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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

Date Received
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MAR 29 2011

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
COVER PAGE

11 APR -1 PM 1:52

City Clerk
City of Artesia

TP

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name
City of Artesia
Division, Board, Department, District, if applicable
Your Position
Councilmember

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

Agency: _____ Position: _____

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

State Judge (Statewide Jurisdiction)
 Multi-County _____ County of _____
 City of Artesia 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 ____/____/____
 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.
 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: _____
 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

[Redacted Signature Area]

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

Date Signed 3/29/11
(month, day, year)

Sign

SCHEDULE D
Income – Gifts

Name
SALLY A FLOWERS

▶ NAME OF SOURCE
RICHARD, WATSON & GERSONY
 ADDRESS (Business Address Acceptable)
ATTY'S AT LAW
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
355 S. GRAND AVE LA. CA 90071

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------------|-----------------------------------|
| <u>5/14/10</u> | <u>\$ 61.67</u> | <u>DINNER AT ROY'S RESTAURANT</u> |
| <u>12/15/10</u> | <u>\$ 29.95</u> | <u>FOOD BASKET</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 D
Income - Gifts

AMENDMENT

TP

11 AUG 17 PM 12:13

▶ NAME OF SOURCE
SEMPRA ENERGY UTILITY

ADDRESS (Business Address Acceptable)
9240 FIRESTONE BLVD. DOWNEY, CA. 90241

BUSINESS ACTIVITY, IF ANY, OF SOURCE
UTILITY COMPANY-SO CAL GAS CO.

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------------|
| 2 / 1 / 10 | \$ 11.00 | LUNCH BJ BAR AND GRILL |
| 10 / 5 / 10 | \$ 8.95 | LUNCH BJ BAR AND GRILL |
| 10 / 8 / 10 | \$ 120.00 | DOWN SYNDROME CHARITY DINNER |

▶ 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) |
|-----------------|----------|------------------------|
| _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ |

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| _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ |

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Verification

Print Name SALLY FLOWERS

Office, Agency or Court CITY OF ARTESIA

Statement Type 2010/2011 Annual Assuming Leaving
 10 Annual Candidate
yr

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 certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 7/31/11
(d)(5)

Signature 

Comments: _____