

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 <u>Napa/Solano</u>	<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 January 1, 2017, through the date of leaving office.
The period covered is ____/____/_____, through December 31, 2017.	-or-
<input checked="" type="checkbox"/> Assuming Office: Date assumed <u>12</u> / <u>10</u> / <u>2018</u>	<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: _____	

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

Craig Wilson

▶ NAME OF BUSINESS ENTITY

Educational Investors LLC

GENERAL DESCRIPTION OF THIS BUSINESS

school management software invest. grp.

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 _____
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(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)

► 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 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.

Name

Craig Wilson

SCHEDULE D **Income – Gifts**

► 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