# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

# STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Pate Initial Filing Received REC'D TRACY CITY CLERK 19 MAR 2024 PM6:03

Please type or print in ink.	AMPRI ES
AME OF FILER (LAST) (FIRST)	(MIDDLE)
DAVIS ELEASSIA	
. Office, Agency, or Court	
Agency Name (Do not use acronyms)	
CITY OF TRACY	1 h
Division, Board, Department, District, if applicable	Your Position
	MAYOR PRO TEMPORE
▶ If filing for multiple positions, list below or on an attachment. (Do not us	ise acronyms)
Agency: SOUTH SAN JOAQUIN COUNTY FIRE AUTHOR	Position: BOARD MEMBER
2. Jurisdiction of Office (Check at least one box)	1 '9 I
State	Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Multi-County	County of SAN JOAQUIN
TRACY	Other
a city of Thinest	
3. Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2023, through December 31, 2023.	Leaving Office: Date Left/(Check one circle.)
The period covered is 01 , 01 , 2023 , through December 31, 2023.	The period covered is January 1, 2023, through the date of leaving office.
Assuming Office: Date assumed/	The period covered is/, through the date of leaving office.
Candidate: Date of Election and office soug	pht, if different than Part 1:
4. Schedule Summary (required) ► Total number	or of pages including this cover page: 660
	er or pages including this cover page.
Schedules attached	O D I D D D D D D D D D D D D D D D D D
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)  333 CIVC CENTER  TRA	CY CA 95376
333 CIVC CENTER TRA	EMAIL ADDRESS
	ELEASSIA.DAVIS@CITYOFTRACY.ORG
( 209 ) 229-6062	
herein and in any attached schedules is true and complete. I acknowled	
I certify under penalty of perjury under the laws of the State of Calif	fornia that the foregoing is true and correct.
Date Signed	Signature

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

Investments must be itemized.

Do not attach brokerage or financial statements.

**CALIFORNIA FORM** FAIR POLITICAL PRACTICES COMMISSION

Name

DAVIS, ELEASSIA

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
EDMAVIN MEDIA SOLUTIONS	RAM PROTECTIVE SERVICES
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
CONTENT/MEDIA CONSULTING & MGT	PRIVATE SECURITY
FAIR MARKET VALUE	FAIR MARKET VALUE
<b>\$2,000 - \$10,000 \$10,001 - \$100,000</b>	\$2,000 ~ \$10,000 \$100,000 \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock ■ Other SOLE PROP	NATURE OF INVESTMENT SPOUSE OF OWNER
Stock Other (Describe)	Stock Other (Describe)
Partnership Income Received of \$0 - \$499 ■ Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
EARD MADISTRANIUS	FAIR MARKET VALUE
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other(Describe)
(Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
EAID MADKET VALUE	FAIR MARKET VALUE
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other(Describe)	Stock Other (Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule Company)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ /23 / /23	
ACQUIRED DISPOSED	ACQUIRED DISPOSED

Comments: \_

#### **SCHEDULE A-2**

## Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

Name

DAVIS, ELEASSIA

- 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
ED MAVIN MEDIA SOLUTIONS	RAM PROTECTIVE SERVICES
Name	Name RODNEY DAVIS
ELEASSIA DAVIS	Address (Business Address Acceptable)
Address (Business Address Acceptable) Check one	Check one
Trust, go to 2  Business Entity, complete the box, then go to 2	Trust, go to 2   Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS MEDIA SERVICES	GENERAL DESCRIPTION OF THIS BUSINESS PRIVATE SECURITY
FAIR MARKET VALUE  \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE  \$0 - \$1,999  \$2,000 - \$10,000  \$10,001 - \$1,000,000  Over \$1,000,000
NATURE OF INVESTMENT Partnership Sole Proprietorship Other	NATURE OF INVESTMENT Partnership ■ Sole Proprietorship Other
YOUR BUSINESS POSITION OWNER	YOUR BUSINESS POSITION SPOUSE OF OWNER
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RAT SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RA' SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
\$0 - \$499	\$0 - \$499
➤ 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  CHEST OF HOPE	➤ 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 GOBBLE INC BAY AREA FOOD SERVICE
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST  Check one box:	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST  Check one box:
INVESTMENT REAL PROPERTY N/A	INVESTMENT REAL PROPERTY  N/A
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property  N/A	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property  N/A
Description of Business Activity or City or Other Precise Location 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	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 Over \$1,000,000  NATURE OF INTEREST
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other  Yrs. remaining  Check box if additional schedules reporting investments or real property
Check box if additional schedules reporting investments or real property are attached	are attached

Comments: \_\_\_

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

DAVIS, ELEASSIA

IAME OF SOURCE OF INC	OME	NAME OF SOURCE OF INCOME	
RAM PROTECTIVE S		RELIANCE SECURITY SERVICE	
ADDRESS (Business Address		ADDRESS (Business Address Acceptable)	
1005 E. PESCADERO	· · · · · · · · · · · · · · · · · · ·	6160 N. CICERO AVE CHICAGO IL	
BUSINESS ACTIVITY, IF AN		BUSINESS ACTIVITY, IF ANY, OF SOURCE	
PRIVATE SECURITY		PRIVATE SECURITY	
YOUR BUSINESS POSITION		YOUR BUSINESS POSITION	A
SPOUSE OF OWNER		NONE	
Salary Spouse's or (For self-ent)  Partnership (Less than 10's Schedule A-2.)  Sale of Loan repayment	No Income - Business Position Only \$1,001 - \$10,000 OVER \$100,000 ICH INCOME WAS RECEIVED r registered domestic partner's income inployed use Schedule A-2.) % ownership. For 10% or greater use  (Real property, car, boat, etc.)	GROSS INCOME RECEIVED  \$500 - \$1,000 \$1,001 - \$10,000  \$10,001 - \$100,000 OVER \$100,000  CONSIDERATION FOR WHICH INCOME WAS RECEIV Salary  Spouse's or registered domestic partner (For self-employed use Schedule A-2.)  Partnership (Less than 10% ownership. For 10% or gre Schedule A-2.)  Sale of  (Real property, car, boat, etc.)  Loan repayment  Commission or Rental Income, list each source of	'ED 's income eater use
Commission of Re	intal income, list each source of \$10,000 of more	GOMMINGOIGH GI	
	(Describe)	(Describe)	
Other		(Describe) Other(Describe)	
· 2. LOANS RECEIVED OF	(Describe) R OUTSTANDING DURING THE REPORTING F	Other(Describe)	d as part o
* You are not require a retail installment to members of the regular course of b	(Describe)  R OUTSTANDING DURING THE REPORTING F ed to report loans from a commercial or credit card transaction, made in the public without regard to your official ousiness must be disclosed as follow	Other (Describe)  lending institution, or any indebtedness create e lender's regular course of business on terms status. Personal loans and loans received not	s available in a lende
* You are not require a retail installment to members of the regular course of b	(Describe)  R OUTSTANDING DURING THE REPORTING F ed to report loans from a commercial or credit card transaction, made in the public without regard to your official ousiness must be disclosed as follow	Other (Describe)  lending institution, or any indebtedness create e lender's regular course of business on terms status. Personal loans and loans received not in the status of the status of the status of the status.  INTEREST RATE TERM (Months/Yes)	s available in a lende
* You are not require a retail installment to members of the regular course of b NAME OF LENDER*	R OUTSTANDING DURING THE REPORTING Fed to report loans from a commercial or credit card transaction, made in the public without regard to your official business must be disclosed as followors as Acceptable)	Other	s available in a lende
* You are not require a retail installment to members of the regular course of but name of Lender*  ADDRESS (Business Address	R OUTSTANDING DURING THE REPORTING Fed to report loans from a commercial or credit card transaction, made in the public without regard to your official business must be disclosed as followors as Acceptable)	Other (Describe)  Rendon  Ilending institution, or any indebtedness create e lender's regular course of business on terms status. Personal loans and loans received not is:  INTEREST RATE  Whome  SECURITY FOR LOAN None  Personal residence	s available in a lende
* You are not require a retail installment to members of the regular course of business Address (Business Address BUSINESS ACTIVITY, IF AR	(Describe)  R OUTSTANDING DURING THE REPORTING F ed to report loans from a commercial or credit card transaction, made in the public without regard to your official ousiness must be disclosed as follow as Acceptable)  NY, OF LENDER	Other (Describe)  lending institution, or any indebtedness create e lender's regular course of business on terms status. Personal loans and loans received not s:  INTEREST RATE TERM (Months/Ye)  None  SECURITY FOR LOAN	s available in a lende
* You are not require a retail installment to members of the regular course of but the number of the regular course of but the number of Lender*  ADDRESS (Business Address address activity, if All Highest Balance during the number of the nu	(Describe)  R OUTSTANDING DURING THE REPORTING F ed to report loans from a commercial or credit card transaction, made in the public without regard to your official ousiness must be disclosed as follow as Acceptable)  NY, OF LENDER	Other (Describe)  lending institution, or any indebtedness create e lender's regular course of business on terms status. Personal loans and loans received not s:  INTEREST RATE TERM (Months/Ye)  None  SECURITY FOR LOAN None Personal residence	s available in a lende
* You are not require a retail installment to members of the regular course of business Address (Business Address BUSINESS ACTIVITY, IF AR	(Describe)  R OUTSTANDING DURING THE REPORTING F ed to report loans from a commercial or credit card transaction, made in the public without regard to your official ousiness must be disclosed as follow as Acceptable)  NY, OF LENDER	Other (Describe)  lending institution, or any indebtedness create e lender's regular course of business on terms status. Personal loans and loans received not s:  INTEREST RATE TERM (Months/Ye)  None  SECURITY FOR LOAN None Personal residence	s available in a lende
* You are not require a retail installment to members of the regular course of but the number of the regular course of but the number of Lender*  ADDRESS (Business Address address activity, if All Highest Balance during the number of the nu	(Describe)  R OUTSTANDING DURING THE REPORTING F ed to report loans from a commercial or credit card transaction, made in the public without regard to your official ousiness must be disclosed as follow as Acceptable)  NY, OF LENDER	Other	s available in a lende
* You are not require a retail installment to members of the regular course of business Address  **BUSINESS (Business Address**  **HIGHEST BALANCE DURINGS 1,000	(Describe)  R OUTSTANDING DURING THE REPORTING F ed to report loans from a commercial or credit card transaction, made in the public without regard to your official ousiness must be disclosed as follow as Acceptable)  NY, OF LENDER	Other	s available in a lende

## SCHEDULE D Income – Gifts

▶ NAME OF SOURCE (Not an Acronym) ▶ NAME OF SOURCE (Not an Acronym) TRACY FIRE FIGHTERS ADDRESS (Business Address Acceptable) ADDRESS (Business Address Acceptable) TRACY, CA BUSINESS ACTIVITY, IF ANY, OF SOURCE BUSINESS ACTIVITY, IF ANY, OF SOURCE CHARITABLE NON-GOVERNMENTAL ORG. DESCRIPTION OF GIFT(S) DESCRIPTION OF GIFT(S) DATE (mm/dd/yy) VALUE DATE (mm/dd/yy) VAI.UE CRABFEED TICKET 02 03 23 75 02 03 23 7 CRABFEED TICKET 75 \_\_\_\_/\_\_\_\_\_\_\_\$\_\_\_\_\_\_ ► NAME OF SOURCE (Not an Acronym) ► NAME OF SOURCE (Not an Acronym) CAL LEAGUE OF CITIES SPONSORED BY ENGIE ADDRESS (Business Address Acceptable) ADDRESS (Business Address Acceptable) 1400 K STREET SACRAMENTO CA BUSINESS ACTIVITY, IF ANY, OF SOURCE BUSINESS ACTIVITY, IF ANY, OF SOURCE ADVOCACY FOR CITIES IN CALIFORNIA DESCRIPTION OF GIFT(S) DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) DATE (mm/dd/yy) VALUE 75.00 DINNER 04 13 23 \_/\_\_\_/\_ \$\_\_\_\_\_ ► NAME OF SOURCE (Not an Acronym) ► NAME OF SOURCE (Not an Acronym) TRACY CHAMBER OF COMMERCE ADDRESS (Business Address Acceptable) ADDRESS (Business Address Acceptable) 223 10TH STREET TRACY CA BUSINESS ACTIVITY, IF ANY, OF SOURCE BUSINESS ACTIVITY, IF ANY, OF SOURCE STATE OF THE CITY DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) DESCRIPTION OF GIFT(S) DATE (mm/dd/yy) VALUE 05 31 23 0 TICKET 0.00 \_\_\_\_/\_\_\_\_\_\_\$\_\_\_\_\_\_

Comments: \_\_\_

#### FORM 700 ATTACHMENT (2023)

#### **Additional Positions:**

San Joaquin Council of Governments (Alternate)

Position: Board Member

Date Assumed Office: January 19, 2021

League of California Cities, Central Valley Division Executive Committee

Position: Committee Member

Date Assumed Office: January 18, 2022

Tri-Valley-San Joaquin Valley Regional Rail Authority (Valley Link) - Alternate

Position: Board Member

Appointed as Alternate: January 17, 2023

**Tracy Chamber Governmental Affairs** 

Position: Member

Date Assumed Office: January 18, 2022



# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

# STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) DAVIS ELEASSIA 1. Office, Agency, or Court Agency Name (Do not use acronyms) CITY OF TRACY Division, Board, Department, District, if applicable Your Position COUNCIL MEMBER ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: South San Joaquin County Fire Authority **Board Member** 2. Jurisdiction of Office (Check at least one box) State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) County of San Joaquin County Multi-County City of TRACY 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2022, through Leaving Office: Date Left \_\_\_\_/\_ December 31, 2022. (Check one circle.) -or-The period covered is \_\_\_\_\_/\_\_\_\_, through ☐ The period covered is January 1, 2022, through the date of -or-December 31, 2022. The period covered is \_\_\_ Assuming Office: Date assumed \_\_\_\_\_/\_\_\_\_/\_ the date of leaving office. Candidate: Date of Election and office sought, if different than Part 1: \_\_ 4. Schedule Summary (required) ► Total number of pages including this cover page: Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - 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) 333 CIVIC CENTER TRACY CA 95376 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS (209 ) 2092296062 eleassia.davis@cityoftracy.org 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 02/20/23 Signate (month, day, year)

A Initial Billing Received

# 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
	FAIR POLITICAL PRACTICES COMMISSION
S	Name
	Eleassia Davis

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
edMavin Media Solutions	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Content/Media Consulting & Mgt.	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000   \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
· · · · · · · · · · · · · · · · · · ·	Section 1
NATURE OF INVESTMENT Sole Prop. 1/1/22	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ /22 / /22	/ /22 / /22
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Ram Protective Services	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Private Security	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,000 \$100,000 Over \$1,000,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000       Over \$1,000,000
NATURE OF INVESTMENT  Business inactive thru 12/22	NATURE OF INVESTMENT
Stock Other Other (Describe)	Stock Other (Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000   \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
	1 1
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
Eleassia Davis

► 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
edMavin Media Solutions	Ram Protective Services
Name	Name
1005 E. Pescadero Avenue #167 Tracy, CA. 95304	1005 E. Pescadero Avenue #167 Tracy, CA. 95304
Address (Business Address Acceptable)	Address (Business Address Acceptable) Check one
Check one Trust, go to 2 Business Entity, complete the box, then go to 2	Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Content/Media Consulting & Mgt.	Private Security
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$0 - \$1,999	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Partnership Sole Proprietorship Other	NATURE OF INVESTMENT   Partnership Sole Proprietorship   Inactive 1/22-12/22   Other
YOUR BUSINESS POSITION Owner	YOUR BUSINESS POSITION Part Owner
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000	\$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.)	➤ 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	None or Names listed below
Chest of Hope  • 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST  Check one box:  INVESTMENT  REAL PROPERTY	► 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	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	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000    J_22	\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

Comments: \_

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Eleassia Davis

	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
edMavin Media Solutions	Brosnan Risk Consultants
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1005 E. Pescadero Avenue #167 95304	3307 Watt Ave Unit 3, Sacramento, CA 95821
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Content Consultant	None
GROSS INCOME RECEIVED   No Income - Business Position Only   \$500 - \$1,000   \$1,001 - \$10,000   OVER \$100,000	GROSS INCOME RECEIVED   No Income - Business Position On   \$500 - \$1,000   \$1,001 - \$10,000   OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	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.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
Sale of(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(5)
, ,	(Describe)
Other	Other
,	Other(Describe)
Other	PERIOD  Il lending institution, or any indebtedness created as part of the lender's regular course of business on terms available I status. Personal loans and loans received not in a lender
Other	PERIOD  Il lending institution, or any indebtedness created as part of the lender's regular course of business on terms available I status. Personal loans and loans received not in a lender ws:
Other	PERIOD  Il lending institution, or any indebtedness created as part of the lender's regular course of business on terms available I status. Personal loans and loans received not in a lender vs:  INTEREST RATE  None  None
Other	PERIOD  Il lending institution, or any indebtedness created as part of the lender's regular course of business on terms available I status. Personal loans and loans received not in a lender vs:  INTEREST RATE  TERM (Months/Years)
Other	PERIOD  Il lending institution, or any indebtedness created as part of the lender's regular course of business on terms available I status. Personal loans and loans received not in a lender vs:  INTEREST RATE  Wone  SECURITY FOR LOAN
* You are not required to report loans from a commercia a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER	PERIOD  Il lending institution, or any indebtedness created as part of the lender's regular course of business on terms available I status. Personal loans and loans received not in a lender vs:  INTEREST RATE  Wone  SECURITY FOR LOAN
Other	PERIOD  Il lending institution, or any indebtedness created as part of the lender's regular course of business on terms available I status. Personal loans and loans received not in a lender vs:  INTEREST RATE  TERM (Months/Years)  None  SECURITY FOR LOAN None Personal residence
Other	PERIOD  Il lending institution, or any indebtedness created as part of the lender's regular course of business on terms available I status. Personal loans and loans received not in a lender vs:  INTEREST RATE  TERM (Months/Years)  None  SECURITY FOR LOAN None Personal residence
Other (Describe)  2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING  * You are not required to report loans from a commercia a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follow 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	PERIOD  Il lending institution, or any indebtedness created as part of the lender's regular course of business on terms available I status. Personal loans and loans received not in a lender vs:  INTEREST RATE TERM (Months/Years)  Whone SECURITY FOR LOAN  None Personal residence  Real Property  Street address
Other	Other
* You are not required to report loans from a commercia a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000	Other

# SCHEDULE D Income – Gifts

Eleassia Davis

► NAME OF SOURCE (Not an Acronym) ► NAME OF SOURCE (Not an Acronym) Tracy Fire Fighters Charity ADDRESS (Business Address Acceptable) ADDRESS (Business Address Acceptable) P.O. Box 185 Tracy, CA. 95378-0185 BUSINESS ACTIVITY, IF ANY, OF SOURCE BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 05 | 13 | 22 Crab feed Ticket 65.00 ► NAME OF SOURCE (Not an Acronym) ▶ NAME OF SOURCE (Not an Acronym) ADDRESS (Business Address Acceptable) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) ► NAME OF SOURCE (Not an Acronym) ▶ NAME OF SOURCE (Not an Acronym) ADDRESS (Business Address Acceptable) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) Comments:

## CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

#### STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received Filing Official Use Only

Please type or print in ink. (FIRST) NAME OF FILER (LAST) Eleassia Davis 1. Office, Agency, or Court Agency Name (Do not use acronyms) City of Tracy Your Position Division, Board, Department, District, if applicable Council Member City Council ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: \_ 2. Jurisdiction of Office (Check at least one box) Judge, Retired Judge, Pro Tem Judge, or Court Commissioner State (Statewide Jurisdiction) County of Multi-County ■ City of Tracy Other 3. Type of Statement (Check at least one box) Leaving Office: Date Left \_\_\_\_\_/\_ Annual: The period covered is January 1, 2021, through (Check one circle.) December 31, 2021. -or-The period covered is January 1, 2021, through the date of The period covered is \_\_\_\_/\_\_\_\_, through leaving office. December 31, 2021. The period covered is \_\_\_\_ the date of leaving office. and office sought, if different than Part 1:\_ Candidate: Date of Election \_\_\_\_ 4. Schedule Summary (must complete) ► Total number of pages including this cover page: Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached -or- None - No reportable interests on any schedule 5. Verification ZIP CODE CITY STATE MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) 95377 CA 333 Civic Center Plaza EMAIL ADDRESS DAYTIME TELEPHONE NUMBER eleassia.davis@cityoftracy.org (209) 2296062 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. 03/18/2022 Signatur **Date Signed** (month, day, year)

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

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

Name

Eleassia Davis

<b>&gt;</b>	NAME OF BUSINESS ENTITY	• 1	NAME OF BUSINESS ENTITY
	Ram Protective Services		edMavin Media Solutions
	GENERAL DESCRIPTION OF THIS BUSINESS	1 7	GENERAL DESCRIPTION OF THIS BUSINESS
	Private Security Services		Digital Content/Consulting/Media Marketing & Mgt.
	FAIR MARKET VALUE  \$2,000 - \$10,000  \$100,001 - \$1,000,000  Over \$1,000,000		FAIR MARKET VALUE \$2,000 - \$10,000 \$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT Stock Other Oth		NATURE OF INVESTMENT Stock Other Other  Private Business (1/1/22)  (Describe)  Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
			ACQUIRED J_/21_ DISPOSED
<b>&gt;</b>	NAME OF BUSINESS ENTITY edMavin Mavin Media, LLC.	<b>&gt;</b>	NAME OF BUSINESS ENTITY
	GENERAL DESCRIPTION OF THIS BUSINESS Video Production		GENERAL DESCRIPTION OF THIS BUSINESS
	FAIR MARKET VALUE  \$2,000 - \$10,000		FAIR MARKET VALUE  \$2,000 - \$10,000
	Income Received of \$500 or More (Report on Schedule C)  IF APPLICABLE, LIST DATE:		Income Received of \$500 or More (Report on Schedule C)  IF APPLICABLE, LIST DATE:
<u></u>	NAME OF BUSINESS ENTITY	<b> </b>	NAME OF BUSINESS ENTITY
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
	FAIR MARKET VALUE  \$2,000 - \$10,000		FAIR MARKET VALUE  \$2,000 - \$10,000
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
	/		

Comments: \_

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

Investments must be itemized.

Do not attach brokerage or financial statements.

**CALIFORNIA FORM** FAIR POLITICAL PRACTICES COMMISSION

Name

Eleassia Davis

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Ram Protective Services	edMavin Media Solutions
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Private Security Services	Digital Content/Consulting/Media Marketing & Mgt.
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,000 \$10,000 \$1,000,000	\$2,000 - \$10,000 <b>II</b> \$100,000 <b>II</b> \$100,000 <b>Over</b> \$1,000,000
\$100,001 - \$1,000,000 Over \$1,000,000	turns t
NATURE OF INVESTMENT   Stock	NATURE OF INVESTMENT Private Business (1/1/22)
(Describe)	(Describe)  Partnership Income Received of \$0 - \$499
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report	D 1 of 6000 on Mars (D) of 4 of 600
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
edMavin Mavin Media, LLC.	GENERAL DESCRIPTION OF THIS BUSINESS
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DECORN TION OF THIS BOOMES
Video Production	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	
NATURE OF INVESTMENT Private Business	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report	on Schedule C)  Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , <b>21</b> 12 ,31 , <b>21</b>	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other(Describe)
Partnership Income Received of \$0 - \$499	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
Income Received of \$500 or More (Report	
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED

Comments: \_

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Eleassia Davis

- 1. INCOME RECEIVED	► 1. INCOME RECEIVED	
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME	
Ram Protective Service	edMavin Media, LLC	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
793 S. Tracy Blvd. #345 Tracy CA 95376	1005 E. Pescadero #67 Tracy, CA. 95304	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
Security Services	Video Production	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION	
Part Owner	Owner	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only	
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000	
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000	
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED	
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	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.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	
Sale of	Sale of	
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)	
Loan repayment	Loan repayment	
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more	
(Describe)	(Describe)	
Other	Other Self-employed/Disposed 12/31/21	
(Describe)  ▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P		
a retail installment or credit card transaction, made in the	lending institution, or any indebtedness created as part of ne lender's regular course of business on terms available status. Personal loans and loans received not in a lender's s:	
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)	
N/A	% None	
ADDRESS (Business Address Acceptable)		
	SECURITY FOR LOAN	
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence	
	Real PropertyStreet address	
HIGHEST BALANCE DURING REPORTING PERIOD	-	
\$500 - \$1,000	City	
\$1,001 - \$10,000	Currenter	
\$10,001 - \$100,000	Guarantor	
OVER \$100,000	Other	
E.J 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	(Describe)	
Comments:		

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION			
Name			
	Eleassia Davis		

1. INCOME RECEIVED	➤ 1. INCOME RECEIVED	
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME	
Ram Protective Service	edMavin Media, LLC	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
793 S. Tracy Blvd. #345 Tracy CA 95376	1005 E. Pescadero #67 Tracy, CA. 95304	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
Security Services	Video Production	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION	
Part Owner	Owner	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only	
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000	
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000	
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED	
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	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.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	
Sale of	Sale of	
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)	
Loan repayment	tons and	
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more	
(Describe)	(Describe)	
(Describe)		
(Describe)  Other(Describe)	(Describe)  Other Self-employed/Disposed 12/31/21 (Describe)	
Other(Describe)  2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING	Other Self-employed/Disposed 12/31/21 (Describe)  PERIOD	
Other(Describe)  2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING  * You are not required to report loans from a commercia a retail installment or credit card transaction, made in t	Other Self-employed/Disposed 12/31/21 (Describe)  I lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender's.	
* You are not required to report loans from a commercia a retail installment or credit card transaction, made in to members of the public without regard to your official	Other Self-employed/Disposed 12/31/21  (Describe)  PERIOD  I lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender's	
* You are not required to report loans from a commercia a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER*	Other Self-employed/Disposed 12/31/21 (Describe)  I lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender's:	
Other	Other Self-employed/Disposed 12/31/21 (Describe)  PERIOD  I lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender's:  INTEREST RATE  TERM (Months/Years)  None	
* You are not required to report loans from a commercia a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER*	Other Self-employed/Disposed 12/31/21 (Describe)  PERIOD  I lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender's:  INTEREST RATE  TERM (Months/Years)  None  SECURITY FOR LOAN	
* You are not required to report loans from a commercia a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER*	Other Self-employed/Disposed 12/31/21 (Describe)  PERIOD  I lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender's:  INTEREST RATE  TERM (Months/Years)  None	
* You are not required to report loans from a commercia a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER*  N/A  ADDRESS (Business Address Acceptable)	Other Self-employed/Disposed 12/31/21 (Describe)  PERIOD  I lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender's:  INTEREST RATE  TERM (Months/Years)  None  SECURITY FOR LOAN  None  Personal residence	
* You are not required to report loans from a commercia a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER*  N/A  ADDRESS (Business Address Acceptable)	Other Self-employed/Disposed 12/31/21 (Describe)  PERIOD  I lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender's:  INTEREST RATE  Whone  SECURITY FOR LOAN  Personal residence	
* You are not required to report loans from a commercia a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER*  N/A  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER	Other Self-employed/Disposed 12/31/21 (Describe)  PERIOD  I lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender's:  INTEREST RATE  TERM (Months/Years)  None  SECURITY FOR LOAN  None  Personal residence	
2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING  * You are not required to report loans from a commercia a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER*  N/A  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD	Other Self-employed/Disposed 12/31/21 (Describe)  PERIOD  I lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender status. INTEREST RATE  INTEREST RATE  Whone  SECURITY FOR LOAN  None  Personal residence  Real Property  Street address  City	
* You are not required to report loans from a commercia a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follow  NAME OF LENDER*  N/A  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000	Other Self-employed/Disposed 12/31/21 (Describe)  PERIOD  I lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender's:  INTEREST RATE  Whone  SECURITY FOR LOAN  None  Personal residence  Real Property  Street address	
* You are not required to report loans from a commercia a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER*  N/A  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD	Other Self-employed/Disposed 12/31/21 (Describe)  PERIOD  I lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender's:  INTEREST RATE  TERM (Months/Years)  None  SECURITY FOR LOAN None Personal residence  Real Property  Street address	

# SCHEDULE D Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Eleassia Davis

NAME OF SOURCE (Not an Acr Noresco	ronym)	► NAME OF SOURCE (Not an Acro	onym)
ADDRESS (Business Address Ac 2955 Red Hill Avenue	cceptable)	ADDRESS (Business Address Acc	ceptable)
BUSINESS ACTIVITY, IF ANY, C Energy Solutions	DF SOURCE	BUSINESS ACTIVITY, IF ANY, O	F SOURCE
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)
9 22 21 25.00	Dinner	\$	
9 22 21 48.00	(2) Camelbaks	\$	
/\$		\$	
NAME OF SOURCE (Not an Ac. Y&T Entertainment	ronym)	► NAME OF SOURCE (Not an Acre	onym)
ADDRESS (Business Address Addr		ADDRESS (Business Address Acc	ceptable)
BUSINESS ACTIVITY, IF ANY,		BUSINESS ACTIVITY, IF ANY, C	OF SOURCE
Promotional Company			
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)
11 20 21 118.00	(2) Comedy Tickets	\$	
\$		\$	
\$		\$	
NAME OF SOURCE (Not an Ac	cronym)	► NAME OF SOURCE (Not an Act	ronym)
ADDRESS (Business Address A	cceptable)	ADDRESS (Business Address Ad	cceptable)
BUSINESS ACTIVITY, IF ANY,	OF SOURCE	BUSINESS ACTIVITY, IF ANY, O	OF SOURCE
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S
\$		\$	
\$		\$	
\$		<b>  </b> \$	

# SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Eleassia Davis

NAME OF SOURCE (Not an Acronym) Noresco		► NAME OF SOU	RCE (Not an Acron	ym)
ADDRESS (Business Address Acceptable, 2955 Red Hill Avenue	)	ADDRESS (Bus	iness Address Accep	otable)
BUSINESS ACTIVITY, IF ANY, OF SOU Energy Solutions	RCE	BUSINESS ACT	TIVITY, IF ANY, OF	SOURCE
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/y	y) VALUE	DESCRIPTION OF GIFT(S)
9 22 21 25.00	Dinner		\$	
9 22 21 48.00	(2) Camelbaks		\$	
\$			\$	
NAME OF SOURCE (Not an Acronym) Y&T Entertainment		► NAME OF SOL	JRCE (Not an Acron	nym)
ADDRESS (Business Address Acceptable		ADDRESS (Bus	siness Address Acce	ptable)
BUSINESS ACTIVITY, IF ANY, OF SOL		BUSINESS AC	TIVITY, IF ANY, OF	SOURCE
Promotional Company				101 May 200 - 10
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/y	y) VALUE	DESCRIPTION OF GIFT(S)
11 20 21 118.00	(2) Comedy Tickets		\$	
\$			\$	
\$			\$	
NAME OF SOURCE (Not an Acronym)		► NAME OF SO	URCE (Not an Acroi	nym)
ADDRESS (Business Address Acceptabl	e)	ADDRESS (Bu	siness Address Acce	eptable)
BUSINESS ACTIVITY, IF ANY, OF SOL	JRCE	BUSINESS AC	TIVITY, IF ANY, OF	SOURCE
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/	yy) VALUE	DESCRIPTION OF GIFT(S)
\$			\$	
\$				enter the second
\$			\$	
Comments:				

## CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

#### STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received Filing Official Use Only

#### **COVER PAGE**

A PUBLIC DOCUMENT

Filed Date: 01/15/2021 07:25 PM SAN: FPPC

Please type or print in ink.	A PUB	LIC DOCUMENT	OAK. ITTO
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Davis	Eleassia		
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
City of Tracy			
Division, Board, Department, District, if applicable		Your Position	
· 		City Council Men	nber
▶ 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		☐ Judge, Retired Judge (Statewide Jurisdiction	e, Pro Tem Judge, or Court Commissioner n)
Multi-County		County of	
☐ City of Tracy		<u> </u>	
,			
3. Type of Statement (Check at least one box	<b>k</b> )		
Annual: The period covered is January 1, 201 December 31, 2019.	9, through	Leaving Office: Da	ate Left/ (Check one circle.)
The period covered is//. December 31, 2019.	, through	<ul><li>The period cover leaving office.</li></ul>	red is January 1, 2019, through the date of
★ Assuming Office: Date assumed 12 15	2020		red is/, through ng office.
Candidate: Date of Election	and office sought,	if different than Part 1:	
4. Schedule Summary (must complete)	► Total number	of pages including this	cover page:4
Schedules attached			. •
<ul> <li>Schedule A-1 - Investments – schedule atta</li> <li>Schedule A-2 - Investments – schedule atta</li> <li>Schedule B - Real Property – schedule atta</li> <li>-Or- ☐ None - No reportable interests on</li> </ul>	ched	Schedule D - Income – Gifts	s, & Business Positions – schedule attached s – schedule attached s – Travel Payments – schedule attached
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY		STATE ZIP CODE
333 Civic Center Plz	Tracy		CA 95376-4062
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
( 209 ) 831-6105			
I have used all reasonable diligence in preparing this herein and in any attached schedules is true and co			pest of my knowledge the information contained
I certify under penalty of perjury under the laws	of the State of Californ	nia that the foregoing is true	and correct.
Date Signed 01/15/2021 07:25 PM	Si	ignatureEl	lectronic Submission
(month day year)			v signed pager statement with your filing official \

## 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 FAIR POLITICAL PRACTICES COMMISSION
Name
Eleassia Davis

<b>&gt;</b>	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY	
	Ram Protective Services		_
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS	
	Security Services		_
	FAIR MARKET VALUE	FAIR MARKET VALUE	•
		\$2,000 - \$10,000 \$10,001 - \$100,000	
	\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000	
	NATURE OF INVESTMENT	NATURE OF INVESTMENT	
	Stock Other	II ☐ Stock ☐ Other	
	(Describe)    X   Partnership   Income   Received of \$0 - \$499	(Describe)	
	S 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 Sch	edule C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:	
	ACCURRED BIODOSED	——————————————————————————————————————	
_	ACQUIRED DISPOSED	ACQUIRED DISPOSED	
<b>&gt;</b>	NAME OF BUSINESS ENTITY ED Mavin LLC	NAME OF BUSINESS ENTITY	
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS	•
	News/Media Marketing		
	FAIR MARKET VALUE	FAID MADIZET VALUE	•
	\$10,001 - \$100,000   \$10,001 - \$100,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000	
	\$100,001 - \$1,000,000 Sq. Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000	
	NATURE OF INVESTMENT	NATURE OF INVESTMENT	
	Stock Other (Describe)	Stock Other (Describe)	-
	Partnership (*) 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 Sch	edule C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:	
	ACQUIRED DISPOSED .	ACQUIRED DISPOSED	
<u>&gt;</u>	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY	
	Planted Roots LLC		
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS	
	Herbal/Alternative Health		-
	FAIR MARKET VALUE	FAIR MARKET VALUE	
	<b>■</b> \$2,000 - \$10,000 <b>■</b> \$10,001 - \$100,000	\$2,000 - \$10,000	
	S 100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000	
	NATURE OF INVESTMENT	NATURE OF INVESTMENT	
	Stock Other(Describe)	Stock Other(Describe)	_
		Partnership O Income Received of \$0 - \$499	
	O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Sch	edule C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:	
	ACQUIRED DISPOSED	ACQUIRED DISPOSED	
		11	
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# SCHEDULE A-2 ovestments, Income, and Ass

# Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Eleassia Davis

▶ 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST	
Ram Protective Services	ED Mavin LLC	
Name	Name	
5637 N. Pershing Avenue Suite B. Stockton, CA.	793 S. Tracy Blvd. #345 Tracy CA 95376	
Address (Business Address Acceptable)	Address (Business Address Acceptable) Check one	
Check one ☐ Trust, go to 2 ☑ Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ☑ Business Entity, complete the box, then go to 2	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS	
Security Services	News/Media Marketing	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$0 - \$1,999  \$2,000 - \$10,000  \$10,001 - \$100,000  \$310,001 - \$1,000,000  Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:    \$0 - \$1,999	
NATURE OF INVESTMENT  ☐ Partnership ☐ Sole Proprietorship ☑ Joint Owner w/Spouse Other	NATURE OF INVESTMENT  ☐ Partnership ☑ Sole Proprietorship ☐ Other	
YOUR BUSINESS POSITION Contracts Management	YOUR BUSINESS POSITION Writer/Producer	
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	
\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 \$\times\$ 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.)   None or Names listed below	
▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST  Check one box:	
☐ INVESTMENT	☐ INVESTMENT ☐ REAL PROPERTY	
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property 5637 N. Pershing Avenue B6 Stockton CA	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000   \$10,001 - \$100,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$2,000 - \$10,000  \$10,001 - \$100,000  \$100,001 - \$1,000,000  Over \$1,000,000  NATURE OF INTEREST	
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership	
Leasehold I Other Other	Leasehold Other Other	
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached	

Comments:\_

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Eleassia Davis

▶ 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Ram Protective Services	ED Mavin LLC
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
5637 N. Pershing Avenue #B6 Stockton CA 95207	793 S. Tracy Blvd. #345 Tracy CA 95376
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Security Services	News/Media Marketing
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Joint Owner w/Spouse	Writer/Producer
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED   X  No Income - Business Position Only
S500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
☐ \$10,001 - \$100,000 🗵 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	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.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)  Loan repayment	(Real property, car, boat, etc.)
	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
S Other Business Revenue	Other
(Describe)	(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P	ERIOD
a retail installment or credit card transaction, made in th	lending institution, or any indebtedness created as part of ne lender's regular course of business on terms available to itus. Personal loans and loans received not in a lender's s:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	%
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	☐ None ☐ Personal residence
	☐ Beat Brazadiu
HIGHEST BALANCE DURING REPORTING PERIOD	Real PropertyStreet address
\$500 - \$1,000	
\$1,001 - \$10,000	City
\$10,001 - \$100,000	Guarantor
OVER \$100,000	
OVER \$100,000	Other(Describe)
No loans Non applicable	(Second)
Comments: No loans. Non-applicable	

# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

#### STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received

COVER PAGE CLERK'S DEPEN

A PUBLIC DOGUMENT 27 AM ID: OF Please type or print in ink. (MIDDLE) (FIRST) NAME OF FILER (LAST) CIVA 1. Office, Agency, or Court Agency Name (Do not use acronyms) CANDIDATE - City Council OF Division, Board, Department, District, if applicable ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) 2. Jurisdiction of Office (Check at least one box) Judge, Retired Judge, Pro Tem Judge, or Court Commissioner ☐ State (Statewide Jurisdiction) County of \_\_\_\_ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2019, through Leaving Office: Date Left \_\_\_\_/\_\_ (Check one circle.) December 31, 2019. -or-O The period covered is January 1, 2019, through the date of The period covered is: -or-December 31, 2019. O The period covered is \_\_ Assuming Office: Date assumed. the date of leaving office. Candidate: Date of Election 11/3/202 Oand office sought, if different than Part 1: \_ Schedule Summary (must complete) > Total number of pages including this cover page: \_ Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached or- 
 \[
 \] None - No reportable interests on any schedule Verification ZIP CODE CITY STATE MAILING ADDRESS STREET ess Recommended - Public Document) DAYTIME TELEPHONE NUMBER 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 (File the originally signed paper statement with your filing official.)

## Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

FAIR POLITICAL PRACTICES COMMISSION Name DAVIS ELEASSIA

CALIFORNIA FORM

Do not attach brokerage or financial statements. NAME OF BUSINESS ENTITY ▶ NAME OF BUSINESS ENTITY RAM PROTECTIVE SERVICES
GENERAL DESCRIPTION OF THIS BUSINESS GENERAL DESCRIPTION OF THIS BUSINESS Security Services FAIR MARKET VALUE FAIR MARKET VALUE **\$10,001 - \$100,000** \$10,001 ~ \$100,000 \$2,000 - \$10,000 \$2,000 - \$10,000 Over \$1,000,000 \$100,001 - \$1,000,000 Over \$1,000,000 \$100,001 - \$1,000,000 NATURE OF INVESTMENT BUSINESS NATURE OF INVESTMENT Stock Other \_ Partnership O Income Received of \$0 - \$499 Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C) O Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: IF APPLICABLE, LIST DATE: / / 19 / 19 ACQUIRED DISPOSED NAME OF BUSINESS ENTITY NAME OF BUSINESS ENTITY GENERAL DESCRIPTION OF THIS BUSINESS MEDIA Conoul FAIR MARKET VALUE FAIR MARKET VALUE under \$2,000 - \$10,000 **\$10,001 - \$100,000** \$2,000 - \$10,000 **\$10,001 - \$100,000** \$100,001 - \$1,000,000 Over \$1,000,000 \$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INVESTMENT Small business NATURE OF INVESTMENT Stock Other ... Partnership • Income Received of \$0 - \$499 Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C) O Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: IF APPLICABLE, LIST DATE: /\_\_/<u>19</u> DISPOSED / 19 <u>/\_19</u>\_ ACQUIRED ACQUIRED NAME OF BUSINESS ENTITY NAME OF BUSINESS ENTITY GENERAL DESCRIPTION OF THIS BUSINESS GENERAL DESCRIPTION OF THIS BUSINESS FAIR MARKET VALUE FAIR MARKET VALUE \$2,000 - \$10,000 **\$10,001 - \$100,000** \$2,000 - \$10,000 \$10,001 - \$100,000 Over \$1,000,000 Over \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 NATURE OF INVESTMENT NATURE OF INVESTMENT Stock Stock Other \_ Other ... (Describe) Partnership O Income Received of \$0 - \$499 Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C) O Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: IF APPLICABLE, LIST DATE: ACQUIRED

Comments: \_

### SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM FAIR POLITICAL PRACTICES	700 COMMISSION
Name	
DAVIS, ELE	AIZZA

▶ 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
RAM PROTECTIVE SERVICES	ED MANIN MEDIA LLC
Name 5637 Pershing Harshare Stockton Address (Business Address Acceptable)	Name 1935. Tray Blvd. #345 Tracy Address (Business Address Add
Check one	Check one
☐ Trust, go to 2 ☑ Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
Private Security Business	GENERAL DESCRIPTION OF THIS BUSINESS MEDIA GROUP
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	\$2,000 - \$10,000
NATURE OF INVESTMENT  Partnership Sole Proprietorship Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION Co-owner	YOUR BUSINESS POSITION DINNEY
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 \$0VER \$100,000 \$1,001 - \$10,000	\$0 - \$499
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF  P-COME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
None or Names listed below	None or Names listed below
CA Urgent Core Centers LCC	
SWAIN PARTNERS LLC	
Polant spress Marine LC	
▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST  Check one box:	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY .
Name of Business Entity, if Investment, or A Assessor's Parcel Number or Street Address of 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 Frontier	Description of Business Activity or City or Other Precise Location of Real Froperty
FAIR MARKET VALUE  \$2,000 - \$10,000  \$10,001 - \$100,000  \$100,001 - \$1,000,000  Over \$1,000,000	FAIR MARKET VALUE  \$2,000 - \$10,000  \$10,001 - \$100,000  \$100,001 - \$1,000,000  Over \$1,000,000
NATURE OF INTEREST  Property Ownership/Deed of Trust  Stock  Partnership	NATURE OF INTEREST  Property Ownership/Deed of Trust  Stock  Partnership
Leasehold Yrs. remaining Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

Comments:\_

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
DAVIS, ELEASSIA

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME RAM Protective Services	NAME OF SOURCE OF INCOME ED MAUJN MEDIA LU
ADDRESS (Business Address Acceptable) 5637 N. Rushing Blo Stocton	ADDRESS (Business Address Acceptable) 793 5. Thacy BWd, #345 Trace
BUSINESS ACTIVITY, IF ANY, OF SOURCE Private Security	BUSINESS ACTIVITY, IF ANY, OF SOURCE  Media/Promotions
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION  OLD WEY
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
S10,601 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED  Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	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.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of (Real property car, boat, etc.)	Sale of (Real property cer, boat, etc.)
Loan repayment  Commission or Rental Income list each source of \$10,000 or more	Loan repayment  Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other	Other (Describe)
➤ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING	PERIOD
a retail installment or credit card transaction, made in	al lending institution, or any indebtedness created as part of the lender's regular course of business on terms available to tatus. Personal loans and loans received not in a lender's ws:
NAME OF LENDER*	NTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	Nome Personal residence
HIGHEST BALANCE DURING REPORTING PERIOD	Regin Property
\$500 - \$1,000	
\$1,001 - \$10,000	CHy
\$10,001 - \$100,000	Guarantor
OVER \$100,000	Other(Describe)
Comments:	