

STATEMENT OF ECONOMIC INTERESTS

RECEIVED
Date Received
Official Use Only
MAR 08 2011
By _____

RECEIVED
COVER PAGE
FAIR POLITICAL PRACTICES COMMISSION

Please type or print in ink.

NAME OF FILER (LAST) Horton (FIRST) Nancy (MIDDLE) Carolyn

1. Office, Agency, or Court

Agency Name City of Canyon Lake Your Position Mayor Pro Tem
Division, Board, Department, District, if applicable

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

Agency: _____ Position: _____

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

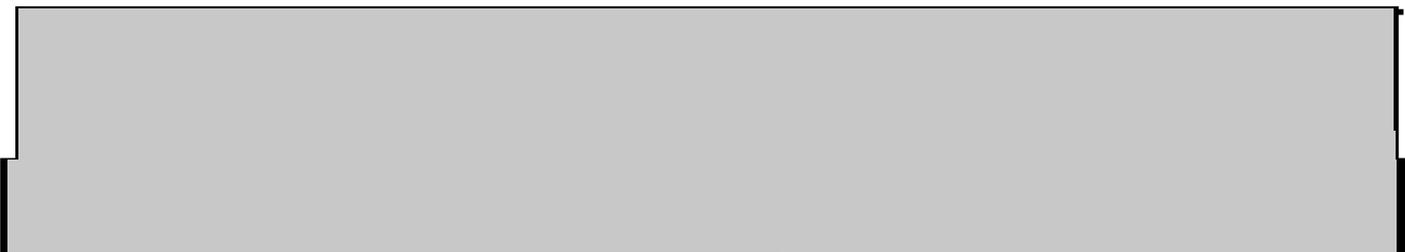
- State
- Multi-County _____
- City of Canyon Lake
- Judge (Statewide Jurisdiction)
- County of _____
- Other _____

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: 2
- 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
I certify under penalty of perjury under the laws of the State of California that

Date Signed 1-17-2011 Signatu
(month, day, year)

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 _____
Mary C. Horton

▶ 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 BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 _____/_____/10 _____/_____/10

\$10,001 - \$100,000 _____/_____/10 _____/_____/10

\$100,001 - \$1,000,000 ACQUIRED DISPOSED

Over \$1,000,000

NATURE OF INVESTMENT

Sole Proprietorship Partnership _____ Other

YOUR BUSINESS POSITION _____

▶ 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 BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 _____/_____/10 _____/_____/10

\$10,001 - \$100,000 _____/_____/10 _____/_____/10

\$100,001 - \$1,000,000 ACQUIRED DISPOSED

Over \$1,000,000

NATURE OF INVESTMENT

Sole Proprietorship Partnership _____ 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 \$10,001 - \$100,000

\$500 - \$1,000 OVER \$100,000

\$1,001 - \$10,000

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

\$0 - \$499 \$10,001 - \$100,000

\$500 - \$1,000 OVER \$100,000

\$1,001 - \$10,000

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

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

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

Check one box:

INVESTMENT REAL PROPERTY

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

Check one box:

INVESTMENT REAL PROPERTY

Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property _____

Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property _____

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

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

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 _____/_____/10 _____/_____/10

\$10,001 - \$100,000 _____/_____/10 _____/_____/10

\$100,001 - \$1,000,000 ACQUIRED DISPOSED

Over \$1,000,000

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 _____/_____/10 _____/_____/10

\$10,001 - \$100,000 _____/_____/10 _____/_____/10

\$100,001 - \$1,000,000 ACQUIRED DISPOSED

Over \$1,000,000

NATURE OF INTEREST

Property Ownership/Deed of Trust Stock Partnership

NATURE OF INTEREST

Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Leasehold _____ Yrs. remaining Other _____

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

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

Comments: None

SCHEDULE D
Income - Gifts

Name
Nancy C. Horton

▶ NAME OF SOURCE
LLB - Betty Martyn
ADDRESS (Business Address Acceptable)
Sevilla #12 St, San Diego
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9, 15, 2010</u>	<u>\$ 50.00</u>	<u>dinner</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
C R & R
ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Menifee State of the City -

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3, 12, 2010</u>	<u>\$ 30.00</u>	<u>lunch</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
So. California Edison
ADDRESS (Business Address Acceptable)
24487 Phelepp Dr. - Wildomar
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Update on recent upgrades

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6, 9, 2010</u>	<u>\$ 40.00</u>	<u>Breakfast</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
Pechanga Conf. Center - Imecula
ADDRESS (Business Address Acceptable)
Imecula - State of the City
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4, 24, 2010</u>	<u>\$ 40.00</u>	<u>breakfast</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
Rancho Springs Hospital
ADDRESS (Business Address Acceptable)
Murietta
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Update on reopening

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5, 27, 2010</u>	<u>\$ 40.00</u>	<u>breakfast</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
City of Canyon Lake
ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE
leather jacket - Mayor's gift

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>Feb 2010</u>	\$ _____	<u>leather jacket</u>
___/___/___	\$ _____	<u>not reportable</u>
___/___/___	\$ _____	_____

Comments: _____

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

CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small> Name <i>Nancy L. Hutton</i>
--

- **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 _____

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: _____

▶ 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: _____
None