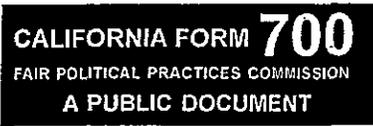


Mckinley, P.



RECEIVED POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

Date Received Official Use Only

CITY CLERK MAR 15 7 11 PM 4:43

COVER PAGE

11 APR -8 PM 2:42

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
MCKINLEY PATRICK E.

1. Office, Agency, or Court

Agency Name: FULLERTON CITY COUNCIL
Your Position: COUNCIL MEMBER

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

Agency: Position:

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

- State, Multi-County, City of FULLERTON, Judge (Statewide Jurisdiction), County of, Other

3. Type of Statement (Check at least one box)

- Annual, Assuming Office: Date DEC 7 2010, Leaving Office, Candidate

4. Schedule Summary

- Schedule A-1, A-2, B, C, D, E, None - No reportable interests on any schedule



I certify under penalty of perjury under the laws of the State of California that

Date Signed MAR 9, 2011

Signature

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name PATRICIA MCKINLEY

▶ NAME OF SOURCE
JIM BLAKE.

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>FALL 2010.</u>	<u>\$ 250</u>	<u>USC FOOTBALL 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

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: _____