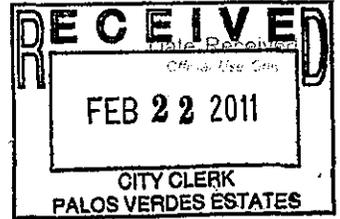


STATEMENT OF ECONOMIC INTERESTS



COVER PAGE
2011 FEB 25 PM 12:02

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
T.P. GOODHART JAMES FREDERIC

1. Office, Agency, or Court

Agency Name

PALOS VERDES ESTATES

Division, Board, Department, District, if applicable

COUNCIL MEMBER

Your Position

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

Agency: PALOS VERDES PENINSULA TRANSIT AUTH. Position: DIRECTOR

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

- State
Multi-County
City of PALOS VERDES ESTATES
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.
Assuming Office: Date
Candidate: Election Year
Leaving Office: Date Left
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."

Total number of pages including this cover page: 2

- 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

None - No reportable interests on any schedule



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 2/22/11 (month, day, year)

Signature

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Goodhart, James F.

- 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 CALIFORNIA CITIES
 ADDRESS (Business Address Acceptable)
1400 K STREET
 CITY AND STATE
SACRAMENTO CALIFORNIA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
LEAGUE POLICY COMMITTEE
 DATE(S): 1/21/10 - 1/22/10 AMT: \$ 68⁴²
(If applicable)
 TYPE OF PAYMENT: (must check one) Gift Income
 DESCRIPTION: Box LUNCH EACH DAY

▶ NAME OF SOURCE
LEAGUE OF CALIFORNIA CITIES
 ADDRESS (Business Address Acceptable)
1400 K. STREET
 CITY AND STATE
SACRAMENTO, CALIFORNIA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
LEAGUE POLICY COMMITTEE
 DATE(S): 6/17/10 - 6/18/10 AMT: \$ 70⁰⁰
(If applicable)
 TYPE OF PAYMENT: (must check one) Gift Income
 DESCRIPTION: Box LUNCH EACH DAY

▶ NAME OF SOURCE
LEAGUE OF CALIFORNIA CITIES
 ADDRESS (Business Address Acceptable)
1400 K. STREET
 CITY AND STATE
SACRAMENTO, CALIFORNIA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
LEAGUE POLICY COMMITTEE
 DATE(S): 4/8/10 - 4/8/10 AMT: \$ 34²¹
(If applicable)
 TYPE OF PAYMENT: (must check one) Gift Income
 DESCRIPTION: Box LUNCH

▶ NAME OF SOURCE
LEAGUE OF CALIFORNIA CITIES - L.A DIV.
 ADDRESS (Business Address Acceptable)
1400 K. STREET
 CITY AND STATE
SACRAMENTO, CALIFORNIA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
ANNUAL LEGISLATIVE DELEGATION RECEPTION
 DATE(S): 11/4/10 - 11/4/10 AMT: \$ 58⁰⁰
(If applicable)
 TYPE OF PAYMENT: (must check one) Gift Income
 DESCRIPTION: _____

Comments: _____