

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Schneider Ann no middle initial (nmi)

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Millbrae

Division, Board, Department, District, if applicable
City Council

Your Position

Candidate for Millbrae City Council

RECEIVED

AUG 6 2020

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

City of Millbrae
Administration Dept.

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County

☐ County of

☒ City of Millbrae

☐ 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.)

-or-

The period covered is / / through
December 31, 2019.

☐ The period covered is January 1, 2019, through the date of
leaving office.

-or-

☐ Assuming Office: Date assumed / /

☐ The period covered is / / through
the date of leaving office.

☒ Candidate: Date of Election 11/3/2020 and office sought, if different than Part 1:

4. Schedule Summary (must complete)

► Total number of pages including this cover page:

Schedules attached

☒ Schedule A-1 - Investments - schedule attached

☒ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☒ Schedule B - Real Property - 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)

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 August 5, 2020

(month, day, year)

Signature

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

SCHEDULE A-1**Investments****Stocks, Bonds, and Other Interests**
(Ownership Interest is Less Than 10%)*Investments must be itemized.***CALIFORNIA FORM 700**
FAIR POLITICAL PRACTICES COMMISSION

Name

Ann Schneider

► NAME OF BUSINESS ENTITY
Hewlett Packard Enterprises

GENERAL DESCRIPTION OF THIS BUSINESS
Commercial Computing & Services

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:
 ____/____/19 ____/____/19
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
Microfocus International

GENERAL DESCRIPTION OF THIS BUSINESS
International software company

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:
 01/01/19 ____/____/19
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
Agilent Technology

GENERAL DESCRIPTION OF THIS BUSINESS
Testing Equipment

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:
 ____/____/19 ____/____/19
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
Hewlett Packard Incorporated

GENERAL DESCRIPTION OF THIS BUSINESS
Personal computing, peripherals, ink

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:
 ____/____/19 ____/____/19
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
Frontier Communications

GENERAL DESCRIPTION OF THIS BUSINESS
Telecommunications

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:
 ____/____/19 ____/____/19
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
Verizon

GENERAL DESCRIPTION OF THIS BUSINESS
Telecommunications

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:
 ____/____/19 ____/____/19
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Ann Schneider

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
[REDACTED]

CITY
Mountain View

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☒ Over \$1,000,000

ACQUIRED / /19 DISPOSED / /19

NATURE OF INTEREST
☒ Ownership/Deed of Trust ☐ Easement
☐ Leasehold _____ Yrs. remaining ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
☐ None
Tenants: Jacob Melcher, Cooper Knack, Jessie Zhang

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

ACQUIRED / /19 DISPOSED / /19

NATURE OF INTEREST
☐ Ownership/Deed of Trust ☐ Easement
☐ Leasehold _____ Yrs. remaining ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
☐ None

* You are not required to report loans from a commercial lending institution 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

INTEREST RATE TERM (Months/Years)
_____% ☐ None

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
_____% ☐ None

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

Comments: _____

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Ann Schneider</u>

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Townhome Rental Property

ADDRESS (Business Address Acceptable)

430 Hillwood Ct, Mountain View, CA 94040

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Residential rental property

YOUR BUSINESS POSITION

Owner, Property Manager

GROSS INCOME RECEIVED

☐ \$500 - \$1,000

☒ \$10,001 - \$100,000

☐ No Income - Business Position Only

☐ \$1,001 - \$10,000

☐ 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

(Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or

☒ Rental Income, list each source of \$10,000 or more

430 Hillwood Ct., Mountain View, CA 94040

(Describe)

☐ Other

(Describe)

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

☐ \$500 - \$1,000

☐ \$10,001 - \$100,000

☐ No Income - Business Position Only

☐ \$1,001 - \$10,000

☐ 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

(Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or

☐ Rental Income, list each source of \$10,000 or more

☐ Other

(Describe)

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, 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

_____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None

☐ Personal residence

☐ Real Property

Street address

City

☐ Guarantor

☐ Other

(Describe)

Comments:

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Ann Schneider
--

► NAME OF SOURCE (Not an Acronym)
Housing Leadership Council

ADDRESS (Business Address Acceptable)
HLC 2905 S El Camino Real, San Mateo, CA 94403

BUSINESS ACTIVITY, IF ANY, OF SOURCE
NGO Advocating for Housing

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 28 / 19	\$ 100.00	Waived registratino fee for
/ /	\$	housing summit at CSM
/ /	\$	

► NAME OF SOURCE (Not an Acronym)
South San Francisco Scavengers

ADDRESS (Business Address Acceptable)
500 E. Jamie Ct., SSF, CA 94080

BUSINESS ACTIVITY, IF ANY, OF SOURCE
City of Millbrae's franchised garbage and recycling provider

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 19 / 19	\$ 65	Holiday Gift Baskquet
12 / 07 / 19	\$ 60	Annual Holiday Dinner th
11 / /	\$	

► 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)
San Mateo Labor Council

ADDRESS (Business Address Acceptable)
SMLC 1153 Chesa Dr. Suite 200, Foster City CA 94404

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Labor Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 06 / 20	\$ 65.00	Holiday Party Admission
07 / 26 / 19	\$ 65.00	COPE Banquet Dinner tick
/ /	\$	

► NAME OF SOURCE (Not an Acronym)
City of Hanyu, Saitama Prefecture, Japan

ADDRESS (Business Address Acceptable)
6-15 Azuma, Hanyu-shi,

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Friendship City Hanyu Japan, 65th Birthday, part of delegation to

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 07 / 19	\$ 750.00	Hotel, group bus travel
11 / 12 / 19	\$	and group meals
/ /	\$	

► 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: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name <u>Ann Schneider</u>

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym) City of Hanyu, Saitama Prefecture, Japan	
ADDRESS (Business Address Acceptable) 6-15 Azuma, Hanyu-shi,	
CITY AND STATE Hanyu, Saitama, SA 348-8601	
<input type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE Sister City Exchange -	
DATE(S): <u>11 / 7 / 19</u> - <u>11 / 12 / 19</u> AMT: \$ <u>750.00</u> (If gift)	
▶ MUST CHECK ONE: <input checked="" type="checkbox"/> Gift -or- <input type="checkbox"/> Income	
<input checked="" type="radio"/> Made a Speech/Participated in a Panel	
<input checked="" type="radio"/> Other - Provide Description <u>Presented proclamation from City</u>	
▶ If Gift, Provide Travel Destination <u>Paid own flight from SFO to Hanyu</u>	

▶ NAME OF SOURCE (Not an Acronym)	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
<input type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	
DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____ (If gift)	
▶ MUST CHECK ONE: <input type="checkbox"/> Gift -or- <input type="checkbox"/> Income	
<input type="radio"/> Made a Speech/Participated in a Panel	
<input type="radio"/> Other - Provide Description _____	
▶ If Gift, Provide Travel Destination _____	

▶ NAME OF SOURCE (Not an Acronym)	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
<input type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	
DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____ (If gift)	
▶ MUST CHECK ONE: <input type="checkbox"/> Gift -or- <input type="checkbox"/> Income	
<input type="radio"/> Made a Speech/Participated in a Panel	
<input type="radio"/> Other - Provide Description _____	
▶ If Gift, Provide Travel Destination _____	

▶ NAME OF SOURCE (Not an Acronym)	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
<input type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	
DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____ (If gift)	
▶ MUST CHECK ONE: <input type="checkbox"/> Gift -or- <input type="checkbox"/> Income	
<input type="radio"/> Made a Speech/Participated in a Panel	
<input type="radio"/> Other - Provide Description _____	
▶ If Gift, Provide Travel Destination _____	

Comments: Hanyu is a Friendship City with Millbrae, five city representatives were chosen to attend the 65th birthday of the City of Hanyu. I

I paid my own way to Japan but once in Japan, we traveled with other Sister City delegates from other countries by bus and group meals. Our h