

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST)

(FIRST)

(MIDDLE)

Vanier

Patrick

John

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

District Attorney's Office

Division, Board, Department, District, if applicable

Contra Costa County

Your Position

Interim District Attorney

► 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 or Court Commissioner (Statewide Jurisdiction)☐ Multi-County _____☒ County of Contra Costa☐ City of _____☐ Other _____

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

☐ Annual: The period covered is January 1, 2016, through December 31, 2016.

-or-

The period covered is ____/____/____ through December 31, 2016.

☒ Assuming Office: Date assumed 9/15/2017☐ Leaving Office: Date Left ____/____/____ (Check one)☐ The period covered is January 1, 2016, through the date of leaving office.

-or-

☐ The period covered is ____/____/____ through the date of leaving office.☒ Candidate: Election year 2017 and office sought, if different than Part 1: Seek appointment in 2017

4. Schedule Summary (must complete) ► 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)

21001 San Ramon Valley Blvd, Suite A4, #240, San Ramon

CA

94583

DAYTIME TELEPHONE NUMBER

(925)

989

0842

E-MAIL ADDRESS

pvanier88@gmail.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

8/31/17
(month, day, year)

Signature

(File the originally signed statement with your filing official)

SCHEDULE D **Income – Gifts**

Name

Vanier, Patrick

► NAME OF SOURCE (Not an Acronym)

John R. Justice Studen Loan Reimbursement Program

ADDRESS (Business Address Acceptable)

3650 Schriever Avenue, Mather, California 95655-420

BUSINESS ACTIVITY, IF ANY, OF SOURCE

California Office of Emergency Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8 / 29 / 17	473.00	Loan Reimbursement
7 / 18 / 16	303.00	Loan Reimbursement
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____