

STATE OF OREGON



2008

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OREGON GOVERNMENT
ETHICS COMMISSION

ANNUAL VERIFIED STATEMENT OF ECONOMIC INTEREST

[INFORMATION FOR THE CALENDAR YEAR 2007]

INSTRUCTIONS: Please read carefully!!

1. Pursuant to ORS 244.050, you **MUST** file this statement with the Oregon Government Ethics Commission (OGEC) if you will hold office on April 15, 2008. This applies even if you did not hold office during the calendar year 2007.
2. The information you report must reflect the economic interests you held at **any time during the calendar year January 1, 2007 through December 31, 2007.**
3. You may use and attach additional sheets if necessary to provide complete information.
4. Do not leave any sections blank. Please indicate "N/A" if the requested information does not apply to you.
5. Please provide your daytime telephone number in the space provided on page 5.
6. Please sign and date this statement at the bottom of page 5.
7. **PLEASE MAKE A COPY OF THE COMPLETED FORM AND RETAIN IT FOR YOUR OWN RECORDS.** Although there is no requirement that you do so, you may want to consider returning your completed Statement of Economic Interest to the OGEC by certified mail. Items sometimes become lost in the mail and certified mail receipts will assure that you will not be penalized if your statement is not received by the OGEC.
8. Please return this form to the Oregon Government Ethics Commission as soon as possible. **It must be postmarked no later than Tuesday, April 15, 2008.** Please contact the OGEC at 503-378-5105 if you have questions.

NOTE: Failure to complete and file this form by the final date for filing may subject you to an automatic civil penalty of \$10.00 for each of the first 14 days the statement is late and \$50.00 for each day thereafter, up to a maximum of \$5,000. [ORS 244.350(4)(c)]. Additional sanctions may also apply [ORS 244.380].

**ROBERT GULLEN
LAFAYETTE COUNCIL**

**PO BOX 607
LAFAYETTE OR 97127-0607**

Name Cullen Bob
 Last First

DEFINITIONS

Please use the following definitions to assist you when completing the form:

1. **"Business"** means any corporation, partnership, proprietorship, firm, enterprise, franchise, association, organization, self-employed individual and any other legal entity operated for economic gain. This does not include income-producing not-for-profit corporations that are tax-exempt under section 501(c) of the Internal Revenue Code with which a public official or relative of a public official is associated in a non-compensated capacity.
2. **"Income"** means income of any nature derived from any source, including but not limited to any salary, wage, advance, payment, dividend, interest, rent, honorarium, return of capital, forgiveness of indebtedness, retirement income, real estate transactions, inheritance income, or anything of economic value received as income including income from government sources (i.e., social security, your public salary, etc.),
3. **"Legislative or Administrative Interest"** means an economic interest, distinct from that of the general public, in one or more bills, resolutions, regulations, proposals or other matters subject to the action or vote of the public official.
4. **"Relative"** means the spouse or domestic partner of the public official; any children, siblings, spouses of siblings or parents of the public official or of the public official's spouse; any individual for whom the public official has a legal support obligation; or an individual for whom the public official provides benefits arising from the public official's public employment or from whom the public official receives benefits arising from that individual's employment.
5. **"Person"** means, for purposes of this form, (a) the public official or candidate required to file a Statement of Economic Interest and (b) an individual, corporation, partnership, joint venture, and any other similar organization or association.
6. **"Member of Household"** means any person who resides with the public official.
7. **"Honoraria"** means a payment or something of economic value given to a public official in exchange for services, upon which custom or propriety prevents the setting of a price. Services include, but are not limited to, speeches or other services connected with an event where the public official appears in an official capacity.

1. **BUSINESS OFFICE OR DIRECTORSHIP; BUSINESS NAME**

A. If you or a member of your household were an officer or director of a business (see definition of "business" above) during **2007**, please indicate the following:

	<u>Business Name</u>	<u>Business Address</u>	<u>Description of Business</u>	<u>Title of Office</u>	<u>Held By Whom</u>
1.	/	/	/	/	/
2.	/	/	/	/	/
3.	/	/	/	/	/

B. Please list the names under which you or members of your household did business (see definition of "business" above) during **2007**:

	<u>Business Name</u>	<u>Business Address</u>	<u>Description of Business</u>	<u>Held By Whom</u>
1.	/	/	/	/
2.	/	/	/	/
3.	/	/	/	/

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Name Cullin Bob
Last First

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2. **SOURCES OF INCOME:** (Be specific as to identification and description of each source.)

Identify the five most significant sources of income received by you or a member of your household during the 2007 calendar year. (See definition of "Income" on page 2)

<u>Name of Source</u>	<u>Address of Source</u>	<u>Description of Source</u>	<u>Household Member Who Received</u>
1. <u>HOP</u>	<u>100 NE 16th Blvd 97232</u>	<u>Payroll</u>	<u>Bob Cullin</u>
2. <u>Calamity James</u>	<u>Ovando 97115</u>	<u>"</u>	<u>Shanna Cullin</u>
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

3. **MEMBERS OF HOUSEHOLD:** List the name of each member of the household who is 18 years of age or older. (See definition of "member of household" on page 2.)

- | | |
|-------------------------|----------|
| 1. <u>Bob Cullin</u> | 5. _____ |
| 2. <u>Shanna Cullin</u> | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

4. **RELATIVES:** List the name of each relative who is 18 years of age or older who is not a member of the household. (See definition of "relative" on page 2.)

- | | |
|-----------------------------|--------------|
| 1. <u>/</u> | 6. <u>/</u> |
| 2. <u>/</u> | 7. <u>/</u> |
| 3. <u>/</u> | 8. <u>/</u> |
| 4. <u>/</u> | 9. <u>/</u> |
| 5. <u>Stephen D. Cullin</u> | 10. <u>/</u> |

5. **REAL PROPERTY:** List all real property (residential, commercial, vacant land, etc.) in which, during 2007, you or a member of your household had any ownership interest, any option to purchase or sell, or any other right of any kind in real property, including a land sales contract, **located within the geographical boundaries of the public entity you serve.** [Boundaries for filers from state agencies, boards, commissions or institutions would be the state borders.] Describe in general terms, i.e., size, location, boundary and use designation.) You are not required to list your principal residence.

<u>Description</u>	<u>Address</u>
1. <u>474 Monroe St Lafayette Ca</u>	<u>97127</u>
2. _____	_____
3. _____	_____

2. **SOURCES OF INCOME:** (Be specific as to identification and description of each source.)

Identify the five most significant sources of income received by you or a member of your household during the 2007 calendar year. (See definition of "income" on page 2)

<u>Name of Source</u>	<u>Address of Source</u>	<u>Description of Source</u>	<u>Household Member Who Received</u>
1. <u>HOP</u>	<u>100 NE 16th AVE 97232</u>	<u>Payroll</u>	<u>Bob Cullen</u>
2. <u>Calamity James</u>	<u>Ovonda 97115</u>	<u>"</u>	<u>Shanna Cullen</u>
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

3. **MEMBERS OF HOUSEHOLD:** List the name of each member of the household who is 18 years of age or older. (See definition of "member of household" on page 2.)

- | | |
|-------------------------|----------|
| 1. <u>Bob Cullen</u> | 5. _____ |
| 2. <u>Shanna Cullen</u> | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

4. **RELATIVES:** List the name of each relative who is 18 years of age or older who is not a member of the household. (See definition of "relative" on page 2.)

- | | |
|-------------|--------------|
| 1. <u>/</u> | 6. <u>/</u> |
| 2. <u>/</u> | 7. <u>/</u> |
| 3. <u>/</u> | 8. <u>/</u> |
| 4. <u>/</u> | 9. <u>/</u> |
| 5. <u>/</u> | 10. <u>/</u> |

5. **REAL PROPERTY:** List all real property (residential, commercial, vacant land, etc.) in which, during 2007, you or a member of your household had any ownership interest, any option to purchase or sell, or any other right of any kind in real property, including a land sales contract, **located within the geographical boundaries of the public entity you serve.** [Boundaries for filers from state agencies, boards, commissions or institutions would be the state borders.] Describe in general terms, i.e., size, location, boundary and use designation.) You are not required to list your principal residence.

<u>Description</u>	<u>Address</u>
1. <u>474 Monroe St Lafayette CA</u>	<u>97127</u>
2. _____	_____
3. _____	_____

Name Cullen Boyd
Last First

6. **SHARED BUSINESS WITH LOBBYIST:** List the name of any compensated lobbyist who was associated with a business with which you or a member of your household was also associated during 2007 (Note: Owning stock in a publicly traded company in which the lobbyist also owns stock is not a relationship that requires disclosure.)

<u>Name of Lobbyist</u>	<u>Name of Business</u>	<u>Type of Business</u>
1. /	/	/
2. /	/	/
3. /	/	/

7. **VALUE OF OFFICE RELATED EVENT:** If during 2007, you participated in any event bearing a relationship to your office and you appeared in your official capacity and the aggregate value of food, lodging and travel provided to you exceeded \$157, list the event: (Note: Do not list if the expenses were reimbursed by your public employer.)

<u>Name of Event</u>	<u>Date of Event</u>	<u>Name and Address of Organization That Paid Expenses</u>	<u>Amount/Value of Expenses</u>
1. /	/	/	/
2. /	/	/	/
3. /	/	/	/

8. **HONORARIA:** If you received honoraria (see definition of "honoraria" on page 2) of more than \$50 during 2007, please list all such honoraria:

<u>Received from</u>	<u>Address</u>	<u>Description of Appearance or Service</u>
1. /	/	/
2. /	/	/
3. /	/	/

PLEASE NOTE – Do NOT answer items 9, 10 and 11 on the next page if the information requested does NOT involve:

- A. An individual or business that did business with, or reasonably could be expected to do business with the public body you serve or over which you have authority; or
- B. An individual or business with a legislative or administrative interest (see definitions, p. 2) in the public body you serve or over which you have authority.

Name Miller Bob
Last First

(Please refer to the instructions in the box at the bottom of page 4.)

9. **DEBT OF \$1,000 OR MORE:** If you or a member of your household owed a debt of \$1,000 or more to a person (see definition of "person" on page 2) during 2007, list: (Note: Do not list loans from state or federally regulated financial institutions (banks, etc.) or retail credit accounts and do not list the amounts owed.)

Name of Creditor	Date of Loan	Interest Rate of Loan
1. /	/	/
2. /	/	/
3. /	/	/

(Please refer to instructions in the box at the bottom of page 4.)

10. **BUSINESS INVESTMENT OF MORE THAN \$1,000:** If you or a member of your household had a personal, beneficial interest or investment in a business (see definition of "business" on page 2) of more than \$1,000 during 2007, list: (Note: **DO NOT** list the amount of the investment. **DO NOT** list individual items in a mutual fund or blind trust, or a time or demand deposit in a financial institution, shares in a credit union, or the cash surrender value of life insurance.)

Business Name	Address	Description of Business
1. /	/	/
2. /	/	/
3. /	/	/

(Please refer to instructions in the box at the bottom of page 4.)

11. **SERVICE FEE OF MORE THAN \$1,000:** List each person (see definitions, page 2) for whom you performed a service for a fee of more than \$1,000 in 2007. (Note: **DO NOT** list fees if you are prohibited from doing so by law or a professional code of ethics.)

Name
1. /
2. /
3. /

12. **VERIFICATION** Under penalties for false swearing/false affirmation, I declare that the information submitted in this document is, to the best of my knowledge and belief, true, accurate and complete.

Bob Miller (Signature) 5-6-08 (Date)
503-864-4942 (Daytime Telephone Number)

Return form to:

Oregon Government Ethics Commission
3218 Pringle Rd. SE, Suite 220
Salem, OR 97302-1544

Telephone: 503-378-5105