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CITY CLERK

CITY OF EMERYVILLE

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) Brinkman Kurt D

1. Office, Agency, or Court

Agency Name

Emeryville City Council

Division, Board, Department, District, if applicable

Your Position

Council member

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

Agency: ACTIA-CMA

Position: Alternate

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

State

Judge (Statewide Jurisdiction)

Multi-County Alameda

County of

City of Emeryville

Other

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

Annual: The period covered is January 1, 2010, through December 31, 2010.

Leaving Office: Date Left (Check one)

The period covered is through December 31, 2010.

The period covered is January 1, 2010, through the date of leaving office.

Assuming Office: Date

The period covered is through the date of leaving office.

Candidate: Election Year

Office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

Total number of pages including this cover page: 4

Schedule A-1 - Investments - schedule attached

Schedule C - Income, Loans, & Business Positions - schedule attached

Schedule A-2 - Investments - schedule attached

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

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

Date Signed March 1, 2011 (month, day, year)

Signature

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FPPC Toll-Free Helpline: 866/275-3772 www.tppc.ca.gov

RECEIVED FAIR POLITICAL PRACTICES COMMISSION 11 APR 12 AM 10:57

SCHEDULE D Income - Gifts

Name
Kurt J Brinkman

▶ NAME OF SOURCE
Adel Guillen

ADDRESS (Business Address Acceptable)
2200 Powell St, Emeryville

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6 / 23 / 10</u>	<u>\$ 200.</u>	<u>Arrowsmith tickets</u>
<u> / / </u>	<u>\$ _____</u>	<u> </u>
<u> / / </u>	<u>\$ _____</u>	<u> </u>

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ _____</u>	<u> </u>
<u> / / </u>	<u>\$ _____</u>	<u> </u>
<u> / / </u>	<u>\$ _____</u>	<u> </u>

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ _____</u>	<u> </u>
<u> / / </u>	<u>\$ _____</u>	<u> </u>
<u> / / </u>	<u>\$ _____</u>	<u> </u>

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ _____</u>	<u> </u>
<u> / / </u>	<u>\$ _____</u>	<u> </u>
<u> / / </u>	<u>\$ _____</u>	<u> </u>

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ _____</u>	<u> </u>
<u> / / </u>	<u>\$ _____</u>	<u> </u>
<u> / / </u>	<u>\$ _____</u>	<u> </u>

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ _____</u>	<u> </u>
<u> / / </u>	<u>\$ _____</u>	<u> </u>
<u> / / </u>	<u>\$ _____</u>	<u> </u>

Comments: _____

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

CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <p align="center">Kurt Brinkman</p>

- **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**
 National Electrical Contractors Association
 ADDRESS *(Business Address Acceptable)*
 6300 Village Parkway
 CITY AND STATE
 Dublin, CA 94568
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$_____
(If applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: I serve on the board of directors for this association and am required to attend industry meetings

▶ **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: I receive a travel allowance of \$5900.00 to attend required association meeting for the National Electrical Contractors association so that I can maintain my position as a board member.

Clear Sch. E

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