

STATEMENT OF ECONOMIC INTERESTS
FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE

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CITY OF BERKELEY
CITY CLERK DEPARTMENT

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Arreguin Jesse L.

1. Office, Agency, or Court

Agency Name: City of Berkeley
Division, Board, Department, District, if applicable: District 4
Your Position: Councilmember

If filing for multiple positions, list below or on an attachment.

Agency: Redevelopment Agency; Joint Powers Authority
Position: Member

2. Jurisdiction of Office (Check at least one box)

State Judge (Statewide Jurisdiction)
 Multi-County County of _____
 City of Berkeley Other _____

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

Annual: The period covered is January 1, 2010, through December 31, 2010.
-or-
The period covered is _____ through December 31, 2010.
 Assuming Office: Date _____
 Candidate: Election Year _____ Office sought, if different than Part 1: _____
 Leaving Office: Date Left _____ (Check one)
 The period covered is January 1, 2010, through the date of leaving office.
 The period covered is _____ through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

Total number of pages including this cover page: 3 pages

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

herein and in any attached schedules is true and complete. I acknowledge this is a true and correct statement.
I certify under penalty of perjury under the laws of the State of California that

Date Signed 4/1/11
(month, day, year)

Signature

SCHEDULE D
Income – Gifts

Name
Jesse L. Arreguin

▶ NAME OF SOURCE
United Nurses Associations of
 ADDRESS (Business Address Acceptable)
955 Overland, CA # 150, San Dimas,
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Unión CA

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4, 16, 11</u>	<u>\$ 37.67</u>	<u>Reception</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

Name
Jesse L. Arreguin

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

▶ NAME OF SOURCE
Young Elected Officials Network
 ADDRESS (Business Address Acceptable) People for American Way Foundation
1550 Melvin Street
 CITY AND STATE
Tallahassee, FL 32301
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Conference
 DATE(S): 05/13/10 - 5/16/10 AMT: \$ 208.65
(if applicable)
 TYPE OF PAYMENT: (must check one) Gift Income
 DESCRIPTION: Travel reimbursement

▶ NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 CITY AND STATE
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 DATE(S): ____/____/____ - ____/____/____ AMT: \$_____
(if applicable)
 TYPE OF PAYMENT: (must check one) Gift Income
 DESCRIPTION: _____

▶ NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 CITY AND STATE
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 DATE(S): ____/____/____ - ____/____/____ AMT: \$_____
(if applicable)
 TYPE OF PAYMENT: (must check one) Gift Income
 DESCRIPTION: _____

▶ NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 CITY AND STATE
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 DATE(S): ____/____/____ - ____/____/____ AMT: \$_____
(if applicable)
 TYPE OF PAYMENT: (must check one) Gift Income
 DESCRIPTION: _____

Comments: _____