

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Received
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NAME OF FILER (LAST) (FIRST) (MIDDLE)
EKLUND PATRICIA D.

1. Office, Agency, or Court

Agency Name
City of Novato
Division, Board, Department, District, if applicable
City Council
Your Position
Council Member
Agency: see attached sheet
Position: see attached sheet

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
11 APR 12 AM 10:48

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

State
 Multi-County see attached sheet
 City of Novato
 Judge (Statewide Jurisdiction)
 County 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 _____, 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."
 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

Total number of pages including this cover page: 5



I certify under penalty of perjury under the laws of the State of California that the information and in any attached schedules is true and complete. I acknowledge that I

Date Signed 02/04/2011 Signature _____
(month, day, year)

ATTACHMENT TO FORM 700 – STATEMENT OF ECONOMIC INTERESTS

PAT EKLUND, COUNCILMEMBER, CITY OF NOVATO

Agency

Position

**Transportation Authority of Marin
750 Lindero Street, Suite 200
San Rafael, CA 94901**

Alternate Member

**Redevelopment Agency
City of Novato
75 Rowland Way, #200
Novato, CA 94945**

Executive Director

**Novato Public Finance Authority
City of Novato
75 Rowland Way, #200
Novato, CA 94945**

Executive Director

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name PAT EKLUND

- **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
 League of CA Cities

ADDRESS (Business Address Acceptable)
 1400 K Street

CITY AND STATE
 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Advocacy for cities and their residents

DATE(S): 01 / 01 / 10 - 12 / 31 / 10 AMT: \$ 829.04
(if applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: Travel, meals and lodging for volunteer services as member of League of CA Cities Board of Directors & EQ committee

▶ 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: _____