

Rec'd 2/11/2011  
Deputy City Clerk's Office

TP

Please type or print in ink.

COVER PAGE  
CALIFORNIA  
FAIR POLITICAL  
PRACTICES COMMISSION

NAME OF FILER (LAST) 2011 FEB 18 PM 3:07 (FIRST) (MIDDLE)  
KIMBALL PAMELA

1. Office, Agency, or Court

Agency Name  
CITY OF LINDSAY  
Division, Board, Department, District, if applicable  
Your Position  
CITY COUNCIL MEMBER

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

Agency: Measure R, SJ V Air Board & TuCoAssnGov't Position: BOARD MEMBER

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

State  Judge (Statewide Jurisdiction)  
 Multi-County  County of TULARE (Measure "R"-SJVAPC- TCAG)  
 City of LINDSAY  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 \_\_\_\_\_  
 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.  
 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: - 3 -  
 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

5. V [Redacted Signature Area]

I certify under penalty of perjury under the laws of the State of California that the information furnished on this statement is true and complete. I understand that this statement and any attachments submitted herewith will be subject to audit by the Fair Political Practices Commission.

Date Signed 2/11/2011  
(month, day, year)

Signature



**SCHEDULE D**  
**Income – Gifts**

Name  
 Pamela Kimball

▶ NAME OF SOURCE  
 TCAG

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ 110.00	dinner for self
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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: \_\_\_\_\_

Received by  
City of Lindsay  
City Clerk on 9/16/2011  
Carmela Wilson

STATE OF CALIFORNIA  
FAIR POLITICAL PRACTICES COMMISSION  
**SCHEDULE D**  
Income - Gifts

11 SEP 19 PM 12:18

CALIFORNIA FORM **700**  
FAIR POLITICAL PRACTICES COMMISSION  
**AMENDMENT**

▷ NAME OF SOURCE  
Omni Means, Ltd.  
ADDRESS (Business Address Acceptable)  
943 Pease Dr Suite 100 Riverside  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Lobbying trip with TCAG

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 29 2010</u>	<u>\$122.39</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)

▷ NAME OF SOURCE  
ADDRESS (Business Address Acceptable)  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)

Verification

Print Name Carmela Kumballe

Office, Agency or Court City of Lindsay

Statement Type  2010/2011 Annual  Assuming  Leaving  
 Annual  Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed Sept 16, 2011  
(d)(5)

Signature \_\_\_\_\_

Comments: Lobby trip with TCAG to Washington DC  
dinner was paid for by Omni Means, Ltd  
GLs stated above.