

CITY OF LA MESA  
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11 APR -8 PM 3:30

2011 MAR 30 PM 3:40

NAME OF FILER (LAST) ALLAN (FIRST) David (MIDDLE) MARY J KENNEDY  
CITY OF LA MESA CITY CLERK Doeh

1. Office, Agency, or Court

Agency Name CITY OF LA MESA Your Position Councilmember  
Division, Board, Department, District, if applicable

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

Agency: See Attached List Position: \_\_\_\_\_

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

- State
- Multi-County \_\_\_\_\_
- City of LA MESA
- 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: \_\_\_\_\_
- 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.



I have used all reasonable diligence in preparing this statement. I have reviewed the information herein and in any attached schedules is true and complete. I acknowledge this is true and correct.  
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/30/2011  
(month, day, year)

Signature





**SCHEDULE D**  
**Income - Gifts**

▶ NAME OF SOURCE  
AT&T

ADDRESS (Business Address Acceptable)  
101 W Broadway AVE Suite 1440

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
SAN Diego CALIFORNIA

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/22/10</u>	<u>\$ 180</u>	<u>4 Tickets POINTSETTA Blvd</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  
SAN Diego County Regional Airport Authority

ADDRESS (Business Address Acceptable)  
P.O. Box 82776 SAN Diego CA.

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>JAN-210 - 211</u>	<u>\$ 145<sup>00</sup></u>	<u>Parking -</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  
Sempra Energy

ADDRESS (Business Address Acceptable)  
101 Ash Street

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
SAN Diego CALIFORNIA 92101

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/29/10</u>	<u>\$ 350</u>	<u>Tickets</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: Airport Authority - Parking Pass - TRAVEL ON city business  
(Sempra) - 2 Tickets - SAN Diego Fire Foundation

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

Name  
ALLAN

- 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.

<p>▶ NAME OF SOURCE  <u>CALIFORNIA LEAGUE OF CITIES</u>                  ADDRESS (Business Address Acceptable)  <u>1400 K Street Suite 400</u>                  CITY AND STATE  <u>SACRAMENTO CALIFORNIA 95814</u>                  BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)  <u>CALIFORNIA LEAGUE LEADERS</u>                  DATE(S): <u>11/3/2010 11/4/2011</u> AMT: \$ <u>325</u>                  (If applicable)                  TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income                  DESCRIPTION: <u>State League of Cities</u>  <u>workshop for state leaders.</u></p>	<p>▶ NAME OF SOURCE                  _____                  ADDRESS (Business Address Acceptable)                  _____                  CITY AND STATE                  _____                  BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)                  _____                  DATE(S): ____/____/____ - ____/____/____ AMT: \$____                  (If applicable)                  TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income                  DESCRIPTION: _____                  _____</p>
<p>▶ NAME OF SOURCE                  _____                  ADDRESS (Business Address Acceptable)                  _____                  CITY AND STATE                  _____                  BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)                  _____                  DATE(S): ____/____/____ - ____/____/____ AMT: \$____                  (If applicable)                  TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income                  DESCRIPTION: _____                  _____</p>	<p>▶ NAME OF SOURCE                  _____                  ADDRESS (Business Address Acceptable)                  _____                  CITY AND STATE                  _____                  BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)                  _____                  DATE(S): ____/____/____ - ____/____/____ AMT: \$____                  (If applicable)                  TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income                  DESCRIPTION: _____                  _____</p>

Comments: \_\_\_\_\_

Expanded Statement For David M Allan

La Mesa City Councilmember

La Mesa Community Redevelopment agency  
Member

La Mesa Parking Authority Member

Heartland Training member

Heartland Communications Authority Member

La Mesa Public Financing Authority

Leaving Office Statement

Sandag 1st Alternate

Metropolitan Transit system Alternate