

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Wilson	Craig	B

1. Office, Agency, or Court

Agency Name (*Do not use acronyms*)

Fairfield-Suisun Unified School District

Division, Board, Department, District, if applicable

Your Position

Trustee, elected from Area 4

► 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)

<input type="checkbox"/> State	<input type="checkbox"/> Judge or Court Commissioner (Statewide Jurisdiction)
<input checked="" type="checkbox"/> Multi-County Napa/Solano	<input type="checkbox"/> County of _____
<input type="checkbox"/> City of _____	<input type="checkbox"/> Other _____

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

<input type="checkbox"/> Annual: The period covered is January 1, 2017, through December 31, 2017.	<input type="checkbox"/> Leaving Office: Date Left _____ / _____ / _____ (Check one)
-or-	<input type="radio"/> The period covered is _____ / _____ / _____, through December 31, 2017.
<input checked="" type="checkbox"/> Assuming Office: Date assumed 12 / 10 / 2018	<input type="radio"/> The period covered is _____ / _____ / _____, through the date of leaving office.
<input type="checkbox"/> Candidate: Date of Election _____ and office sought, if different than Part 1: _____	<input type="radio"/> 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

<input checked="" type="checkbox"/> Schedule A-1 - Investments – schedule attached	<input checked="" type="checkbox"/> Schedule C - Income, Loans, & Business Positions – schedule attached
<input type="checkbox"/> Schedule A-2 - Investments – schedule attached	<input checked="" type="checkbox"/> Schedule D - Income – Gifts – schedule attached
<input type="checkbox"/> Schedule B - Real Property – schedule attached	<input type="checkbox"/> Schedule E - Income – Gifts – Travel Payments – schedule attached

-or-

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document)	STREET	CITY	STATE	ZIP CODE
318 Wyoming St		Fairfield	CA	94533
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS			
(707) 646-1751	craigwilson+schoolboard@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 December 19, 2018
 (month, day, year)

Signature _____

(File the originally signed statement with your filing official.)

SCHEDULE A-1

Investments

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

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

► 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:

____ / ____ / **17** ____ / ____ / **17**
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:

____ / ____ / **17** ____ / ____ / **17**
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:

____ / ____ / **17** ____ / ____ / **17**
ACQUIRED DISPOSED

Comments: 3.05% share; Arizona LLC

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Craig Wilson

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Educational Investors LLC

ADDRESS (Business Address Acceptable)

4360 E. Brown Rd Ste 108 Mesa, AZ 85205

BUSINESS ACTIVITY, IF ANY, OF SOURCE

School software investment group

YOUR BUSINESS POSITION

3.05% passive investor

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 commercial lending institutions, 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*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

\$500 - \$1,000

\$1,001 - \$10,000

\$10,001 - \$100,000

OVER \$100,000

INTEREST RATE

TERM (Months/Years)

_____% None

SECURITY FOR LOAN

None Personal residence

Real Property _____
Street address

City

Guarantor _____

Other _____
(Describe)

Comments: Acquired as gift from family member 5+ years ago.

SCHEDULE D

Income – Gifts

Name

Craig Wilson

► NAME OF SOURCE (*Not an Acronym*)
HMC Architects (<https://hmcarchitects.com/>)

ADDRESS (*Business Address Acceptable*)
2495 Natomas Park Dr #100, Sacramento CA 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE
School Architects

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 28 / 18	\$ 58.62	Dinner with group

► 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*)
Isom Advisors (<https://www.isomadvisors.com/>)

ADDRESS (*Business Address Acceptable*)
1470 Maria Lane Ste 315, Walnut Creek CA 94596

BUSINESS ACTIVITY, IF ANY, OF SOURCE
School bond financing firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 29 / 18	\$ <\$100	Reception, self & wife

► 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: Socialized with architects; don't think I even met bond advisors