

B R E A K I N G	Date Initial/Filing Received Official Use Only
	FEB - 9 2016
(MIDDLE) CITY CLERK'S OFFICE CITY OF BENICIA	

Please type or print in ink.

NAME OF FILER (LAST) Patterson	(FIRST) Elizabeth
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**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
 City of Benicia

Division, Board, Department, District, if applicable  
 Council

Your Position  
 Mayor

► 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)**

<input type="checkbox"/> State	<input type="checkbox"/> Judge or Court Commissioner (Statewide Jurisdiction)
<input type="checkbox"/> Multi-County _____	<input type="checkbox"/> County of _____
<input checked="" type="checkbox"/> City of Benicia	<input type="checkbox"/> Other _____

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

<input checked="" type="checkbox"/> <b>Annual:</b> The period covered is January 1, 2015, through December 31, 2015. -or- The period covered is 12 / 16 / 2014, through December 31, 2015.	<input type="checkbox"/> <b>Leaving Office:</b> Date Left ____/____/____ (Check one) <input type="radio"/> The period covered is January 1, 2015, through the date of leaving office. -or- <input type="radio"/> The period covered is ____/____/____, through the date of leaving office.
<input type="checkbox"/> <b>Assuming Office:</b> Date assumed ____/____/____	
<input type="checkbox"/> <b>Candidate:</b> Election year _____ and office sought, if different than Part 1: _____	

**4. Schedule Summary (must complete) ► Total number of pages including this cover page: 1**

**Schedules attached**

<input type="checkbox"/> <b>Schedule A-1 - Investments</b> – schedule attached	<input type="checkbox"/> <b>Schedule C - Income, Loans, &amp; Business Positions</b> – schedule attached
<input type="checkbox"/> <b>Schedule A-2 - Investments</b> – schedule attached	<input type="checkbox"/> <b>Schedule D - Income – Gifts</b> – schedule attached
<input type="checkbox"/> <b>Schedule B - Real Property</b> – schedule attached	<input type="checkbox"/> <b>Schedule E - Income – Gifts – Travel Payments</b> – schedule attached

-or-  
 **None - No reportable interests on any schedule**

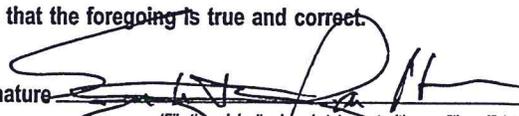
**5. Verification**

MAILING ADDRESS (Business or Agency Address Recommended - Public Document)	STREET	CITY	STATE	ZIP CODE
250 East L Street	Benicia	CA	94510	
DAYTIME TELEPHONE NUMBER ( 707 ) 746-5668	E-MAIL ADDRESS elopato@comcast.net			

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 2/9/16  
 (month, day, year)

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