

COVER PAGE

A PUBLIC DOCUMENT

Filed Date: 03/21/2020 07:41 PM
SAN: FPPC

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Mulheren Maureen S

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Ukiah

Division, Board, Department, District, if applicable

Your Position

City Council Member

► 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 Ukiah
- Judge, Retired Judge, Pro Tem 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, 2019, through December 31, 2019.
- Leaving Office:** Date Left ____/____/_____
(Check one circle.)
- Assuming Office:** Date assumed ____/____/_____
-or- The period covered is ____/____/_____, through December 31, 2019.
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- The period covered is January 1, 2019, through the date of leaving office.
- The period covered is ____/____/_____, through the date of leaving office.

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 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)

Ukiah CA 95482-1908

DAYTIME TELEPHONE NUMBER EMAIL 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 03/21/2020 07:41 PM
(month, day, year)

Signature Electronic Submission
(File the originally signed paper statement with your filing official.)

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

1. BUSINESS ENTITY OR TRUST
Mulheren Marketing
Name
104 N School Street Ukiah, CA 95482
Address (Business Address Acceptable)
Check one
[] Trust, go to 2 [x] Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS
Marketing and Event Planning
FAIR MARKET VALUE
IF APPLICABLE, LIST DATE:
[] \$0 - \$1,999
[] \$2,000 - \$10,000
[x] \$10,001 - \$100,000
[] \$100,001 - \$1,000,000
[] Over \$1,000,000
04 / 01 / 19 ACQUIRED DISPOSED
NATURE OF INVESTMENT
[] Partnership [x] Sole Proprietorship [] Other
YOUR BUSINESS POSITION Owner

1. BUSINESS ENTITY OR TRUST
Ukiah Custom Cabinets
Name
50 Carousel Lane, Ukiah, CA 95482
Address (Business Address Acceptable)
Check one
[] Trust, go to 2 [x] Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS
Cabinet Manufacturer
FAIR MARKET VALUE
IF APPLICABLE, LIST DATE:
[] \$0 - \$1,999
[] \$2,000 - \$10,000
[x] \$10,001 - \$100,000
[] \$100,001 - \$1,000,000
[] Over \$1,000,000
/ / 19 ACQUIRED DISPOSED
NATURE OF INVESTMENT
[] Partnership [] Sole Proprietorship [x] Corporation [] Other
YOUR BUSINESS POSITION Vice-President

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

[] \$0 - \$499 [x] \$10,001 - \$100,000
[] \$500 - \$1,000 [] OVER \$100,000
[] \$1,001 - \$10,000

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

[x] \$0 - \$499 [] \$10,001 - \$100,000
[] \$500 - \$1,000 [] OVER \$100,000
[] \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

[x] None or [] Names listed below

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

[x] None or [] Names listed below

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
[] INVESTMENT [] REAL PROPERTY
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE
IF APPLICABLE, LIST DATE:
[] \$2,000 - \$10,000
[] \$10,001 - \$100,000
[] \$100,001 - \$1,000,000
[] Over \$1,000,000
/ / 19 ACQUIRED DISPOSED
NATURE OF INTEREST
[] Property Ownership/Deed of Trust [] Stock [] Partnership
[] Leasehold [] Other
[] Check box if additional schedules reporting investments or real property are attached

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

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IF APPLICABLE, LIST DATE:
[] \$2,000 - \$10,000
[] \$10,001 - \$100,000
[] \$100,001 - \$1,000,000
[] Over \$1,000,000
/ / 19 ACQUIRED DISPOSED
NATURE OF INTEREST
[] Property Ownership/Deed of Trust [] Stock [] Partnership
[] Leasehold [] Other
[] Check box if additional schedules reporting investments or real property are attached

Comments:

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Maureen Mulheren

▶ 1. BUSINESS ENTITY OR TRUST

Maureen Mulheren - Independent Insurance Agent

Name
104 N School Street, Ukiah, CA 95482

Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS
Insurance Agency

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/19 ____/____/19
<input checked="" type="checkbox"/> \$2,000 - \$10,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000	
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION Owner/Agent

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

<input type="checkbox"/> \$0 - \$499	<input checked="" type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None or Names listed below

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/19 ____/____/19
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____
Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

▶ 1. BUSINESS ENTITY OR TRUST

Name

Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/19 ____/____/19
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000	
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

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<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____
Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

Comments: _____