STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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NAME OF FILER (LAST)	(FIRST)			(MIDDLE)	
				(אווטטעב)	
McKinney	Kelye				
1. Office, Agency, or	Court				
Agency Name (Do not u	use acronyms)				
City of Lincoln					
Division, Board, Departm	ent, District, if applicable		Your Position		
			Planning Com	missionor	
. If filing for multiple po	sitions, list below or on an attachment		Planning Com	1155101161	
		(Do not use ach	JIIJIIIS)		
Agency:			_ Position:		
5ª 9					
2. Jurisdiction of Of	ffiCe (Check at least one box)				
State			Judge, Retired Jud	lae. Pro Tem	Judge, or Court Commissioner
			(Statewide Jurisdict		
Multi-County			County of		
City of Lincoln					
3. Type of Statemer	nt (Check at least one box)				
Annual: The period	d covered is January 1, 2023, through		Leaving Office:	Date Left	//
December			·		ne circle.)
-or- The period	d covered is///	, through	- ·		ary 1, 2023, through the date
December	[.] 31, 2023.		of leaving offic	ce.	
Assuming Office:	Date assumed//				//, through
			the date of lea	aving office.	
Candidate: Date of	f Election and	office sought, if di	fferent than Part 1:		
A Cabadula Cumma			, , , , , , , , , , , , , , , , ,		
4. Schedule Summa		al number of p	pages including th	ns cover p	age:
Schedules attac	ned				
× Schedule A-1 - /	Investments – schedule attached	🗙 Sc	hedule C - Income, Loa	ans, & Busine	ss Positions - schedule attached
🗙 Schedule A-2 - /	Investments - schedule attached		hedule D - Income – G		
Schedule B - Re	eal Property – schedule attached		hedule E - Income – G	Gifts – Travel F	Payments – schedule attached
-or- None - No r	reportable interests on any sche	edule			
5. Verification					
MAILING ADDRESS	STREET	CITY		STATE	ZIP CODE
(Business or Agency Address F 600 6th St	Recommended - Public Document)	Lincoln		C A	05649 1995
DAYTIME TELEPHONE NUMB	FR	Lincoln	NL ADDRESS	CA	95648-1825
(916)434-2493					
· ,	le diligence in preparing this statement	have reviewed	this statement and to th	e best of my l	knowledge the information contain
	ed schedules is true and complete. I				
I certify under penalty	of perjury under the laws of the Sta	ate of California th	nat the foregoing is tr	ue and corre	ct.
,,					
Date Signed 03	3/02/2024 11:39 PM	Signat	ture	Kelye N	IcKinney
	(month, day, year)				statement with your filing official.)

_	ULE A-1 tments CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION			
(Ownership Interest	nd Other Interests t is Less Than 10%) ust be itemized.			
	e or financial statements.			
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY			
Charles Schwab	Principal Financial			
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS			
Investments	Investiment Firm for 401k Retirement Account			
FAIR MARKET VALUE	FAIR MARKET VALUE			
× \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000			
X Stock Other (Describe)	(Describe)			
Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (<i>Report on Schedule C</i>)	Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (<i>Report on Schedule C</i>)			
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:			
<u> </u>	<u>//23</u> <u>//23</u>			
ACQUIRED DISPOSED	ACQUIRED DISPOSED			
 NAME OF BUSINESS ENTITY Fidelity 	► NAME OF BUSINESS ENTITY			
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS			
Custodian for Roth IRAs and Traditional IRA				
FAIR MARKET VALUE	FAIR MARKET VALUE			
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000			
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000Over \$1,000,000			
NATURE OF INVESTMENT Stock Other Bonds, Equity Funds, Money Market	NATURE OF INVESTMENT			
(Describe)	(Describe)			
Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (<i>Report on Schedule C</i>)	Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (<i>Report on Schedule C</i>)			
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:			
<u>/ 23</u> <u>/ 23</u>	<u>/ 23</u> <u>/ 23</u>			
ACQUIRED DISPOSED	ACQUIRED DISPOSED			
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY			
ICMA				
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS			
Investment Firm for Retirement Accounts				
FAIR MARKET VALUE \$2,000 \$10,000 \$10,001 - \$100,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000			
× \$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000			
NATURE OF INVESTMENT	NATURE OF INVESTMENT			
(Describe)	(Describe)			
Partnership ○ Income Received of \$0 - \$499 ○ Income Received of \$500 or More (<i>Report on Schedule C</i>)	Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (<i>Report on Schedule C</i>)			
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:			
ACQUIRED DISPOSED	ACQUIRED DISPOSED			
Comments: Fidelity stocks are retirement accounts. Charles	Swab contains 4 stocks each below the \$2K reporting limit.			

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700

Name

me

Kelye McKinney

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST			
McKinney Family Living Trust				
Name	Name			
142 Mariner Place, Lincoln, CA 95648				
Address (Business Address Acceptable) Check one	Address (Business Address Acceptable) Check one			
Image: Trust, go to 2 Image: Business Entity, complete the box, then go to 2	Trust, go to 2 Business Entity, complete the box, then go to 2			
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS			
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:			
\$0 - \$1,999 \$2,000 - \$10,000 \$2,000 - \$10,000				
\$10,001 - \$100,000 ACQUIRED DISPOSED	\$10,001 - \$100,000 ACQUIRED DISPOSED			
└ \$100,001 - \$1,000,000 └ Over \$1,000,000	└ \$100,001 - \$1,000,000 └ Over \$1,000,000			
NATURE OF INVESTMENT	NATURE OF INVESTMENT			
Partnership Sole Proprietorship	Partnership Sole Proprietorship			
	YOUR BUSINESS POSITION			
 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST) 	 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST) 			
X \$0 - \$499 □ \$10,001 - \$100,000 \$500 - \$1,000 □ OVER \$100,000	\$0 - \$499 \$10,001 - \$100,000			
S500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000	\$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000 \$10,000			
▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF			
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)			
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR			
LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:	LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:			
	INVESTMENT REAL PROPERTY			
142 Mariner Place, Lincoln, CA 95648				
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property			
142 Mariner Place, Lincoln, CA 95648				
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property			
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:			
\$2,000 - \$10,000 \$10,001 \$100,000 \$10,001 \$100,000 \$10,001 \$100,000 \$10,0000 \$10,0000 \$10,0000 \$10,0000 \$10,0000 \$10,0000 \$10,00	$\begin{bmatrix} $2,000 - $10,000 \\ $10,001 - $100,000 \\ $100,001 - $100,000 \\ $100,001 - $100,000 \\ $			
\$10,001 - \$100,000 ZS ZS \$10,001 - \$1,000,000 ACQUIRED DISPOSED	\$10,001 - \$100,000 ZS ZS \$100,001 - \$1,000,000 ACQUIRED DISPOSED			
Over \$1,000,000	Over \$1,000,000			
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership			
Leasehold Other	Leasehold Other			
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached			
מוס מונמטווטע				

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

california form 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Kelye McKinney

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED			
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME			
Western Placer Unified School District	City of Lincoln			
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)			
600 Sixth Street, Lincoln, CA 95648	600 Sixt Street, Lincoln, CA 95648			
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE			
School District	Municipal Government			
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION			
Student Assistant (Husband's Position)	Planning Commissioner			
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	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.)	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.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)			
Sale of (Real property, car, boat, etc.)	Sale of			
Loan repayment	Loan repayment			
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more			
(Describe)	(Describe)			
Other (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)	
ADDRESS (Business Address Acceptable)	%	None None		
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN			
HIGHEST BALANCE DURING REPORTING PERIOD	Real Property _		Street address	
\$500 - \$1,000	-		City	
\$1,001 - \$10,000 \$10,001 - \$100,000	Guarantor			
OVER \$100,000	Other	Describe)		
Comments:				