

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 NORTON DENNIS RICHARD

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
 CITY OF CAPITOLA
 Division, Board, Department, District, if applicable
 CITY COUNCIL
 Your Position
 COUNCIL MEMBER

COPY

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

Agency: _____ Position: _____

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

- State
- Multi-County _____
- City of CAPITOLA
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of SANTA CRUZ
- Other SANTA CRUZ & MONTEREY COUNTIES

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

- Annual: The period covered is January 1, 2015, through December 31, 2015.
 -or-
 The period covered is ____/____/____, through December 31, 2015.
- Assuming Office: Date assumed ____/____/____
- Candidate: Election year _____ and office sought, if different than Part 1: _____
- Leaving Office: Date Left ____/____/____
 (Check one)
 The period covered is January 1, 2015, through the date of leaving office.
 -or-
 The period covered is ____/____/____, through the date of leaving office.

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

Schedules attached

- Schedule A-1 - Investments – schedule attached
- Schedule A-2 - Investments – schedule attached
- Schedule B - Real Property – schedule attached
- Schedule C - Income, Loans, & Business Positions – schedule attached
- Schedule D - Income – Gifts – schedule attached
- Schedule E - Income – Gifts – Travel Payments – schedule attached

-or-
 None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)
 712 C. CAPITOLA AVENUE CAPITOLA CA 95010
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
 (831) 476-2626 dnortondesigns@msn.com

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 _____ Signature _____
 (month, day, year) (File the originally signed statement with your filing official.)

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trust

FPPC FORM 700

Dennis Norton

Dennis Norton Designs
712 C. Capitola Avenue
Capitola, CA 95010

3. LIST OF NAMES OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE

Papken Der Torrosian
Trent West
Randall French
Ginger Fortier
Alex Ingrahm
Pat Kears
Jill Wool/Schlichtman