

11 APR -1 PM 2:03 2011 MAR 24 PM 5 36

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 RAPISARDA CONTRERAS BARBARA

1. Office, Agency, or Court

Agency Name
 CITY OF PICO RIVERA-CITY COUNCIL
 Division, Board, Department, District, if applicable
 Your Position
 COUNCIL MEMBER

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

Agency: GATEWAY CITIES Position: ALTERNATE BOARD MEMBER

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

State Judge (Statewide Jurisdiction)
 Multi-County LOS ANGELES County of _____
 City 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 4 / 13 / 10, 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: -11-
 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 certify under penalty of perjury under the laws of the State of California that

Date Signed 3/25/11
 (month, day, year) Signature

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM **700**
 FAIR POLITICAL PRACTICES COMMISSION
 Name Barbara C Rapisarda
BARBARA C RAPISARDA

NAME OF BUSINESS ENTITY Bank of America
 GENERAL DESCRIPTION OF BUSINESS ACTIVITY Bank
 FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000
 NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)
 IF APPLICABLE, LIST DATE:
11/11/10 / /10
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY Energy Conversion Devices Inc.
 GENERAL DESCRIPTION OF BUSINESS ACTIVITY Solar Panels Energy
 FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000
 NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)
 IF APPLICABLE, LIST DATE:
 / /10 10/08/10
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY General Electrical AC
 GENERAL DESCRIPTION OF BUSINESS ACTIVITY General/Electrical
 FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000
 NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)
 IF APPLICABLE, LIST DATE:
11/10/10 / /10
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY Solar Co. Inc. Amer. Dep - LDK
 GENERAL DESCRIPTION OF BUSINESS ACTIVITY Energy - Solar
 FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000
 NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)
 IF APPLICABLE, LIST DATE:
 / /10 10/07/10
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY DryShips Inc.
 GENERAL DESCRIPTION OF BUSINESS ACTIVITY Drybulk Shipping
 FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000
 NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)
 IF APPLICABLE, LIST DATE:
 / /10 10/27/10
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY JA Solar Holdings Co.
 GENERAL DESCRIPTION OF BUSINESS ACTIVITY Solar Energy
 FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000
 NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)
 IF APPLICABLE, LIST DATE:
 / /10 10/08/10
 ACQUIRED DISPOSED

Comments:

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SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name Barbara Contreras
Rapisarda
BARBARA C RAPISARDA

NAME OF BUSINESS ENTITY
Hemisphere BioPharma, Inc

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Pharmaceutical

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/10 11, 02, 10
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
Alanco Technologies, Inc

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
High Tech. Electronics

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/10 11, 01, 10
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
Avis Budget Group, Inc

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Vehicle Rental

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/10 11, 08, 10
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
Xorna, Ltd.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Pharmaceutical

FAIR MARKET VALUE \$0 - \$2000 ✓
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/10 10, 27, 10
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
Trident Microsystems, Inc

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
High Tech. Electronics

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/10 10, 27, 10
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
Digital Angel Corp.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
High Tech Electronics

FAIR MARKET VALUE ~~\$5-\$7000~~ PCR
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/10 10, 27, 10
 ACQUIRED DISPOSED

Comments:

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**SCHEDULE A-1
Investments**

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name Barbara Contreras Rapisarda
BARBARA C RAPISARDA

▶ **NAME OF BUSINESS ENTITY**
Next Wave Wireless, Inc.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
High Tech-Electronics

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 10 _____ / _____ / 10
 ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 10 _____ / _____ / 10
 ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 10 _____ / _____ / 10
 ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 10 _____ / _____ / 10
 ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 10 _____ / _____ / 10
 ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 10 _____ / _____ / 10
 ACQUIRED DISPOSED

Comments: _____

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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 Barbara C. Rapisarda
Barbara C Rapisarda
BARBARA C RAPISARDA

1. BUSINESS ENTITY OR TRUST

Name Thomas Rapisarda Co.
 Address (Business Address Acceptable) 9334 Wampler St., P.R., 90660

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Creation of Inventions & Related Ideas

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED 10 DISPOSED 10

NATURE OF INVESTMENT
 Sole Proprietorship Partnership Other

YOUR BUSINESS POSITION Owned by Spouse (Tom)

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.)

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

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

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED 10 DISPOSED 10

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____
 Yrs. remaining

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

Comments: _____

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
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED 10 DISPOSED 10

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

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

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

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED 10 DISPOSED 10

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____
 Yrs. remaining

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

p. 1 of 1

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE
Leonardo Lopez
 ADDRESS (Business Address Acceptable)
Sports Arena, Pico Rivera, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Concert

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5, 30, 10	\$ 300. ⁰⁰	100 3 (Tickets) Performances
5, 30, 10	\$ 30. ⁰⁰	VIP-Parking
5, 30, 10	\$ 54. ⁰⁰	Food/Beverages

▶ NAME OF SOURCE
Bill Kalpakoff
 ADDRESS (Business Address Acceptable)
Cal Met Services, Paramount, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Tour of Facility

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9, 25, 10	\$ 15. ⁰⁰	Work Vest-Used
9, 25, 10	\$ -5. ⁰⁰	Goggles (Safety)
9, 25, 10	\$ 1. ⁰⁰	Recycle Bag (Tote)

▶ NAME OF SOURCE
Bill Kalpakoff
 ADDRESS (Business Address Acceptable)
Cal-Met, Paramount, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Contract Cities

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5, , 10	\$ 20. ⁰⁰	Snack Tray
5, , 10	\$ 20. ⁰⁰	Snack Tray

▶ NAME OF SOURCE
Bill Kalpakoff
 ADDRESS (Business Address Acceptable)
Cal Met Services, Paramount, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Tour of Facility

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9, 25, 10	\$ 3. ⁰⁰	Hand Squeezers (2)
9, 25, 10	\$ 5. ⁰⁰	Trash-cords shredded

▶ NAME OF SOURCE
Bill Kalpakoff
 ADDRESS (Business Address Acceptable)
Cal-Met Srv., Paramount, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Tour of Facility

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9, 25, 10	\$ 20. ⁰⁰	Promo. Frisbees
9, 25, 10	\$ 20. ⁰⁰	Trash-7 cords
9, 25, 10	\$ 20. ⁰⁰	Trash-shredded copper

▶ NAME OF SOURCE
Mayor - Victoria Amparo L. Aguirre
 ADDRESS (Business Address Acceptable)
City Hall - San Luis Potosi, MX
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Sister City Visitation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8, 25, 10	\$ 50. ⁰⁰	Shawl
8, 25, 10	\$ 5. ⁰⁰	lapel pin
8, 25, 10	\$ 5. ⁰⁰	book of postcards

Comments: _____

8-10-11

SCHEDULE D
Income - Gifts

Name

Evelina Catherine Rosendo

▶ NAME OF SOURCE
Vernala Towing

ADDRESS (Business Address Acceptable)
10605 Bloomfield Ave Santa Fe Spr., CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Vehicle Towing

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12, 10</u>	<u>\$ 250.⁰⁰</u>	<u>gift basket</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
Ruth + Jim Rockwell

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Opera - Andrea Bocelli

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12, 10, 10</u>	<u>\$ 375.⁰⁰</u>	<u>Ticket</u>
<u>12, 10, 10</u>	<u>\$ 30.⁰⁰</u>	<u>Dinner</u>
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
Jack Hadjinian

ADDRESS (Business Address Acceptable)
1

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Memorial -

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9, 23, 10</u>	<u>\$ 25.⁰⁰</u>	<u>Dinner</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
John Herrera

ADDRESS (Business Address Acceptable)
City Mall - Pico Rivera, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12, 23, 10</u>	<u>\$ 25.⁰⁰</u>	<u>Nuts (gourmet)</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
Veterans

ADDRESS (Business Address Acceptable)
Pico Rivera, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Memorial Observance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/10	<u>\$ 10.⁰⁰</u>	<u>Lunch</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
Bill Hernandez + Co

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Holiday Season

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12, 10</u>	<u>\$ 150.⁰⁰</u>	<u>Christmas Basket</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: _____



1 specify pages to print

1.2.14

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Enolara Contreras Riquardo

▶ NAME OF SOURCE
ICA - Indep. Cities Assoc
ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE
Jack Hadjinian
ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE
ICA - Independ cities assoc.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>7,09,10</i>	<i>\$ 150.⁰⁰</i>	<i>Champagne</i>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE
Arnold Glasman Alvarez
ADDRESS (Business Address Acceptable)
Biscoche's Restaurant
BUSINESS ACTIVITY, IF ANY, OF SOURCE
ICA - Indep. Cities Assoc

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>7,08,10</i>	<i>\$ 50.⁰⁰</i>	<i>Dinner</i>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE
ICA - Independ. cities assoc.
ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE
ICA - Pres. & Cabinet

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>7,08,10</i>	<i>\$ 50.⁰⁰</i>	<i>Guest Basket</i>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE
Jack Hadjinian
ADDRESS (Business Address Acceptable)
Biscocho's Restaurant
BUSINESS ACTIVITY, IF ANY, OF SOURCE
ICA - Indep. Cities Assoc.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>7,09,10</i>	<i>\$ 50.⁰⁰</i>	<i>Dinner</i>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE
Jack Hadjinian
ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Family Church Sponsorship

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>9,25,10</i>	<i>\$ 20.⁰⁰</i>	<i>Dinner</i>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: _____

9, 3 of 4

SCHEDULE D
Income – Gifts

Name

Barbara Contreras Roppe

▶ NAME OF SOURCE
Mayor-Victoria Amparo L. Aguirre

ADDRESS (Business Address Acceptable)
City Hall - San Luis Potosi, MX

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Sister City - Visitation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>8, 25, 10</i>	<i>\$ 10.00</i>	<i>Historic City Book</i>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE
Bill Kalpakoff

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Contract Cities (CA)

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>5, 13, 10</i>	<i>\$ 50.00</i>	<i>Dinner</i>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE
Toni Molinari

ADDRESS (Business Address Acceptable)
Montebello, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
ICA - Indep. Cities Assoc.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>7, 20, 10</i>	<i>\$ 20.00</i>	<i>Porcelain Thermo ^{8Fl oz}</i>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE
Arnold Glasman

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE
CA Contract Cities

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>5, 14, 10</i>	<i>\$ 40.00</i>	<i>Dinner</i>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE
TELACU

ADDRESS (Business Address Acceptable)
5400 E. Olympic Blvd., LA, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
East Los Angeles Christmas Unit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>12, , 10</i>	<i>\$ 20.00</i>	<i>CD-songs</i>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: _____



specify pages to print

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