

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT

Filed Date: 01/22/2024 01:29 PM  
SAN: FPPC

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Lauritsen William Emil

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Lincoln

Division, Board, Department, District, if applicable

Your Position

City Council Member

► 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 Lincoln  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.
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_  -or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through 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: 5

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)  
600 Sixth Street Lincoln CA 95648  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 916 ) 434-2490 william.lauritsen@lincolnca.gov

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 01/22/2024 01:29 PM Signature William Emil Lauritsen  
(month, day, year) (File the originally signed paper statement with your filing official.)

# SCHEDULE A-1 Investments

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

Name  
**William Lauritsen**

*Investments must be itemized.  
Do not attach brokerage or financial statements.*

▶ NAME OF BUSINESS ENTITY  
American Express

GENERAL DESCRIPTION OF THIS BUSINESS  
Investments/Credit

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
     Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/23      \_\_\_\_\_/\_\_\_\_\_/23  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Starbucks

GENERAL DESCRIPTION OF THIS BUSINESS  
Coffee

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
     Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/23      \_\_\_\_\_/\_\_\_\_\_/23  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Ameriprise

GENERAL DESCRIPTION OF THIS BUSINESS  
Insurance/Investments

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
     Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/23      \_\_\_\_\_/\_\_\_\_\_/23  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
     Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/23      \_\_\_\_\_/\_\_\_\_\_/23  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Apple

GENERAL DESCRIPTION OF THIS BUSINESS  
Computers

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
     Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/23      \_\_\_\_\_/\_\_\_\_\_/23  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
     Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/23      \_\_\_\_\_/\_\_\_\_\_/23  
 ACQUIRED                      DISPOSED

Comments: \_\_\_\_\_

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
(Other than Gifts and Travel Payments)

1. INCOME RECEIVED		1. INCOME RECEIVED	
NAME OF SOURCE OF INCOME <u>American Express</u>		NAME OF SOURCE OF INCOME <u>Ameriprise</u>	
ADDRESS (Business Address Acceptable) <u>200 Vesey Street, New York, NY 10285</u>		ADDRESS (Business Address Acceptable) <u>1099 Ameriprise Financial Center, MN 55474</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Investment/Credit</u>		BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Insurance/Investments</u>	
YOUR BUSINESS POSITION <u>Shareholder</u>		YOUR BUSINESS POSITION <u>Shareholder</u>	
GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only		GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only	
<input checked="" type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000		<input checked="" type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	
<input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000		<input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	
CONSIDERATION FOR WHICH INCOME WAS RECEIVED		CONSIDERATION FOR WHICH INCOME WAS RECEIVED	
<input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)		<input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	
<input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)		<input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	
<input type="checkbox"/> Sale of _____ <i>(Real property, car, boat, etc.)</i>		<input type="checkbox"/> Sale of _____ <i>(Real property, car, boat, etc.)</i>	
<input type="checkbox"/> Loan repayment		<input type="checkbox"/> Loan repayment	
<input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <i>(Describe)</i>		<input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <i>(Describe)</i>	
<input checked="" type="checkbox"/> Other <u>Dividends</u> _____ <i>(Describe)</i>		<input checked="" type="checkbox"/> Other <u>Dividends</u> _____ <i>(Describe)</i>	

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

\* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____	INTEREST RATE _____ % <input type="checkbox"/> None	TERM (Months/Years) _____
ADDRESS (Business Address Acceptable) _____		
BUSINESS ACTIVITY, IF ANY, OF LENDER _____	SECURITY FOR LOAN	
	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> Real Property _____ <i>Street address</i>	
<input type="checkbox"/> \$500 - \$1,000	_____ <i>City</i>	
<input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Other _____ <i>(Describe)</i>	
<input type="checkbox"/> OVER \$100,000		

Comments: \_\_\_\_\_

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
 (Other than Gifts and Travel Payments)

Name  
 William Lauritsen

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME  
 Starbucks

ADDRESS (Business Address Acceptable)  
 2401 Utah Ave., South Seattle, WA 98134

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Coffee

YOUR BUSINESS POSITION  
 Shareholder

GROSS INCOME RECEIVED  No Income - Business Position Only  
 \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000

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.)  
 Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)  
 Loan repayment  
 Commission or  Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 (Describe)  
 Other Dividends  
 \_\_\_\_\_  
 (Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED  No Income - Business Position Only  
 \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000

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.)  
 Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)  
 Loan repayment  
 Commission or  Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 (Describe)  
 Other \_\_\_\_\_  
 (Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

\* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
BUSINESS ACTIVITY, IF ANY, OF LENDER	<input type="checkbox"/> Real Property _____	Street address
_____		_____
HIGHEST BALANCE DURING REPORTING PERIOD		City
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$1,001 - \$10,000		
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Other _____	(Describe)
<input type="checkbox"/> OVER \$100,000		

Comments: \_\_\_\_\_

## SCHEDULE E

### Income – Gifts

### Travel Payments, Advances, and Reimbursements

- 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.

<p>▶ NAME OF SOURCE <i>(Not an Acronym)</i>  <u>Centrica Business Solutions - Andy Roth</u></p> <p>ADDRESS <i>(Business Address Acceptable)</i>  <u>153 West Orangethorpe Av.</u></p> <p>CITY AND STATE  <u>Placentia, CA</u></p> <p><input type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  <u>advertising, building automation, construction</u></p> <p>DATE(S): <u>04 / 12 / 23</u> - <u>04 / 12 / 23</u> AMT: \$ <u>111.08</u>  <i>(if gift)</i></p> <p>▶ MUST CHECK ONE: <input checked="" type="checkbox"/> Gift <b>-or-</b> <input type="checkbox"/> Income</p> <p><input type="checkbox"/> Made a Speech/Participated in a Panel</p> <p><input checked="" type="checkbox"/> Other - Provide Description <u>Dinner</u></p> <p>▶ If Gift, Provide Travel Destination <u>Sacramento</u></p>	<p>▶ NAME OF SOURCE <i>(Not an Acronym)</i>          _____</p> <p>ADDRESS <i>(Business Address Acceptable)</i>          _____</p> <p>CITY AND STATE          _____</p> <p><input type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE          _____</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____  <i>(if gift)</i></p> <p>▶ MUST CHECK ONE: <input type="checkbox"/> Gift <b>-or-</b> <input type="checkbox"/> Income</p> <p><input type="checkbox"/> Made a Speech/Participated in a Panel</p> <p><input type="checkbox"/> Other - Provide Description _____</p> <p>▶ If Gift, Provide Travel Destination _____</p>
<p>▶ NAME OF SOURCE <i>(Not an Acronym)</i>          _____</p> <p>ADDRESS <i>(Business Address Acceptable)</i>          _____</p> <p>CITY AND STATE          _____</p> <p><input type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE          _____</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____  <i>(if gift)</i></p> <p>▶ MUST CHECK ONE: <input type="checkbox"/> Gift <b>-or-</b> <input type="checkbox"/> Income</p> <p><input type="checkbox"/> Made a Speech/Participated in a Panel</p> <p><input type="checkbox"/> Other - Provide Description _____</p> <p>▶ If Gift, Provide Travel Destination _____</p>	<p>▶ NAME OF SOURCE <i>(Not an Acronym)</i>          _____</p> <p>ADDRESS <i>(Business Address Acceptable)</i>          _____</p> <p>CITY AND STATE          _____</p> <p><input type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE          _____</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____  <i>(if gift)</i></p> <p>▶ MUST CHECK ONE: <input type="checkbox"/> Gift <b>-or-</b> <input type="checkbox"/> Income</p> <p><input type="checkbox"/> Made a Speech/Participated in a Panel</p> <p><input type="checkbox"/> Other - Provide Description _____</p> <p>▶ If Gift, Provide Travel Destination _____</p>

Comments: \_\_\_\_\_

