

STATEMENT OF ECONOMIC INTERESTS

REC'D
FAIR POLITICAL
PRACTICES COMMISSION
COVER PAGE

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CITY OF LA QUINTA
CITY CLERK DEPARTMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
ADOLPH DONALD O.

1. Office, Agency, or Court

Agency Name

CITY OF LA QUINTA

Division, Board, Department, District, if applicable

Your Position

MAYOR

► 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 LA QUINTA

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)

-or-

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: 2

Schedule A-1 - Investments - schedule attached

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

Schedule A-2 - Investments - schedule attached

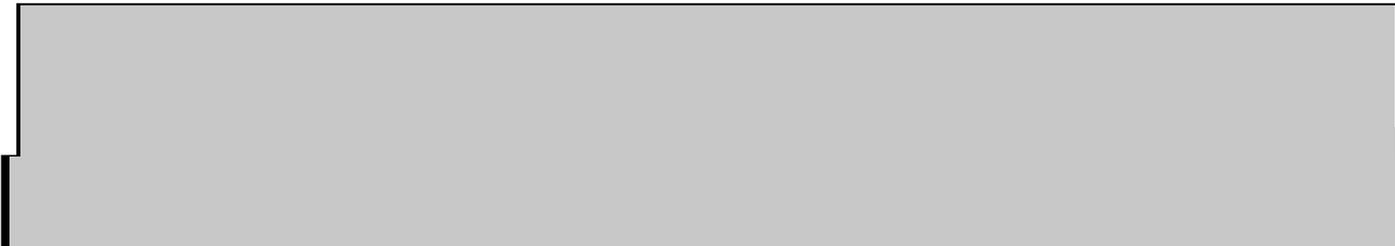
Schedule D - Income - Gifts - schedule attached

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 10, 2011
(month, day, year)

Signature

SCHEDULE D
Income – Gifts

Name
R.O. ADOLPH

▶ NAME OF SOURCE
PALM SPRINGS FOLLIES
 ADDRESS (Business Address Acceptable)
125 E. TAHQVITZ CEN. PALM SPRINGS
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
THEATRE MGMT.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3/20/10</u>	<u>\$180.00</u>	<u>SHOW TICKETS</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
RATAU & TUCKER
 ADDRESS (Business Address Acceptable)
611 ANTON BLVD. COSTA MESA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
CONSULTANT / ATTORNEY

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9/15/10</u>	<u>\$120.00</u>	<u>DINNER</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)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: _____