

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
City Clerk's Office

AUG 07 2024

City of Livermore

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Wang Kristie Hsien-roo

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Livermore

Division, Board, Department, District, if applicable

District 4

Your Position

Candidate for City Council

► 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, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County

☐ County of

☒ City of Livermore

☐ Other

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.)

-or-

The period covered is / / , through
December 31, 2023.

☐ The period covered is January 1, 2023, 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 11/5/2024 and office sought, if different than Part 1:

4. Schedule Summary (required)

► Total number of pages including this cover page: 2

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)

1052 S. Livermore Avenue

Livermore

CA

94550

DAYTIME TELEPHONE NUMBER

(925) 960-4200

EMAIL ADDRESS

cityclerk@cityoflivermore.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 8/6/2024
(month, day, year)

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

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Kristie Wang</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)
Asian Pacific American Leadership Foundation APALF

ADDRESS (Business Address Acceptable)
3183 Wilshire Blvd., #196N

CITY AND STATE
Los Angeles, CA

☒ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
prepare and equip AAPI leaders for public service

DATE(S): 11/16/23 - 11/17/23 AMT: \$ 686.67
(If gift)

▶ MUST CHECK ONE: ☒ Gift -or- ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description hotel and meals for conference

▶ If Gift, Provide Travel Destination San Francisco, CA

▶ NAME OF SOURCE (Not an Acronym)
Asian Pacific American Leadership Foundation APALF

ADDRESS (Business Address Acceptable)
3183 Wilshire Blvd., #196N

CITY AND STATE
Los Angeles, CA

☒ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
prepare and equip AAPI leaders for public service

DATE(S): 6/19/24 - 6/21/24 AMT: \$ 190
(If gift)

▶ MUST CHECK ONE: ☒ Gift -or- ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description meals for conference
(2 breakfasts, 2 lunches, 1 dinner)

▶ If Gift, Provide Travel Destination Las Vegas, NV

▶ NAME OF SOURCE (Not an Acronym)
NorCal National Electrical Contractors Association

ADDRESS (Business Address Acceptable)
7041 Koll Center Parkway, Suite 100

CITY AND STATE
Pleasanton, CA

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
union

DATE(S): 11/30/23 - 11/30/23 AMT: \$ 296.46
(If gift)

▶ MUST CHECK ONE: ☒ Gift -or- ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description dinner

▶ If Gift, Provide Travel Destination San Francisco, CA

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): / / - / / AMT: \$
(If gift)

▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

▶ If Gift, Provide Travel Destination

Comments: _____