

Please type or print in ink.

2011 APR -7 PM 4:50

CITY OF TUSTIN

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Amante Jerome

2011 MAR 30 A 4:11

**1. Office, Agency, or Court**

Agency Name  
City of Tustin  
Division, Board, Department, District, if applicable  
City Council  
Your Position  
Mayor

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

Agency: OCTA / TCA Position: Past Chair / Director

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

- State
- Multi-County \_\_\_\_\_
- City of Tustin
- Judge (Statewide Jurisdiction)
- County of Orange
- 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."

▶ 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

[Redacted Signature Area]

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 3/28/11  
(month, day, year)

Signature



**SCHEDULE D**  
**Income – Gifts**

▶ NAME OF SOURCE  
Stantec  
 ADDRESS (Business Address Acceptable)  
50 West 23rd Street, 8th Floor, NY, NY 10010  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Consulting

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6 / 24 / 10</u>	<u>\$ 75.00</u>	<u>Dinner</u>
<u>6 / 25 / 10</u>	<u>\$ 12.00</u>	<u>Lunch</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  
Sperry Capital, Inc.  
 ADDRESS (Business Address Acceptable)  
One Harbor Drive, Suite 108, Sausalito, CA 94965  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Finance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6 / 23 / 10</u>	<u>\$ 55.00</u>	<u>Dinner / Dessert</u>
<u>6 / 24 / 10</u>	<u>\$ 121.50</u>	<u>Theatre Ticket</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)
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<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)
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<u>    /    /    </u>	<u>\$    </u>	<u>    </u>

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