

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Butler David N.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Rocklin
Division, Board, Department, District, if applicable
City Council
Your Position
Councilmember

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

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

- Annual: The period covered is January 1, 2015, through December 31, 2015.
-or-
The period covered is _____, through December 31, 2015.
- Assuming Office: Date assumed _____
- Candidate: Election year _____ and office sought, if different than Part 1: _____
- Leaving Office: Date Left _____ (Check one)
 - The period covered is January 1, 2015, through the date of leaving office.
 - The period covered is _____, through the date of leaving office.

4. Schedule Summary (must complete)

Schedules attached ► Total number of pages including this cover page: 5

- 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 (Business or Agency Address Recommended - Public Document) STREET CITY STATE ZIP CODE
3970 Rocklin Road Rocklin CA 95677
DAYTIME TELEPHONE NUMBER () E-MAIL ADDRESS ()

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 4.1.16
(month, day, year)

Signature David N. Butler
(File the originally 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.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
David Butler

▶ NAME OF BUSINESS ENTITY
Principal Financial Group/ACCE

GENERAL DESCRIPTION OF THIS BUSINESS
401K

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 401K
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
 / / 15 / / 15
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
ADP Retirement Svcs/NextEd

GENERAL DESCRIPTION OF THIS BUSINESS
401K

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:
 / / 15 / / 15
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Edward Jones

GENERAL DESCRIPTION OF THIS BUSINESS
IRA

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:
 / / 15 / / 15
 ACQUIRED 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)
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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:
 / / 15 / / 15
 ACQUIRED DISPOSED

Comments: _____

**SCHEDULE D
Income – Gifts**

Name
DAVID BUTLER

▶ NAME OF SOURCE (Not an Acronym)
HEFLER, STARK & MADONIS

ADDRESS (Business Address Acceptable)
[REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
LAW FIRM

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4/18/15</u>	<u>\$ 175</u>	<u>GROUP DIVIDENDS</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
KAISEK

ADDRESS (Business Address Acceptable)
[REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
HEALTH CARE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4/19/15</u>	<u>\$ 145</u>	<u>GROUP DIVIDENDS</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
OKUMIHEADS

ADDRESS (Business Address Acceptable)
[REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
TRANSPORTATION PLANNING

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10/1/15</u>	<u>\$ 135</u>	<u>GROUP DIVIDENDS</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: _____