

STATEMENT OF ECONOMIC INTERESTS

NAME PAUL C. SMEDBERG		Candidate for Election to this office? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
OFFICE OR POSITION HELD OR SOUGHT CITY COUNCIL - CITY OF ALEXANDRIA			
AGENCY/BUSINESS NAME		PHONE	
AGENCY/BUSINESS ADDRESS 726 POTOMAC STREET			
CITY ALEXANDRIA,		STATE VA	ZIP 22314
NAMES OF MEMBERS OF IMMEDIATE FAMILY MICHAEL MOLESKY			

COMPLETE ITEMS 1 THROUGH 10. REFER TO SCHEDULES ONLY IF DIRECTED.
Return Schedules only if needed to complete Statement.

You may attach additional explanatory information.

1. **Offices and Directorships.**
Are you or a member of your immediate family a paid officer or paid director of a business?
 YES NO
If yes, complete Schedule A
2. **Personal Liabilities.**
Do you or a member of your immediate family owe more than \$5,000 to any one creditor including contingent liabilities? (Exclude debts to any government and loans secured by recorded liens on property at least equal in value to the loan.)
 YES NO
If yes, complete Schedule B
3. **Securities.**
Do you or a member of your immediate family, directly or indirectly, separately or together, own securities valued in excess of \$5,000 invested in one business? Account for mutual funds, limited partnerships and trusts.
 YES NO
If yes, complete Schedule C
4. **Payment for Talks, Meetings, and Publications.**
During the past six months did you receive in your capacity as an officer or employee of your agency lodging, transportation, money, or anything else of value with a combined value exceeding \$200 (i) for a single talk, meeting, or published work or (ii) for a meeting, conference, or event where your attendance at the meeting, conference, or event was designed to (a) educate you on issues relevant to your duties as an officer or employee of your agency or (b) enhance your knowledge and skills relative to your duties as an officer or employee of your agency?
 YES NO
If yes, complete Schedule D
5. **Gifts.**
During the past six months did a business, government, or individual other than a relative or personal friend (i) furnish you or a member of your immediate family with any gift or entertainment at a single event, and the value received exceeded \$50 or (ii) furnish you or a member of your immediate family with gifts or entertainment in any combination and the total value received exceeded \$100, and for which you or the member of your immediate family neither paid nor rendered services in exchange? Account for entertainment events only if the average value per person attending the event exceeded \$50. Account for all business entertainment (except if related to the private profession or occupation of you or the member of your immediate family who received such business entertainment) even if unrelated to your official duties.
 YES NO
If yes, complete Schedule E
6. **Salary and Wages.**
List each employer that pays you or a member of your immediate family salary or wages in excess of \$5,000 annually. (Exclude state or local government or advisory agencies.) If no reportable salary or wages, check here

AMERICAN ACADEMY OF PHYSICAL MEDICINE + REHABILITATION
FREDDIE MAC

7. **Business Interests.**
Do you or a member of your immediate family, separately or together, operate your own business, or own or control an interest in excess of \$5,000 in a business? YES NO
If yes, complete Schedule F
8. **Payments for Representation and Other Services.**
- 8A. Did you represent, excluding activity defined as lobbying in § 2.2-419, any businesses before any state governmental agencies, excluding courts or judges, for which you received total compensation during the past six months in excess of \$1,000, excluding compensation for other services to such businesses and representation consisting solely of the filing of mandatory papers and subsequent representation regarding the mandatory papers? (Officers and employees of local governmental and advisory agencies do NOT need to answer this question or complete Schedule G-1.) YES NO
If yes, complete Schedule G-1
- 8B. Subject to the same exceptions as in 8A, did persons with whom you have a close financial association (partners, associates or others) represent, excluding activity defined as lobbying in § 2.2-419, any businesses before any state governmental agency for which total compensation was received during the past six months in excess of \$1,000? (Officers and employees of local governmental and advisory agencies do NOT need to answer this question or complete Schedule G-2.) YES NO
If yes, complete Schedule G-2
- 8C. Did you or persons with whom you have a close financial association furnish services to businesses operating in Virginia pursuant to an agreement between you and such businesses, or between persons with whom you have a close financial association and such businesses for which total compensation in excess of \$1,000 was received during the past six months? Services reported under this provision shall not include services involving the representation of businesses that are reported under item 8A or 8B. YES NO
If yes, complete Schedule G-3
9. **Real Estate.**
- 9A. **State Officers and Employees.**
Do you or a member of your immediate family hold an interest, including a partnership interest, valued at more than \$5,000 or more in real property (other than your principal residence) for which you have not already listed the full address on Schedule F? Account for real estate held in trust. YES NO
If yes, complete Schedule H-1
- 9B. **Local Officers and Employees.**
Do you or a member of your immediate family hold an interest, including a partnership interest, or option, easement, or land contract, valued at more than \$5,000 in real property (other than your principal residence) for which you have not already listed in the full address on Schedule F? Account for real estate held in trust. YES NO
If yes, complete Schedule H-2
10. **Real Estate Contracts with Governmental Agencies**
Do you or a member of your immediate family hold an interest valued at more than \$5,000 in real estate, including a corporate, partnership, or trust interest, option, easement, or land contract, which real estate is the subject of a contract, whether pending or completed within the past six months, with a governmental agency? If the real estate contract provides for the leasing of the property to a governmental agency, do you or a member of your immediate family hold an interest in the real estate valued at more than \$1,000? Account for all such contracts whether or not your interest is reported in Schedule F, H-1, or H-2. This requirement to disclose an interest in a lease does not apply to an interest derived through an ownership interest in a business unless the ownership exceeds three percent of the total equity of the business. YES NO
If yes, complete Schedule I

Statements of Economic Interests are open for public inspection.

AFFIRMATION BY ALL FILERS.

I swear or affirm that the foregoing information is full, true and correct to the best of my knowledge.

Paul Smedberg
SIGNATURE OF FILER

13 JUNE 2015
DATE

Received 6/13/15 ga

SCHEDULE A

OFFICES AND DIRECTORSHIPS

NAME: PAUL H MEDBERG

OFFICE OR POSITION HELD OR SOUGHT: CITY COUNCIL

Identify each business of which you or a member of your immediate family is a paid officer or paid director.

NAME OF BUSINESS	ADDRESS OF BUSINESS	POSITION HELD AND BY WHOM

N/A

SCHEDULE B

PERSONAL LIABILITIES

NAME:

PAUL G MEDBERG

OFFICE OR POSITION HELD OR SOUGHT:

CITY COUNCIL

Report personal liability by checking each category. Report only debts in excess of \$5,000. Do not report debts to any government. Do not report loans secured by recorded liens on property at least equal in value to the loan. Report contingent liabilities below and indicate which debts are contingent.

1. My personal debts are as follows:

CHECK APPROPRIATE CATEGORIES:	CHECK ONE	
	\$5,001 TO \$50,000	MORE THAN \$50,000
Banks	<input type="checkbox"/>	<input type="checkbox"/>
Savings institutions	<input type="checkbox"/>	<input type="checkbox"/>
Other loan or finance companies	<input type="checkbox"/>	<input type="checkbox"/>
Insurance companies	<input type="checkbox"/>	<input type="checkbox"/>
Stock, commodity or other brokerage companies	<input type="checkbox"/>	<input type="checkbox"/>
Other businesses: (State principal business activity for each creditor and its name.)	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
Individual creditors: (State principal business or occupation for each creditor and its name.)	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

N/A

2. The personal debts of the members of my immediate family are as follows:

CHECK APPROPRIATE CATEGORIES:	CHECK ONE	
	\$5,001 TO \$50,000	MORE THAN \$50,000
Banks	<input type="checkbox"/>	<input type="checkbox"/>
Savings institutions	<input type="checkbox"/>	<input type="checkbox"/>
Other loan or finance companies	<input type="checkbox"/>	<input type="checkbox"/>
Insurance companies	<input type="checkbox"/>	<input type="checkbox"/>
Stock, commodity or other brokerage companies	<input type="checkbox"/>	<input type="checkbox"/>
Other businesses: (State principal business activity for each creditor and its name.)	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
Individual creditors: (State principal business or occupation for each creditor and its name.)	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

SCHEDULE C

SECURITIES

NAME:

PAUL SMEDBERG

OFFICE OR POSITION HELD OR SOUGHT:

CITY COUNCIL

“SECURITIES” INCLUDES stocks, bonds, mutual funds, limited partnerships, and commodity futures contracts.

“SECURITIES” EXCLUDES certificates of deposit, money market funds, annuity contracts, and insurance policies.

Identify each business or Virginia governmental entity in which you or a member of your immediate family, directly or indirectly, separately or together, own securities valued in excess of \$5,000. Name each issuer and type of security individually.

Do not list U.S. Bonds or other government securities not issued by the Commonwealth of Virginia or its authorities, agencies, or local governments. Do not list organizations that do not do business in this Commonwealth, but most major businesses conduct business in Virginia. Account for securities held in trust.

If no reportable securities, check here ____.

NAME OF ISSUER	TYPE OF SECURITY (STOCKS, BONDS, MUTUAL FUNDS, ETC.)	CHECK ONE		
		5,001 to 50,000	50,001 to 250,000	More than 250,000
<i>TRONE PRICE</i>	<i>MUTUAL FUNDS</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>TIAA-CREF</i>	<i>MUTUAL FUNDS</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>FIDELITY</i>	<i>MUTUAL FUNDS</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>AMERICAN CENTURY</i>	<i>MUTUAL FUNDS</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>VANGUARD</i>	<i>MUTUAL FUNDS</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SCHEDULE D

PAYMENT FOR TALKS, MEETINGS, AND PUBLICATIONS

NAME:

PAUL S. MEDBERG

OFFICE OR POSITION HELD OR SOUGHT:

List each source from which you received during the past six months in your capacity as an officer or employee of your agency lodging, transportation, money, or any other thing of value with combined value exceeding \$200 (i) for your presentation of a single talk, participation in one meeting, or publication of a work or (ii) for your attendance at a meeting, conference, or event where your attendance at the meeting, conference, or event was designed to (a) educate you on issues relevant to your duties as an officer or employee of your agency or (b) enhance your knowledge and skills relative to your duties as an officer or employee of your agency. Any lodging, transportation, money, or other thing of value received by an officer or employee that does not satisfy the provisions of clause (i), (ii) (a), or (ii) (b) shall be listed as a gift on Schedule E.

List payments or reimbursements by an advisory or governmental agency only for meetings or travel outside the Commonwealth.

List a payment even if you donated it to charity.

Do not list information about payment if you returned it within 60 days or if you received it from an employer already listed under Item 6 or from a source of income listed on Schedule F.

If no payment must be listed, check here .

PAYER	APPROXIMATE VALUE	CIRCUMSTANCES	TYPE OF PAYMENT (e.g. honoraria, travel reimbursement, etc.)
	<i>N/A</i>		

SCHEDULE F

BUSINESS INTERESTS

NAME:

PAUL SMEDBERG

OFFICE OR POSITION HELD OR SOUGHT:

CITY COUNCIL

Complete this Schedule for each self-owned or family-owned business (including rental property, a farm, or consulting work), partnership, or corporation in which you or a member of your immediate family, separately or together, own an interest having a value in excess of \$5,000.

If the enterprise is owned or operated under a trade, partnership, or corporate name, list that name; otherwise, merely explain the nature of the enterprise. If rental property is owned or operated under a trade, partnership, or corporate name, list the name only; otherwise give the address of each property. Account for business interests held in trust.

NAME OF BUSINESS, CORPORATION, PARTNERSHIP, FARM; ADDRESS OF RENTAL PROPERTY	CITY OR COUNTY AND STATE	NATURE OF ENTERPRISE (FARMING, LAW, RENTAL PROPERTY, ETC.)	GROSS INCOME		
			50,000 or less	50,001 to 250,000	More than 250,000
<i>303 HICKMAN ST</i>	<i>REHOBOTH</i>	<i>RENTAL</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>REHOBOTH BEACH,</i>	<i>BEACH, DE</i>	<i>PROPERTY</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>DE</i>	<i>SUSSEX</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>19971</i>	<i>COUNTY</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SCHEDULE G-1

PAYMENTS FOR REPRESENTATION BY YOU

NAME:

PAUL S MEDBERG

OFFICE OR POSITION HELD OR SOUGHT:

CITY COUNCIL

List the businesses you represented, excluding activity defined as lobbying in § 2.2-419, before any state governmental agency, excluding any court or judge, for which you received total compensation during the past six months in excess of \$1,000, excluding compensation for other services to such businesses and representation consisting solely of the filing of mandatory papers and subsequent representation regarding the mandatory papers filed by you.

Identify each business, the nature of the representation and the amount received by dollar category from each such business. You may state the type, rather than name, of the business if you are required by law not to reveal the name of the business represented by you.

Only STATE officers and employees should complete this Schedule.

NAME OF BUSINESS	TYPE OF BUSINESS	PURPOSE OF REPRESENTATION	NAME OF AGENCY	AMOUNT RECEIVED				
				\$1,001 To \$10,000	\$10,001 To \$50,000	\$50,001 To \$100,000	\$100,001 To \$250,000	\$250,001 And Over
				<input type="checkbox"/>				
<i>N/A</i>				<input type="checkbox"/>				
				<input type="checkbox"/>				
				<input type="checkbox"/>				
				<input type="checkbox"/>				
				<input type="checkbox"/>				
				<input type="checkbox"/>				
				<input type="checkbox"/>				
				<input type="checkbox"/>				
				<input type="checkbox"/>				
				<input type="checkbox"/>				

If you have received \$250,001 or more from a single business within the reporting period, indicate the amount received, rounded to the nearest \$10,000. Amount Received: _____

SCHEDULE G-2

PAYMENTS FOR REPRESENTATION BY ASSOCIATES

NAME:

Paul Smenberg

OFFICE OR POSITION HELD OR SOUGHT:

List the business(es) that have been represented, excluding activity defined as lobbying in § 2.2-419, before any state governmental agency, excluding any court or judge, by persons who are your partners, associates or others with whom you have a close financial association and who received total compensation in excess of \$1,000 for such representation during the past six months, excluding representation consisting solely of the filing of mandatory papers and subsequent representation regarding the mandatory papers filed by your partners, associates or others with whom you have a close financial association.

Identify such business by type and also name the state governmental agencies before which such person appeared on behalf of such businesses.

Only STATE officers and employees should complete this Schedule.

TYPE OF BUSINESS	NAME OF STATE GOVERNMENTAL AGENCY

N/A

SCHEDULE G-3

PAYMENTS FOR OTHER SERVICES GENERALLY

NAME: PAUL GIMEDBERG

OFFICE OR POSITION HELD OR SOUGHT: _____

Indicate below types of businesses that operate in Virginia to which services were furnished by you or persons with whom you have a close financial association pursuant to an agreement between you and such businesses, or between persons with whom you have a close financial association and such businesses and for which total compensation in excess of \$1,000 was received during the past six months. Services reported in this Schedule shall not include services involving the representation of businesses that are reported in Schedule G-1 or G-2.

Identify opposite each category of businesses listed below (i) the type of business, (ii) the type of service rendered and (iii) the value by dollar category of the compensation received for all businesses falling within each category.

BUSINESS CATEGORY	CHECK IF SERVICES WERE RENDERED	TYPE OF SERVICE RENDERED	VALUE OF COMPENSATION				
			\$1,001 TO \$10,000	\$10,001 TO \$50,000	\$50,001 TO \$100,000	\$100,001 TO \$250,000	\$250,001 AND OVER
Electric Utilities	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Gas Utilities	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Telephone Utilities	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Water Utilities	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Cable Television Companies	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Interstate Transportation Companies	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Intrastate Transportation Companies	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Oil or Gas Retail Companies	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Banks	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Savings Institutions	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Loan or Finance Companies	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Manufacturing Companies (state type of product, e.g., textile, furniture, etc.)	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Mining Companies	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Life Insurance Companies	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Casualty Insurance Companies	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Other Insurance Companies	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Retail Companies	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Beer, Wine or Liquor Companies or Distributors	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Trade Associations	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Professional Associations	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Associations of Public Employees or Officials	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Counties, Cities or Towns	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Labor Organizations	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Other	<input type="checkbox"/>	_____	<input type="checkbox"/>				

SCHEDULE H-1

REAL ESTATE—STATE OFFICERS AND EMPLOYEES ONLY

NAME: PAUL SMEDBERG

OFFICE OR POSITION HELD OR SOUGHT: _____

List real estate other than your principal residence in which you or a member of your immediate family holds an interest, including a partnership interest, option, easement, or land contract, valued at more than \$5,000. Each parcel shall be listed individually.

LIST EACH LOCATION (STATE, AND COUNTY OR CITY) WHERE YOU OWN REAL ESTATE.	DESCRIBE THE TYPE OF REAL ESTATE YOU OWN IN EACH LOCATION (BUSINESS, RECREATIONAL, APARTMENT, COMMERCIAL, OPEN LAND, ETC.).	IF THE REAL ESTATE IS OWNED OR RECORDED IN A NAME OTHER THAN YOUR OWN, LIST THAT NAME.
N/A		

SCHEDULE I

REAL ESTATE CONTRACTS WITH GOVERNMENTAL AGENCIES

NAME:

PAUL GONDEBERG

OFFICE OR POSITION HELD OR SOUGHT:

List all contracts, whether pending or completed within the past six months, with a governmental agency for the sale or exchange of real estate in which you or a member of your immediate family holds an interest, including a corporate, partnership or trust interest, option, easement, or land contract, valued at more than \$10,000. List all contracts with a governmental agency for the lease of real estate in which you or a member of your immediate family holds such an interest valued at more than \$1,000. This requirement to disclose an interest in a lease does not apply to an interest derived through an ownership interest in a business unless the ownership interest exceeds three percent of the total equity of the business.

State officers and employees report contracts with state agencies.

Local officers and employees report contracts with local agencies.

List your real estate interest and the person or entity, including the type of entity, which is party to the contract. Describe any management role and the percentage ownership interest you or your immediate family member has in the real estate or entity.

List each governmental agency which is party to the contract and indicate the county or city where the real estate is located.

State the annual income from the contract, and the amount, if any, of income you or any immediate family member derives annually from the contract.

ATTACHMENTS