

MAR 23 2011

ORIGINAL

City Clerks Office

TP

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
TAYLOR JERRY DOUGLAS

1. Office, Agency, or Court

Agency Name  
City of Ridgecrest  
Division, Board, Department, District, if applicable  
Your Position  
City Council  
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  Judge (Statewide Jurisdiction)
- Multi-County \_\_\_\_\_  County of \_\_\_\_\_
- City of Ridgecrest  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 \_\_\_\_\_
- 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.
- Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

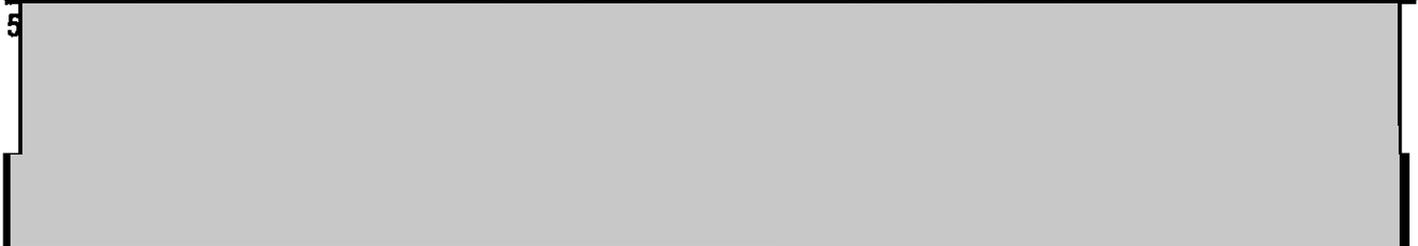
Check applicable schedules or "None."

► Total number of pages including this cover page: 3

- 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



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 3/23/11  
(month, day, year)

Signature

# SCHEDULE D Income – Gifts

▶ NAME OF SOURCE  
National Health Services, Inc.  
ADDRESS (Business Address Acceptable)  
659 S. Central Valley Highway Shafter, CA 93263  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Board of Directors for Non-Profit Health Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 7 / 10</u>	<u>\$ 25</u>	<u>Hooded Jacket</u>
<u>12 / 7 / 10</u>	<u>\$ 100</u>	<u>Gift Card</u>
<u>12 / 4 / 10</u>	<u>\$ 40</u>	<u>Christmas Dinner</u>

▶ NAME OF SOURCE  
Southern California Edison  
ADDRESS (Business Address Acceptable)  
P.O. Box 800 Rosemead, CA 91770  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Utility Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7 / 16 / 10</u>	<u>\$ 390</u>	<u>Conf lodging &amp; meals</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  
\_\_\_\_\_  
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>

Comments: \_\_\_\_\_

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

Name  
 Jerry Douglas Taylor

- **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  
 National Health Services, Inc.

ADDRESS (Business Address Acceptable)  
 659 S. Central Valley Highway

CITY AND STATE  
 Shafter, CA 93263

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 Board of director for non-profit rural health clinic

DATE(S): 1 / 5 / 10 - 12 / 7 / 10 AMT: \$ 80  
 (If applicable)

TYPE OF PAYMENT: (must check one)  Gift  Income  
 Board of Director meetings in Shafter, CA

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: \_\_\_\_\_

▶ 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: \_\_\_\_\_