

Date Received
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Please type or print in ink.

NAME OF FILER (LAST) (FIRST)
POUGNET STEPHEN
JAMES THOMPSON
CITY CLERK
PHILIP

1. Office, Agency, or Court

Agency Name
CITY OF PALM SPRINGS MAYOR.
Division, Board, Department, District, if applicable Your Position

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

Agency: SEE ATTACHED. Position:

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

State Judge (Statewide Jurisdiction)
 Multi-County County of _____
 City of PALM SPRINGS. 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.

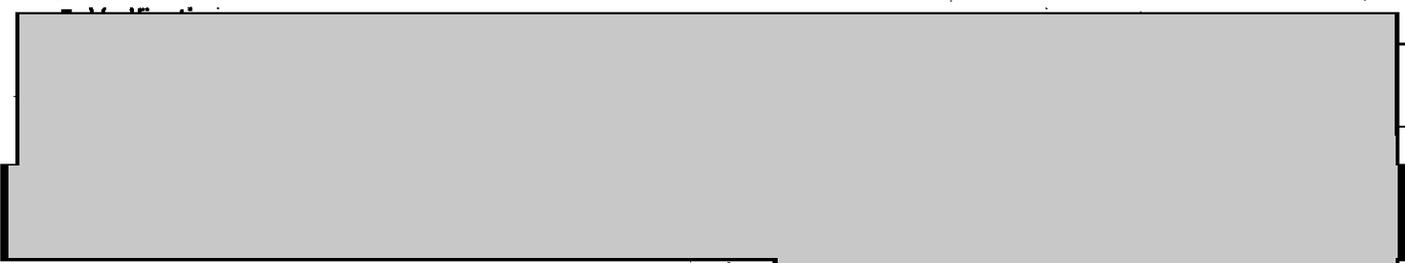
RECEIVED
FAIR POLITICAL PRACTICES COMMISSION
11 MAR - 11 AM 8:30

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: _____

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



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

Date Signed 3.25.11
(month, day, year)

Sign

STEPHEN P. POUGET
California Form 700

2010

Continuation – Items 1 & 2

- a) City of Palm Springs – Mayor
- b) Riverside County – Indian Gaming Local Community Benefit Committee
- c) Riverside County Transportation Commission
- d) Coachella Valley Association of Governments (CVAG) –
Several committees – Executive Committee, Energy & Environment,
Transportation Committee
- e) SunLine Transit Agency SunLine Services Group
Member of Board & SSG (also Finance and Personnel/Loss Review
Committee
- f) Palm Springs Desert Resorts Convention & Visitors Authority
Joint Powers Authority Executive Committee
- g) Palm Springs Unified School District – Citizens Oversight Committee

SCHEDULE D
Income - Gifts

Name
STATE ROUJER

▶ NAME OF SOURCE
CITY OF INDIO, CA.
 ADDRESS (Business Address Acceptable)
INDIO CA.
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
COACHELLA MUSIC FESTIVAL

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4/17/10</u>	<u>\$ 310.</u>	<u>2 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: _____