on	e box)				
	State	,	Judge, Retired Judge, (Statewide Jurisdiction)		Judge, or Court Commissioner	
	Multi-County					
	014.					
3.	Type of Statement (Check at least one be	ox)				
	Annual: The period covered is January 1, 20 December 31, 2019.				ne circle.)	
	The period covered is/	J, through	The period covere leaving office.	d is Janu	ary 1, 2019, through the date of	
	Assuming Office: Date assumed/		The period covere the date of leaving		/, through	
	X Candidate: Date of Election November 3, 2	020 and office sough	t, if different than Part 1:			
4.	Schedule Summary (must complete) ► Total numbe	r of pages including this	cover p	age: 7	
	Schedules attached	-	, and a second and			
	X Schedule A-1 - Investments – schedule att	ached	Schedule C - Income. Loans.	& Busine	ss Positions – schedule attached	
	Schedule A-2 - Investments - schedule att		Schedule D - Income - Gifts		E SEVERAL DESCRIPTION OF THE PROPERTY OF THE P	
	Schedule B - Real Property - schedule att		Schedule E - Income - Gifts	- Travel P	Payments - schedule attached	
-0	Or- None - No reportable interests on	any schedule				
	Verification	any schedule				
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	S	TATE	ZIP CODE	
	259 N Wilma Ave	Ripon		CA	95366-3028	
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS			
	(209) 599-2108					
	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.					
	7/00/0000		100	1/1		
	Date Signed 7/29/2020 (month, day, year)		Signature (File the originally si	igned paper st	atement with your filing official.)	
			the second secon	Alteria		

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized. Do not attach brokerage or financial statements.

CALIFORNIA FORM 700				
AIR POLITICAL PRACTICES COMMISSION				
Name				
Daniel de Graaf				

► NAME OF	BUSINESS ENTITY		NAME OF BUSINESS ENTITY
Provos	t & Pritchard Consulting Group		
	L DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
Engine	ering Consulting Firm		
FAIR MAI	RKET VALUE	1	FAIR MARKET VALUE
\$2,000) - \$10,000 × \$10,001 - \$100,000	1	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,0	001 - \$1,000,000 Over \$1,000,000		\$100,001 - \$1,000,000 Over \$1,000,000
NATURE Stock	OF INVESTMENT		NATURE OF INVESTMENT
Stock	(Describe)		Stock Other(Describe)
☐ Partne	ership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)		Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLIC	CABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
1	/ 19 / 19		
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	(Describe)	1	Stock Other (Describe)
Partne	orship O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)		Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
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