

FEB 16 2011

City of Riverside
City Clerk's Office

COVER PAGE
FAIR POLITICAL PRACTICES COMMISSION

Please type or print in ink.

NAME OF FILER (LAST) DAVIS (FIRST) PAUL (MIDDLE) MARION

1. Office, Agency, or Court

Agency Name

CITY OF RIVERSIDE

Division, Board, Department, District, if applicable

CITY COUNCIL

Your Position

COUNCIL MEMBER

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

Agency: REDEVELOPMENT AGENCY

Position: MEMBER

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

State

Judge (Statewide Jurisdiction)

Multi-County _____

County of _____

City of RIVERSIDE

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)

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: 6

Schedule A-1 - Investments - schedule attached

Schedule C - Income, Loans, & Business Positions - schedule attached

Schedule A-2 - Investments - schedule attached

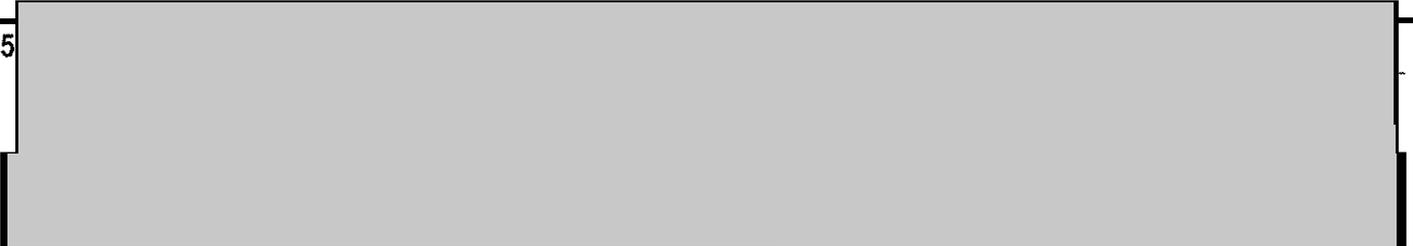
Schedule D - Income - Gifts - schedule attached

Schedule B - Real Property - schedule attached

Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule



I have used all reasonable diligence in preparing this statement. I have reviewed it 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 01/14/2011
(month, day, year)

Signature

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small> Name PAUL MARION DAVIS

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>NATIONS RENT-TO-OWN</u>	NAME OF SOURCE OF INCOME <u>NATIONS RENT-TO-OWN</u>
ADDRESS (Business Address Acceptable) <u>9758 MAGNOLIA AVE RIVERSIDE, CA 92503</u>	ADDRESS (Business Address Acceptable) <u>25010 ALESSANDRO BL. MORENO VALLEY, CA</u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Sales/Leasing-Furniture-Appliances-Electronics</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Sales/Leasing-Furniture-Appliances-Electronics</u>
YOUR BUSINESS POSITION <u>President-Owner-Operator</u>	YOUR BUSINESS POSITION <u>President-Owner-Operator</u>
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <input type="checkbox"/> Other _____ <small>(Describe)</small>	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <input type="checkbox"/> Other _____ <small>(Describe)</small>

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
BUSINESS ACTIVITY, IF ANY, OF LENDER	<input type="checkbox"/> Real Property _____	
_____	<small>Street address</small>	
HIGHEST BALANCE DURING REPORTING PERIOD	<small>City</small>	
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> Other _____	
<input type="checkbox"/> \$10,001 - \$100,000	<small>(Describe)</small>	
<input type="checkbox"/> OVER \$100,000		

Comments: _____

SCHEDULE D
Income – Gifts

Name
Paul Marion Davis

▶ NAME OF SOURCE
Burrtec Waste Industries
 ADDRESS (Business Address Acceptable)
9890 Cherry Ave, Fontana, CA 92335
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
NASCAR RACING EVENT-FONTANA SPEEDWAY

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 21 / 10</u>	<u>\$ 200.00</u>	<u>TICKETS TO EVENT</u>
<u>10 / 10 / 10</u>	<u>\$ 200.00</u>	<u>TICKETS TO EVENT</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Meg Whitman for Governor 2010 Fundraiser
 ADDRESS (Business Address Acceptable)
20813 Stevens Creek Blvd. Suite 150 Cupertino, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Mission Inn, CA - Fundraiser Event

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 31 / 10</u>	<u>\$ 420.00</u>	<u>TICKETS TO EVENT</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
MANUFACTURER HOUSING EDUCATIONL TRUST
 ADDRESS (Business Address Acceptable)
25241 PASEO DE ALICIA, #120,LAGUNA HILLS CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
ANNUAL HOLIDAY LUNCHEON-MISSION INN

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 02 / 10</u>	<u>\$ 50.00</u>	<u>LUNCH</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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Paul Marion Davis

- 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
1) California Ass. of Progressive Rental Organizations
 ADDRESS (Business Address Acceptable)
1504 Robin Hood Trail
 CITY AND STATE
Austin TX 78703
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
State Assc. President-Washington DC Annual Conf.
 DATE(S): 02 / 22 / 10 - 02 / 25 / 10 AMT: \$ 1377.73
(If applicable)
 TYPE OF PAYMENT: (must check one) Gift Income
 DESCRIPTION: Attended Board and Committee Meetings
and Legislative meetings with Congress
and Senate Members. Spoke at Reception.

▶ NAME OF SOURCE
Metropolitan Water District
 ADDRESS (Business Address Acceptable)
700 North Alameda Street
 CITY AND STATE
Los Angeles, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
State Water Project-Sacramento Delta Inspection
 DATE(S): 10 / 22 / 10 - 10 / 23 / 10 AMT: \$ 600.00
(If applicable)
 TYPE OF PAYMENT: (must check one) Gift Income
 DESCRIPTION: Government inspection and round table
discussion of Delta Water Issues. Includes
Air Fare & Hotel.

▶ 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: 1) Meeting expense reimbursement consists of \$417.40 Air Fare and \$960.33 Hotel = \$1377.73 -
Attendance and speaking at this Conference is not in my Official Capacity as an Public Official, but in the
capacity of my Presidential status, within the Industry Association.