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COVER PAGE
POLITICAL PRACTICES COMMISSION

Please type or print in ink.

2011 MAR 25 AM 12:44

NAME OF FILER (LAST) (FIRST) CITY OR COUNTY OFFICE
HAFERMAN JEFFREY L

1. Office, Agency, or Court

Agency Name

CITY OF MONTEREY

Division, Board, Department, District, if applicable

CITY COUNCIL

Your Position

MEMBER OF CITY COUNCIL

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

Agency: Ocean View Plaza Comm Services District

Position: Member of Board of Directors

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

State

Judge (Statewide Jurisdiction)

Multi-County

County of

City of MONTEREY

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: 4

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

5.



I have used all reasonable diligence in preparing this statement. I have reviewed the 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 03/20/2011
(month, day, year)

Signature

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE
Frank Donangelo
 ADDRESS (Business Address Acceptable)
555 Abrego St., Monterey CA 93940
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Cannery Row Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 03 / 10</u>	<u>\$ 70</u>	<u>flowers</u>
<u>11 / 24 / 10</u>	<u>\$ 70</u>	<u>flowers</u>
<u>12 / 23 / 10</u>	<u>\$ 70</u>	<u>flowers</u>

▶ NAME OF SOURCE
Frank Donangelo
 ADDRESS (Business Address Acceptable)
555 Abrego St., Monterey CA 93940
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Cannery Row Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 15 / 10</u>	<u>\$ 100</u>	<u>MCPOA Xmas Dinner</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

Comments: _____

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

Name
 JEFF HAFERMAN

- **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
Azerbaijan
 ADDRESS (Business Address Acceptable)
Consul General
 CITY AND STATE
Los Angeles, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Foreign Government
 DATE(S): 11 / 24 / 10 - 11 / 30 / 10 AMT: \$ 1972.00
(If applicable)
 TYPE OF PAYMENT: (must check one) Gift Income
 DESCRIPTION: Sister City promotion between Monterey
CA and Lankaran Azerbaijan

▶ 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: _____