

11 APR - 8 PM Public Document

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Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)			
GASPAR	KEISTIN	DIANE			
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE	ZIP CODE	
[Redacted]					

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:  
ENCINITAS CITY COUNCIL

Division, Board, District, if applicable:  
\_\_\_\_\_

Your Position:  
CITY COUNCIL MEMBER

▶ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

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

State

County of \_\_\_\_\_

City of ENCINITAS

Multi-County \_\_\_\_\_

Other \_\_\_\_\_

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

Assuming Office/Initial Date: 12/14/10

Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2009.

Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)

The period covered is January 1, 2009, through the date of leaving office.

-or-

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

Candidate Election Year: \_\_\_\_\_

**4. Schedule Summary**

▶ Total number of pages including this cover page: 2

▶ Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1  Yes - schedule attached  
*Investments (Less than 10% Ownership)*

Schedule A-2  Yes - schedule attached  
*Investments (10% or Greater Ownership)*

Schedule B  Yes - schedule attached  
*Real Property*

Schedule C  Yes - schedule attached  
*Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)*

Schedule D  Yes - schedule attached  
*Income - Gifts*

Schedule E  Yes - schedule attached  
*Income - Gifts - Travel Payments*

-or-

No reportable interests on any schedule

**5. Verification**

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 12/10/10  
(month, day, year)

Signature: [Redacted]

(d)(5)

FPPA

