Cory Briggs

From: Cory Briggs
Sent: Tuesday, May 24, 2022 8:51 PM
To: Elizabeth Maland (emaland@sandiego.gov); San Diego City Clerk
Cc: 'RLaing@sandiego.gov'; 'CardenasJ@sandiego.gov'
Subject: Notice of Intent to Sue
Attachments: Form_700_RL_2022.pdf; Form_700_JC_2022.pdf

Importance: High

Dear City Clerk:

On behalf of Project for Open Government, I am writing to let you know of my client's intent to sue you as the City Clerk, and the City, for your failure to post all FPPC Form 700 disclosures on the City's website in their entirety and without improper redactions. For example, both of the attached disclosures purport to redact identifying information about the sources of the filers' income due to privacy reasons and indicate that you and your office have the redacted information. *See* Laing Form 700, p. 2; Cardenas Form 700, p. 3. Such redactions are not supported by any legal privilege under federal or state law, and they are not supported by the requisite factual and legal explanation. *See* FPPC Reg. 18740.

Because these disclosures are so important to government integrity, transparency, and accountability, and because any Form 700 filers are presumably active City employees, your violations must be cured and the improper redactions must be removed immediately. If the violations are not cured and the redactions are not removed by 12:00 p.m. on May 26, 2022, my client will initiate litigation to compel your compliance with the law.

Please let me know if you have any questions.

Cory J. Briggs
Briggs Law Corporation
99 East "C" Street, Suite 111, Upland, CA 91786
Telephone: 909-949-7115 (office); 619-736-9086 (direct)
Facsimile: 909-949-7121
E-mail: cory@briggslawcorp.com

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

E-Filed:
4/1/2022
11:27:35

Filing ID:
300053631

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

Cardenas, Jesus

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*

City of San Diego

Division, Board, Department, District, if applicable

Council Admin & IBA

Your Position

Council Representative

► 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, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☒ City of San Diego

☐ Other _____

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

☒ **Annual:** The period covered is January 1, 2021, through December 31, 2021.

-or-

The period covered is _____/_____/_____, through December 31, 2021.

☐ **Assuming Office:** Date assumed _____/_____/_____

☐ **Leaving Office:** Date Left _____/_____/_____
(Check one circle.)

☐ The period covered is January 1, 2021, through the date of leaving office.

-or-

☐ The period covered is _____/_____/_____, through the date of leaving office.

☐ **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:* 6

Schedules attached

☒ **Schedule A-1 -** *Investments* – schedule attached
☒ **Schedule A-2 -** *Investments* – schedule attached
☐ **Schedule B -** *Real Property* – schedule attached
☒ **Schedule C -** *Income, Loans, & Business Positions* – schedule attached
☒ **Schedule D -** *Income – Gifts* – 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)

San Diego, CA, 92101

DAYTIME TELEPHONE NUMBER

( )

EMAIL ADDRESS

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 04/01/2022
(month, day, year)

Signature Jesus Cardenas
(File the originally signed paper statement with your filing official.)

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Investments must be itemized.
Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Cardenas, Jesus

► NAME OF BUSINESS ENTITY

Disney

GENERAL DESCRIPTION OF THIS BUSINESS

Entretainment

FAIR MARKET VALUE

- [X] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT

- [X] Stock
- [ ] Other ____________ (Describe)
- [ ] Partnership
  - [ ] Income Received of $0 - $499
  - [ ] Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/21 ACQUIRED ___/___/21 DISPOSED

► NAME OF BUSINESS ENTITY

Microsoft

GENERAL DESCRIPTION OF THIS BUSINESS

Technology

FAIR MARKET VALUE

- [X] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT

- [X] Stock
- [ ] Other ____________ (Describe)
- [ ] Partnership
  - [ ] Income Received of $0 - $499
  - [ ] Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/21 ACQUIRED ___/___/21 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:

___/___/21 ACQUIRED ___/___/21 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:

___/___/21 ACQUIRED ___/___/21 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:

___/___/21 ACQUIRED ___/___/21 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:

___/___/21 ACQUIRED ___/___/21 DISPOSED

Comments: ____________

SCHEDULE A-2
Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Cardenas, Jesus

▶ 1. BUSINESS ENTITY OR TRUST

GRASSROOTS RESOURCES
Name

344 F St, Chula Vista, CA, 91910
Address *(Business Address Acceptable)*

Check one
☐ Trust, *go to 2* ☒ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF THIS BUSINESS
BUSINESS DEVELOPMENT, PUBLIC RELATIONS, MARKETING SERVICES

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☒ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/21 ACQUIRED
__/__/21 DISPOSED

NATURE OF INVESTMENT
☒ Partnership ☐ Sole Proprietorship ☐ _____ Other

YOUR BUSINESS POSITION Partner

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☒ $10,001 - $100,000
☐ OVER $100,000

▶ 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

Name(s) redacted for privacy reasons. If you would like the full unredacted copy, please contact the Office of the City Clerk at 619-533-4000 or cityclerk@sandiego.gov.

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/21 ACQUIRED
__/__/21 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

---

▶ 1. BUSINESS ENTITY OR TRUST

Name

Address *(Business Address Acceptable)*

Check one
☐ Trust, *go to 2* ☐ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/21 ACQUIRED
__/__/21 DISPOSED

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☐ _____ Other

YOUR BUSINESS POSITION

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

▶ 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

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/21 ACQUIRED
__/__/21 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Cardenas, Jesus

► 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)*

► 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 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*
Grassroots Resources

ADDRESS *(Business Address Acceptable)*
344 F St, Chula Vista, CA, 91910

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 _____% ☒ None

TERM (Months/Years)

SECURITY FOR LOAN
- ☒ None
- ☐ Personal residence
- ☐ Real Property _____ *Street address*
- _____ *City*
- ☐ Guarantor _____
- ☐ Other _____ *(Describe)*

Comments:

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Cardenas, Jesus

► NAME OF SOURCE *(Not an Acronym)*
AT&T
ADDRESS *(Business Address Acceptable)*
3801 Sixth Ave., San Diego, CA, 92103
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 /12 /21	$70.00	See Attachment 1.
/ /	$	
/ /	$	

► 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)*
UC San Diego
ADDRESS *(Business Address Acceptable)*
9500 Gilman Dr., La Jolla, CA, 92093
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 /24 /21	$84.00	Padres Game
/ /	$	
/ /	$	

► 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)*
Downtown San Diego Partnership
ADDRESS *(Business Address Acceptable)*
401 B St #100, San Diego, CA, 92101
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 /22 /21	$95.00	Installation Celebration
/ /	$	
/ /	$	

► 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:

Attachments: Schedule D

Attachment 1
Hillcrest Business Association 100th Anniversary Celebration

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only
E-Filed: 1/5/2022 15:57:25
Filing ID: 300051235

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

Laing, Rachel

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*

City of San Diego

Division, Board, Department, District, if applicable

Mayor

Your Position

Director of Communications

► 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, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Multi-County _____	County of _____
X City of San Diego	Other _____

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

Annual: The period covered is January 1, 2020, through December 31, 2020.

-or-

The period covered is ____/____/____, through December 31, 2020.

X **Assuming Office:** Date assumed 12 / 06 / 2021

Leaving Office: Date Left ____/____/____ *(Check one circle.)*

The period covered is January 1, 2020, through the date of leaving office.

-or-

The period covered is ____/____/____, through the date of leaving office.

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:* 3

Schedules attached

Schedule A-1 - *Investments* – schedule attached	**Schedule C** - *Income, Loans, & Business Positions* – schedule attached
X **Schedule A-2** - *Investments* – schedule attached	X **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)

San Diego, CA, 92101

DAYTIME TELEPHONE NUMBER

( )

EMAIL ADDRESS

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 01/05/2022 *(month, day, year)*

Signature Rachel G. Laing *(File the originally signed paper statement with your filing official.)*

SCHEDULE A-2
Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Laing, Rachel

▶ 1. BUSINESS ENTITY OR TRUST

ThreeSixty Public Strategies, Inc.
Name

525 B St., San Diego, CA, 92101
Address *(Business Address Acceptable)*

Check one
| Trust, *go to 2* | X Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF THIS BUSINESS
Public Relations Consulting

FAIR MARKET VALUE
- $0 - $1,999
- $2,000 - $10,000
- $10,001 - $100,000
- X $100,001 - $1,000,000
- Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/20 ACQUIRED
__/__/20 DISPOSED

NATURE OF INVESTMENT
X Partnership | Sole Proprietorship | ____ Other

YOUR BUSINESS POSITION Partner

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- $0 - $499
- $500 - $1,000
- $1,001 - $10,000
- $10,001 - $100,000
- X OVER $100,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary.)

None or | X Names listed below

Name(s) redacted for privacy reasons. If you would like the full unredacted copy, please contact the Office of the City Clerk at 619-533-4000 or cityclerk@sandiego.gov.

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
| INVESTMENT | REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
- $2,000 - $10,000
- $10,001 - $100,000
- $100,001 - $1,000,000
- Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/20 ACQUIRED
__/__/20 DISPOSED

NATURE OF INTEREST
Property Ownership/Deed of Trust | Stock | Partnership

Leasehold ____ Yrs. remaining | Other ____

Check box if additional schedules reporting investments or real property are attached

---

▶ 1. BUSINESS ENTITY OR TRUST

Name

Address *(Business Address Acceptable)*

Check one
| Trust, *go to 2* | Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
- $0 - $1,999
- $2,000 - $10,000
- $10,001 - $100,000
- $100,001 - $1,000,000
- Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/20 ACQUIRED
__/__/20 DISPOSED

NATURE OF INVESTMENT
Partnership | Sole Proprietorship | ____ Other

YOUR BUSINESS POSITION

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- $0 - $499
- $500 - $1,000
- $1,001 - $10,000
- $10,001 - $100,000
- OVER $100,000

▶ 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

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
| INVESTMENT | REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
- $2,000 - $10,000
- $10,001 - $100,000
- $100,001 - $1,000,000
- Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/20 ACQUIRED
__/__/20 DISPOSED

NATURE OF INTEREST
Property Ownership/Deed of Trust | Stock | Partnership

Leasehold ____ Yrs. remaining | Other ____

Check box if additional schedules reporting investments or real property are attached

Comments: ____

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Laing, Rachel

► NAME OF SOURCE *(Not an Acronym)*
Marcela Escobar Eck
ADDRESS *(Business Address Acceptable)*
2488 Historic Decatur Road, Suite 200, San Diego, CA, 92106
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Land Use Consultant

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10/01/21	$75.00	Spa Gift Card
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Sen. Toni Atkins and Jen LaSar
ADDRESS *(Business Address Acceptable)*
404 Euclid Ave. #212, San Diego, CA, 92114
BUSINESS ACTIVITY, IF ANY, OF SOURCE
State Politics and Affordable housing development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10/21/21	$85.00	Flowers
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Theresa Wulf
ADDRESS *(Business Address Acceptable)*
2431 Chatsworth Blvd., San Diego, CA, 92106
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Nonprofit Executive

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10/01/21	$75.00	Spa gift card
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Jennifer Davies
ADDRESS *(Business Address Acceptable)*
4433 Orchard Ave., San Diego, CA, 92107
BUSINESS ACTIVITY, IF ANY, OF SOURCE
SD Tourism Authority executive

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10/07/21	$75.00	Dress
10/01/21	$75.00	Spa gift card
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
MaryAnne Pintar
ADDRESS *(Business Address Acceptable)*
4350 Executive Dr., San Diego, CA, 92121
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Federal Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10/15/21	$55.00	Wine
10/01/21	$25.00	pastries
/ /	$	

► 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: